

## Residency Policies and Procedures

### Licensure

**PURPOSE:** All residents are strongly encouraged to pursue licensure in Pennsylvania prior to beginning the residency training program. Consequences of residents' failure to obtain appropriate licensure either prior to or within 120 days of the start date of the residency must be addressed in written policy of the residency program.

1. Residents should be licensed as a pharmacist in Pennsylvania as soon as possible upon graduation from pharmacy school.
  - 1.1. If not licensed upon starting the residency program, the resident must obtain a Pennsylvania pharmacist license within 120 days of starting the program.
  - 1.2. If licensure is not obtained within 120 days extenuating circumstances beyond the control of the resident must exist.
    - 1.2.1. In such cases, the Residency Program Director (RPD) and Residency Advisory Council (RAC) will review the situation and make a determination as to how to proceed.
    - 1.2.2. If deemed necessary due to personal leave, the resident's length of training may be extended in accordance with the Resident Leave of Absence policy.
2. Until the resident is licensed, he or she will function under the direct supervision of a preceptor.
3. If the resident does not pass the exam(s) on the first attempt, he or she should retake at the earliest opportunity permitted by regulations.
  - 3.1. Residents who do not become licensed pharmacist in Pennsylvania within 120 days will be dismissed from the program in accordance with the Pharmacy Resident and Fellow Remediation and Dismissal Policy.
4. Questions regarding licensure should be addressed to the Pennsylvania State Board of Pharmacy at the following address:

Pennsylvania State Board of Pharmacy  
Post Office Box 2649  
Harrisburg, PA 17105  
Phone: (717)783-7156; Fax: (717)787-7769

## Verification of PGY1

**PURPOSE:** All incoming PGY2 Pharmacy Residents must provide documentation of successful completion of their PGY1 Residency Program to proceed to the PGY2 Year. This is an onboarding requirement for employment. This is independent of the pharmacy licensure process (see RXPS-11058 SOP UPMC Pharmacy Resident Licensure).

1. Incoming PGY2 Residents will provide a copy of the ASHP Certificate with all appropriate signatures prior to or on the first day of arrival. This will be uploaded to MedHub for documentation within the first week of employment. The resident will also upload a copy to their profile in PharmAcademic under files titled PGY1 Certificate.
  - 1.1. If a resident was awarded, but cannot locate, the certificate, the PGY1 RPD will be contacted by the residency coordinator to provide a copy of the PGY1 Certificate within the residents first 7 days of the start of the program.
    - 1.1.1. If a copy cannot be provided in a timely manner the program coordinator will provide the PGY1 RPD the following attestation form to sign for verification of the PGY1 Program in lieu of the certificate via email within the residents first seven days.
    - 1.1.2. RPD must notify the campus-specific Director of Pharmacy or designee and Chair, Department of Pharmacy and Therapeutics, University of Pittsburgh School of Pharmacy, regarding the nonavailability of the documentation.
    - 1.1.3. A copy of the certificate should follow when able.
2. If a resident is found not to have successfully completed the PGY1 program by the start date of the PGY2 Program, the PGY2 RPD should discuss with the resident, prior to the start date if able, why the certificate was not issued, what the plan to is to complete the requirements and in what time frame. The PGY2 RPD will also contact the PGY1 RPD to verify this plan.
  - 2.1. If the PGY2 RPD and RAC, in collaboration with the campus-specific Director of pharmacy or designee, determine the reason for delay will not prohibit participation of orientation activities and completion of the requirements for the PGY1 certificate will be met prior to the end of orientation, the resident may progress in the program. The plan for completion of the PGY1 certificate and expected date will be included in the resident's development plan.

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  - 2.2. If the PGY2 RPD and RAC determine the resident will not have the opportunity or ability to obtain the PGY1 certificate prior to the end of orientation, or fails to meet the plan outlined in 2.1, the PGY2 RPD, RAC and campus-specific Director of pharmacy or designee will determine the course of action including temporary leave with extension of the PGY2 residency program to meet PGY1 requirements (not to exceed 30 days), or dismissal from the program.
  - 2.3. RPD must notify the campus-specific Director of Pharmacy or designee and Chair, Department of Pharmacy and Therapeutics, University of Pittsburgh School of Pharmacy, regarding the outcome of the review and follow-up.
3. If a resident has been found to falsify documentation on successful completion of a PGY1 Program this will be considered for professional misconduct. (See UPMC ME Policy - Trainee Appointment, Renewal, NonPromotion, Remediation, Probation, & Dismissal)

## Duty Hours

- I. **Purpose:** To outline the process for tracking of duty hours. The pharmacy resident schedules will be entered into the MedHUB system. This will serve as a time log for duty hours and pay periods – therefore, it must be accurate. Residents are required to report hours in MedHub weekly. Corrective action may be necessary for residents who do not meet this expectation.
  
