TITLE Resident Staffing Experience			**IDENTIFICATION NUMBER** PH09.03.055
ORGANIZATION(S) University of Kentucky / UK HealthCare	**SITES AFFECTED** ☐ Enterprise ☐ Chandler ☐ Good Samaritan ☐ KCH ☐ Ambulatory	**CATEGORY** ☐ Enterprise ☐ Nursing ☒ Department Pharmacy ☐ Guideline ☐ Protocol	**REPLACES:** PH20-09
REVIEW CYCLE ☐ 1 year ☒ 3 years **REVIEW DATES:** 09/2012; 4/2015; 4/30/2015; 5/25/2017; 02/11/2025; 02/26/2025; 05/27/2026; 10/01/2026		**EFFECTIVE DATE:** 11/15/2026	

POLICY STATEMENT

All University of Kentucky HealthCare (UKHC) pharmacy residents enrolled in ASHP-accredited training programs will participate in a staffing experience. When possible, the staffing experience should be relevant to the resident's specialty practice area and fill an organization/department patient care need.

PURPOSE

To set forth guidelines for pharmacy resident practice experiences as a part of their residency training program.

SCOPE

This policy applies to all residents of the UKHC Pharmacy Residency programs.

PROCEDURES

1. The Acute Care and Ambulatory resident staffing schedules will be made in advance. All resident staffing shifts will be merged to the same shared file and saved in an accessible location for the department.
    a. Schedule creation should occur as far in