- II. **Guideline:** Effectively July 1, 2013 pharmacy residency programs must comply with the ASHP Accreditation Standard “Duty Hours Requirements for Pharmacy Residencies” from the ASHP Board of Directors, March 4, 2015. All hours must be documented in MedHub weekly to ensure they are in compliance with the UPMC Graduate Medical Education (GME) standards. As of 2018, UPMCGME defines “duty” hours as work hours. For this document, duty and work hours are the same.
  
- III. **Definitions:**
  - a. **Duty (Work) Hours:** Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; inhouse call; administrative duties; and 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.
    - i. Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.
    - b. **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.
    - c. **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.
    - d. **Continuous Duty:** Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
    - e. **Strategic napping:** Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

## IV. DUTY-HOUR REQUIREMENTS

- a. Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (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 patients' safety and residents' wellbeing. Therefore, programs must comply with the following duty-hour requirements:

**b. Personal and Professional Responsibility for Patient Safety**

- i. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.
- ii. 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.
- iii. 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 patients to transition care to another qualified, rested provider.
- iv. If the program implements any type of on-call program, there must be a written description that includes:
  1. 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; and,
  2. identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.
- v. 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.

**c. Maximum Hours of Work per Week and Duty-Free Times**

- i. 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.
- ii. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. *See section 3 below for UPMC Pharmacy Residency Specific Policy and Procedure on Moonlighting.*
- iii. *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.
- iv. Residents must have at a minimum 8 hours between scheduled duty periods.
- v. 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.

**V. 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:
  - i. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
  - ii. 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 to oversee these programs to ensure patients' safety and residents' well-being, and to provide a supportive, educational environment. The well-documented, structured process must include at a minimum:
    1. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
    2. 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 affected negatively.
- c. At-Home or other Call Programs
  - i. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
  - ii. 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.
  - iii. Program directors must define the level of supervision provided to residents during at-home or other call.
  - iv. At-home or other call hours are not included in the 80 hours a week duty-hour calculation, unless the resident is called into the hospital/organization.
  - v. 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 80hour maximum weekly hour limit.
  - vi. 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.

## Moonlighting

### I. Purpose:

This standard operating procedure provides guidance on requesting moonlight hours for Pharmacy Graduate Education (PGE) Trainees completing training programs at UPMC Presbyterian.

### II. Guideline:

- a. Moonlighting is defined as professional and patient care activities that are outside the educational program and distinguished from assignments controlled or approved by the Program Director.
- b. Resident moonlighting activities shall not compromise the primary clinical and academic mission of the resident's department, nor diminish the resident's ability to provide the highest level of patient care at either the resident's approved primary teaching site or at the place of moonlighting.
- c. The resident's contractual obligation to the training program and employer must remain the priority so that compliance with ASHP requirements and institutional concerns on conflict of interest/commitment can be assured.
- d. The Program Director must pre-approve through prior written notice of intentions to seek moonlighting experiences, both internal and external, on the Request for Moonlight Privileges form found in this standard operating procedure. If at any time the Program Director determines that a resident's moonlighting schedule is adversely impacting the resident's performance in the training program, the Program Director may withdraw the permission to moonlight.
- e. Residents must record all moonlighting experiences, internal and external, via MedHub Work Hours.
- f. Resident moonlighting experiences shall not take place during any time when the resident has other assigned duties related to approved residency training requirements or duties.
- g. Internal (UPMC) and External resident moonlighting hours may not exceed eighty (80) hours total per week averaged over a four-week period. Therefore, any moonlighting will be limited to two days per four-week period.
- h. The attached Pay Exemption Authorization Request is for Presbyterian Inpatient moonlighting. Shadyside Inpatient and Presbyterian Prescription Shop managers will outline the standard process for those areas with the resident during orientation.

## Paid Time Off and Leave

**Purpose:** In accordance with UPMC Medical Education Policy and Procedures, the Department of Pharmacy recognizes the need for residents to receive time off for vacation, sickness, and personal time, and to attend exams, conferences, or interviews for career progression. Leave for other reasons or beyond the allotted time are defined below. The following outlines the process for requesting paid time off.

### Paid Time Off (PTO)

- a. At the outset of each year's training contract, all residents and fellows are provided a minimum of 20 days (equivalent to 4 weeks) paid time off per contracted year based on a 5 day work week. UPMC ME provides trainees with paid time off (PTO) for vacation, sickness, and personal time as well as to attend conferences or interviews for career progression (ie interviews) whenever possible.
  - i. All days are allotted at the start of the residency.
  - ii. Days must be utilized within the training year in which they are awarded and may not be carried over from one academic year to the other unless extenuating circumstances are granted like pandemic.
  - iii. Unused days will not be paid at the end of academic year or at completion of training.
  - iv. Residents and Fellows may not request off more than 20% time of a required learning experience (block and longitudinal).
  - v. Residents may not request off staffing holidays or weekends.
  - vi. PTO will not be granted during the last two weeks of the program.
  - vii. The last working day of the program is June 30 or as approved by pharmacy administration.
  - viii. Early departure from the residency program may be considered if the resident is moving from one post-graduate training program to another or to a position with a July 1 start date (maximum of two days). Staffing shifts must be traded to ensure adequate staffing if an early departure is granted.
    1. However, residents may be required to take PTO to remain within duty hour requirements to make-up a staffing shift.
    2. Make-up shifts must be coordinated as outlined under pharmacy operations for the pharmacy area and must follow duty hour requirements.
    3. A missed holiday shift will be made up with another holiday shift, based on the availability of additional holidays during the residency year or a weekend shift as dictated by department needs.
    4. When able residents are expected to assist in identifying coverage for that day.
- b. Sick days will be taken as needed. If available days needed exceed PTO days available, see Leave of Absence section below.
  - i. The RPD/FPD and current preceptor must be notified as soon as possible if a sick day is taken. The preceptor should be called/paged and the RPD/FPD emailed. It is the responsibility of the resident as they are physically able to make sure all patient care and other responsibilities are covered during this time.

1. If unable to do so due to illness the preceptor/RPD/FPD will make arrangements.
    - ii. If greater than 20% of a scheduled required learning experience (as defined above), are missed due to illness, the resident/fellow may need additional time or activities to meet the objectives of the learning experience.
    - iii. Residents/Fellows will be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours upon approval and coordination with rotation preceptor.
      1. If time away is greater than 3 hours on a given ½ day, PTO may need to be utilized.
    - iv. Residents or Fellows who “call off” for scheduled pharmacy staffing shifts, both regular and holiday shifts, will be expected to make up that shift, therefore will not be assessed PTO for that day.
  - c. Professional days – Residents will utilize PTO as defined below.
    - i. Licensure examination is a required step in practicing pharmacy and professional days may be utilized for preparation or time to take the exam.
    - ii. Residents/Fellows are encouraged to become active in their careers by attending professional meetings and networking.
      1. All residents are encouraged, but not all are required to attend the ASHP Midyear Clinical Meeting to assist with recruiting the next resident class.
        - a. The day(s) of meeting attendance for recruitment or UPMC activities are not assessed paid time off or professional days as the time supports UPMC efforts. This must be agreed upon in advance with pharmacy department operations and the program director. Only days with required activities will apply.
        - b. Note that travel stipends are not guaranteed based upon annual budgets.
      2. If a resident is interested in attending additional professional meetings for networking or accepted posters/presentations, the program director should be contacted to discuss this opportunity as soon as possible. The time off request process should be followed, and professional days paid time off will be utilized. Travel support is generally not available.
    - iii. Residents career progression requires time for interviewing.
      1. The resident must notify the preceptor and program director as soon as an interview date(s) is(are) determined as it may potentially affect the rotation.
      2. Paid time off professional days will be utilized. If interview days needed are beyond the available 5 professional days, PTO for personal time must be utilized.
  - d. Paid Holidays for UPMC include Martin Luther King Jr. Day, Memorial Day, Independence Day,



Labor Day, Thanksgiving, Christmas, and New Year's Day, therefore the resident will not utilize PTO for these days. Each resident will work 2-3 holiday days as outlined in the UPMC Pharmacy

Resident Staffing Policy (RXPS-11059 SOP) as defined by pharmacy operations management.

- e. Non-UPMC holidays, Pitt holidays or days where the learning experience preceptor is on PTO or off site, are not off days for the resident.
  - i. The resident is expected to be onsite at work.
  - ii. If this is a day the resident would elect to take off from all residency activities, PTO must be utilized.
  - iii. If the resident is found not to be engaged in residency requirements (service or office based) it will be considered unauthorized absence and PTO will be decremented, and disciplinary action may be warranted if not approved via proper process.
- f. The above is subject to consideration of extenuating circumstances; deviations from the above will be considered on a case-by-case basis.

### **Requesting time off service**

- a. To ensure the delivery of quality patient care, advance scheduling of PTO and professional days whenever possible is required. Requests should be submitted 14 days prior to the date requested. Residents and fellows will be given every consideration to accommodate the requests for PTO and professional days, but such requests cannot be guaranteed.
  - i. Residents and fellows will utilize the Time Off Service Request Form (Appendix A)
  - ii. All paid time off (PTO) and professional days must be approved by the Residency or Fellowship Program Director (FPD/RPD) at least 14 days in advance of the anticipated time off. There may be case-by-case exceptions provided as with sick days.
  - iii. Preceptors must also approve leave prior to the start of the rotation when leave occurs. It is the resident's responsibility to ensure that all practice, on-call, and teaching responsibilities are adequately covered during their expected leave. Pagers, phones and/or EPIC inbaskets must be signed out to the preceptor or another resident/fellow, based on agreement of both. When completing the form, it must be indicated as to whom will be covering during this time. Once the leave is approved, it is the resident's/fellow's responsibility to forward a copy of the approved leave to the Residency Coordinator.
  - iv. All PTO must be documented within MEDHub by the resident. Fellows are documented by FPD.
  - v. Residents and fellows are required to keep an accurate log of days remaining for PTO and professional days. They must be able to provide documentation at any time of the approval of all days.
- b. The process to submit requests of PTO for vacation and sick days as well as requesting time away for professional meetings and interviews is outlined on the form below.

- i. The form must be completed and provided to the preceptor and program director within the indicated time frame.
- ii. There will be strict enforcement of the submission date. No more than 20% of time for a required rotation will be granted time off for vacation or professional days as defined above.

**Leave of absence**

a. Residents

- i. May require time away from the program for personal, medical and family (parental/caregiver) leave of absences beyond standard paid time off.
    - 1. Residents should notify the RPD as soon as the need for leave is recognized. The RPD will notify appropriate administration of the need for leave. Workpartners is responsible for approval of all trainee leave and should be initiated through Workpartners for review prior to the initiation the GME Paid Time Off and Trainee Leave of Absence (PTO-TLOA) Policy.
    - 2. If more than 20% of time for a required rotation, as defined above, of leave is required, the learning experience may need to be extended to meet the objectives or rescheduled. This includes pharmacy operations (ie staffing).
    - 3. Staffing requirements missed due to extenuating circumstances regarding license will be addressed on an individual basis.
    - 4. Residents may receive up to 6 weeks of paid leave of absence.
      - a. If a resident’s total days of leave for any reason (including PTO) exceeds 37 days, the program will require an extension to meet requirements for successful completion. The program may be extended up to 8 weeks (54 work days). The resident must complete the program with a minimum of a 12-month practice commitment and no more than a 8 week additional extension.
  - ii. Bereavement Leave: Should a resident experience a death in the family during the residency year the resident is permitted bereavement time per the UPMC HS Policy HSHR0729Funeral Leave. A resident requesting time beyond the allotted Bereavement days may utilize PTO.
  - iii. Military Leave: Should a resident be called to service during the residency year, refer to HSHR0712 Military Leave policy for further details.
  - iv. Jury Duty: Should a resident be selected for jury duty and a postponement is not granted, refer to HSHR0737 Jury Duty policy for further details.
- b. Fellows
- i. Follow applicable UPMC HS policies as listed below.

**Unexcused Leave**

- a. Residents - Any absence not approved by the RPD and properly documented within MedHub. Disciplinary or remedial action from an unexcused absence shall be at the discretion of the RPD, in accordance with RXPS-11075 SOP UPMC Pharmacy Resident and Fellow Remediation and

Dismissal.

b. Fellows follow UPMC HS Policy HS-HR0704 Corrective Action and Discharge in addition to RXPS11075 SOP UPMC Pharmacy Resident and Fellow Remediation and Dismissal.

## Pharmacy operations/Staffing

- I. **Purpose:** This policy provides guidance on the staffing expectations and responsibilities of Pharmacy Graduate Education (PGE) Trainees completing training programs at UPMC Presbyterian Shadyside.
  
- II. **Overview and Definitions**
  - a. Pharmacy residents provide scheduled pharmacy services within the Department of Pharmacy to provide patient care as well as fulfill learning requirements of individual residency programs.
  - b. Exact service expectations may differ slightly by residency program and individual pharmacy and are outlined below. Residents will be provided with the Resident Pharmacist Training Manual during orientation for the specific pharmacy
  - c. Holidays:
    - i. Major holidays: Thanksgiving, Christmas Day, New Year's Day
    - ii. Minor holidays: Memorial Day, Martin Luther King Jr. Day, Labor Day, Independence Day
  - d. Non-UPMC Holidays:
    - i. The non-UPMC holidays are UPMC workdays that fall around a holiday. They are NOT days off for residents as residents are UPMC employees and these are not UPMC holidays for UPMC employees.
    - e. Examples of these types of days include (but are not limited to): Good Friday, Easter Monday, Thanksgiving Friday, Christmas Eve, New Year's Eve
      1. If a resident is scheduled for a non-UPMC holiday, the resident is scheduled for staffing and will report to pharmacy operations instead of the assigned rotation.
      2. If a resident is not scheduled for staffing, they will remain at their assigned rotation. A resident would use PTO if requesting off a Non-UPMC Holiday from their assigned rotation and not assigned to staff, defer to RXPS-11064 SOP Resident Paid Time Off and Leave.
    - f. Moonlighting: In addition to required staffing shifts, residents are permitted to pick up extra shifts for moonlighting pay as outlined under RXPS-11060 UPMC Pharmacy Resident Moonlighting. This pay will be in addition to your usual take-home pay and is at the pharmacist hourly rate.
    - g. Tracking of Duty Hours: all staffing is scheduled work time and must be documented in MedHUB per RXPS-11057 SOP UPMC Pharmacy Resident Tracking of Duty Hours.
    - h. Leave of Absence: Residents requiring a leave of absence per RXPS-11064 Resident Paid Time Off and Leave, must meet learning experience requirements for pharmacy operations. The need for rescheduled shifts will be determined on an individual basis.
  
- III. **Inpatient Pharmacy Specific Operations**
  - a. **Presbyterian Inpatient pharmacy:**
    - i. PGY1 Pharmacy Residents Staffing Expectations
      - a. Work two (2), eight (8)-hour shifts every other weekend,
      - b. Provide Holiday staffing for one (1) major and (1) minor holiday

- c. Staff up to three (3) non-UPMC holidays depending on staffing needs,
- d. Provide in house “resident-on-call” coverage of one (1), four (4)-hour shift on nonholiday evenings (resident on call shifts will be divided evenly between inpatient pharmacy residents).
- ii. PGY2 Pharmacy Residents Staffing Expectations
  - a. Work two (2), eight (8)-hour shifts every third weekend
  - b. Provide Holiday staffing for one (1) major and (1) minor holiday
  - c. Staff up to three (3) non-UPMC holidays
- iii. Provide in house “resident-on-call” coverage of one (1), four (4)-hour shift on non-holiday evenings (resident on call shifts will be divided evenly between inpatient pharmacy residents).
- iv. Holiday Selection Process:
  - a. Residents will be able to rank holiday selections following the department ranking and assignment process.
  - b. Holidays that fall on a Monday to Friday will follow the holiday block for the day of the holiday only.
  - c. Holidays that fall on a Saturday or Sunday will be staffed the day of the holiday and the weekend staffing block on the day of the observed holiday.
    - i. For example, if the holiday is on Saturday: Friday will be weekend staffing,

Saturday will be the holiday staffing, Sunday will be weekend staffing. ii. For example, if the holiday is on a Sunday: Saturday will be weekend staffing;

Sunday will be holiday staffing, Monday will be weekend staffing.

d. If a holiday is observed on your regularly scheduled weekend but you are NOT assigned to work that holiday, you are still responsible for working the weekend staffing block (Friday/Sunday or Saturday/Monday depending on the day the holiday falls). With this in mind, Christmas Eve and New Year’s Eve are excluded from holiday ranking of non-UPMC Holidays because they are a staffing requirement for whoever is scheduled to work that weekend.

- v. Call Off Procedures: Residents who “call off” for scheduled pharmacy staffing shifts, both regular and holiday shifts, will be expected to make up that shift. A missed holiday shift will be made up with another holiday shift, based on the availability of additional holidays during the residency year or a weekend shift as dictated by department needs. Residents may be required to take PTO to remain within duty hour requirements in order to make-up a staffing shift.
- vi. Schedule Change Requests: Residents may need to request changes in the assigned schedule. Trades with other residents are preferred. Should a resident be unable to facilitate a needed exchange with a fellow resident, the residents must obtain approval from PUH Inpatient Pharmacy Leadership by emailing PharmacyPUH-Payroll@upmc.edu to ask non-resident pharmacists for trades according to the following:

1. E-mail these requests to “PharmacyPUH-Payroll” with the details of a requested shift and include (cc) all parties who have agreed to the switch. Remember:

- a. All parties involved in the switch must respond to the email with their agreement before approval is granted.
- b. Switch requests must be submitted no later than one week in advance of the date a switch is requested.

- c. Switch requests must not create overtime.
- d. If the staff member is a full-time employee or part-time employee, PTO must be used to meet required hours (40 hr/week for full-time or 20 hr/week for part-time). Please email PharmacyPUH-Payroll in this instance.
- e. True emergencies will be dealt with on an individual basis with approval at the discretion of a manager or designee.

**b. Shadyside Inpatient pharmacy:**

- i. PGY1 Pharmacy Residency provide two (2), eight (8)-hour shifts every other weekend, and also provide staffing for one (1) major and two (2) minor holidays (as defined by the Department of Pharmacy above).
- ii. PGY2 Pharmacy Residency (UPMC Shadyside Hospital) provide two (2), eight (8)-hour shifts every third weekend, and also provide staffing for one (1) major and two (2) minor holidays (as defined by the Department of Pharmacy above).
- iii. Call Off Procedures: Call offs due to illness or unforeseen circumstances the day of the scheduled workday should be called to the Charge Pharmacist and the Manager on Call for that day.
- iv. Schedule Change Requests: Residents may need to request changes in the assigned schedule. Trades with other residents are preferred. If a resident is unable to facilitate a needed exchange with other residents, the resident must contact and obtain approval from the RPD, Director of Operations and Pharmacist Scheduler to ensure shift coverage.

**IV. Ambulatory Care Specific Operations**

- i. **PGY2 Ambulatory Care Presbyterian** residents provide two (2), eight (8)-hour shifts every third weekend supporting the medication education and transitions of care program (EPITOME II). Schedule change requests must be requested by notifying the EPITOME program preceptor. Call offs due to illness or unforeseen circumstances the day of the scheduled workday should follow the Presbyterian inpatient pharmacy procedures and notification to the charge pharmacist.
- ii. **PGY2 Ambulatory Care Shadyside** (Family Medicine) residents provide one (1), eight (8)hour shift every third weekend supporting the Hillman Center Retail Pharmacy and one (1) eight (8)-hour shift every third Sunday supporting the Shadyside Family Health Center. Schedule change requests must be requested by notifying the lead pharmacist at Hillman Center Retail Pharmacy or Family Health Center pharmacist. Call offs due to illness or unforeseen circumstances the day of the scheduled workday should follow the Hillman Center Retail Pharmacy procedures and notification to the charge pharmacist.
- iii. **PGY2 Ambulatory Care Global Health (Presbyterian)** residents provide staffing in two ways:
  - a. EPITOME II: One (1), five (5)-hour shift every Wednesday supporting the discharge counseling and transitions of care program (EPITOME II). Schedule change requests and call offs due to illness or unforeseen circumstances must be requested by notifying the EPITOME program preceptor.

- b. Other staffing responsibilities: One (1) three (3)-hour shift every second and fourth Monday evening and one (1) eight (8)-hour shift every first and third Saturday as determined by pharmacy administration and RPD. Schedule change requests must be requested by notifying the RPD and the scheduler. Attempts should be made to find alternative pharmacist coverage for. The resident should call the RPD and area administrator as soon as possible for call offs due to illness or unforeseen circumstances.

## Well-being

### Purpose

- a. This policy defines the ways in which Pharmacy Graduate Education (PGE) Trainees are supported in their efforts to become competent, caring and resilient practitioners while completing training programs at UPMC Presbyterian.

### Policy Scope

- a. This policy applies to Residents, Fellows, Faculty, Preceptors, Director of Pharmacy, Program Coordinators at UPMC Presbyterian.

### Definitions

- a. **Burnout:** Long-term exhaustion and diminished interest in work. Dimensions of burnout include emotional exhaustion, depersonalization, and feelings of lack of competence or success in one's work. Burnout can lead to depression, anxiety and substance abuse disorders.
- b. **Resilience:** The ability to withstand and recover quickly from difficult conditions or situations. During training, Residents may face difficult patient care, educational or personal events which have the ability to negatively affect their Well-being. Decompressing after such situations, through conversation with peers, mentors or family, and self-care activities, can increase Resilience.
- c. **Well-being:** Refers to the state of being healthy, happy and successful. Well-being may be positively increased by interacting with patients and colleagues at work, being intellectually stimulated and by feeling that one is making a difference/helping. In addition, self-care activities, including exercise, getting plenty of rest and connecting with others, is beneficial.

### Procedure

- a. Residents' physical, psychological and emotional Well-being is of paramount importance to UPMC Presbyterian Pharmacy. PGE Trainees are encouraged to lead healthy lives and make healthy choices that support them in their personal and professional growth. To that end, we provide the following strategies to support trainee health, Well-being and Resilience:
  - i. Institutional Support
    1. *LifeSolutions* Employee Assistance Program
      - a. Provides confidential, professional assessment, counseling, consultation and referral for any personal problem that could affect or is affecting job performance. PGE trainees should refer to UPMC Policy, HS-HR0732, Employee Assistance Program (EAP)/*LifeSolutions*, for more information/details.
    2. UPMC Employee Health - MyHealth@Work Clinic
      - a. UPMC employee health clinics staffed by highly trained UPMC providers to provide free, confidential health management to all UPMC employees. Services provided included vaccination, chronic health screening, treatment for minor illness, and proactive health management among others. More information available on Infonet.
  - ii. Department Escalation Process for PGE Training



1. UPMC PGE is committed to providing a confidential environment for its Residents and has established an escalation chain for training related issues, both personal, professional, that all Residents are encouraged to utilize without fear of negative consequences.
2. The escalation chain is as follows: Residency Rotation Preceptor – Program Director – Director of Pharmacy. Residents may engage the escalation chain at any point during their training.
3. For issues related to staffing, the Pharmacy Department Operations Escalation chain should be followed.

iii. Pharmacy Graduate Education Support

1. Resident and Fellow Assistance Program (RFAP), is a free, confidential, 24/7 program for residents and their household members supported by *LifeSolutions*. RFAP provides coaching, counseling, including psychiatric services, as well as assistance deciding on a first job or fellowship and legal consultation.
2. Additionally, all training programs have vacation, sick leave, professional/educational leave among others that serve to provide Residents/Fellows paid time off when needed. The amount of vacation

leave, sick leave, and professional leave are determined by each respective Program. b. Program Support

- i. There are circumstances in which Residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program has policies and procedures in place to ensure coverage of patient care in the event that a Resident may be unable to perform their patient care responsibilities. These policies will be implemented without fear of negative consequences for the Resident whom is unable to provide the work.
- ii. PGE trainees are encouraged to alert a pharmacy administrator when they have concern for themselves, a colleague, or another team member displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence. c.

External resources

- i. Resident and Fellows Assistance Program: 412-647-3669
- ii. National Suicide Prevention Lifeline Hotline: 1-800-273-TALK (8225).

## Remediation and Dismissal

**PURPOSE:** To define the remediation and dismissal procedures for pharmacy residents and fellows who fail to show satisfactory performance, meet requirements for completion of the program or require disciplinary action.

**1. Residents:** As per UPMC Medical Education, a program may determine to terminate a resident's employment prior to the established contract expiration due to various substantive reasons including, but not limited to:

- Unsatisfactory Performance
- Academic or professional misconduct
- Endangering the health and safety of others, including patients, employees, or other persons.
- Failure to comply with hospital, departmental or UPMC policies, practices, and directives.
- Abandonment of position/employment

### 1.1. Remediation:

1.1.1. Residents who demonstrate unsatisfactory performance are those who fail to meet educational goals and objectives as defined by the American Society of Health Systems Pharmacists (ASHP) for the program. This may occur in two ways 1) receiving a Needs Improvement (NI) in any objective or 2) failing meet requirements for successful completion of the program Achieved for Residency (ACHR) 80% of the objectives; and where programs specify, 100% of objectives related to patient care. The Evaluation Criteria and Definition section of the UPMC Presbyterian Shadyside Residency Manual outlines the definitions for performance (Needs improvement (NI), Satisfactory Progress (SP), Achieved (ACH) and Achieved for Residency (ACHR).

1.1.2. Remediation of Needs Improvement to Satisfactory Progress: When a NI is assigned to an objective for the learning experience, the Resident Program Director (RPD) should determine when and how to reevaluate the objective for which a NI was assigned. This remediation plan will be discussed with the resident and outlined in writing with resident acknowledgment. The RPD will document progress and program changes within the development plan.

1.1.2.1. This plan may include but is not limited to the following: 1) identification of an existing learning experience already assigned the goal/objective; 2) addition of the objective in an upcoming learning experience; 3) remediating an activity outside of learning experience; or 4) repeating the learning experience.

1.1.2.2. Progress from NI to SP for the identified objective should occur by the end of the following quarter and may necessitate a change in resident schedule.

1.1.2.3. If the resident fails to progress to SP within the following quarter upon reevaluation (or first occurrence of NI occurs during the last quarter), the RPD will review resident evaluations and feedback then discuss with the program Resident Advisory Committee (RAC) whether further remediation is feasible within the time frame of the residency year.

1.1.2.4. If the RPD and RAC determine the resident may achieve SP by the end of the residency year, a program remediation plan will be outlined in writing, acknowledged in writing by the resident and incorporated into the development plan.

1.1.2.5. If the RPD/RAC determines that the resident will not be able resolve the NI through achieving SP during in the objective by the end of the residency year, the resident will not graduate or be awarded a certificate per requirements for program completion.

1.1.2.6. Residents who are unable to resolve NI by the end of the year will be evaluated by the RPD through performance assessments and preceptor feedback to determine if additional time may result in progression to satisfactory progress through extension of the program. The reasons for or against extension of the program will be documented by the RPD and acknowledged in writing by the resident.

1.1.2.7. Residents missing greater than 37 days within the program year will require an extension to meet program requirements. If a resident requires an extension to the program to meet requirements for completion, the program may be extended up to a maximum of 8 weeks for the resident to successfully meet the requirements of the residency. The resident must complete the program with a minimum of a 12-month practice commitment and no more than a 8 week additional extension.

1.1.3. Remediation of Satisfactory Progress to Achieved and Achieved for Residency: Residents are required to achieve for residency 80% of all objectives (100% of patient care objectives identified for some programs). RPDs will review progression during each quarterly development plan session. If a goal/objective that is evaluated multiple times remains at SP, the RPD will work with preceptors to develop a plan to focus on moving this goal/objective to ACH. This plan may include but is not limited to the following: 1) identification of an existing learning experience already assigned the goal/objective; 2) addition of the objective in an upcoming learning experience; 3) remediating an activity outside of learning experience; or 4) repeating the learning experience.

1.1.4. For Residents who will not meet the requirements for ACH within 30 days prior to program completion will be evaluated by the RPD through performance assessments and preceptor feedback w determine if additional time may result in progression to ACH through extension of the program. The reasons for or against extension of the program will be documented by the RPD and acknowledged in writing by the resident.

1.1.4.1. If a resident requires an extension to the program to meet requirements for completion, the program may be extended up to a maximum of 90 days for the resident to successfully meet the requirements of the residency. The resident must complete the program with a minimum of a 12-month practice commitment and no more than a 90-day additional extension.

1.1.5. Residents who are unable to perform duties, receive NI in multiple areas or fail to show profession of satisfactory progress to achieved may be dismissed from the program for not demonstrating the ability to meeting program requirements.

## 1.2. Disciplinary Action

1.2.1. Residents who demonstrate inability to function effectively or demonstrate unprofessional behavior will require corrective action and may be dismissed from the program. The RPD in consultation with preceptors and pharmacy leadership will determine if corrective action or dismissal is warranted. A corrective plan may include but is not limited to a warning letter, probationary period or change in program activities. If a corrective action plan is implemented, it will be effective for a period of at least one month and no longer than three months depending on the identified issue. The resident will be informed of the plan or dismissal in person and writing.

1.2.2. Corrective action or dismissal may occur as a result of:

### 1.2.2.1. Failure to act responsibly and ethically

1.2.2.1.1. Inappropriate or excessive unexcused absences

1.2.2.1.2. Failure to practice in accordance with state and federal laws

1.2.2.1.3. Failure to practice in accordance with UPMC policy and procedures

1.2.2.1.4. Failure to communicate with preceptors in the provision of patient care

1.2.2.1.5. Engaging in activity that may put patients or colleagues at risk

### 1.2.2.2. Failure to participate in program requirements

1.2.2.2.1. Failure to complete assignments and projects by due dates

1.2.2.2.2. Failure to be present at the established scheduled times

1.2.2.2.3. Failure to show progression in meeting program requirements

### 1.2.2.3. Failure to obtain pharmacy license by September 30<sup>th</sup>

1.2.2.3.1. Reference: RXPS- 11058 SOP UPMC Pharmacy Resident Licensure

## 1.3. Dismissal

1.3.1. Procedures for resident dismissal as per GME Medical Education Resident/Fellow Appointment, Reappointment, Renewal, Non-Promotion, Remediation, Probation, Suspension and Dismissal Policy 9/9/2020

1.3.2. In any such employment termination situation, consultation and direction must be received from the UPMC GME Office, UPMC HR and UPMC ME legal counsel prior to termination decision

1.3.3. If termination is pursued, the resident will be notified in writing by the RPD with approval of the Director of Pharmacy and Department Chair of Pharmacy and Therapeutics.

1.3.4. Upon notice of termination the resident has the right to appeal such notice within 10 days of receipt, as described in the UPMC ME Grievance and Appeal Policy.

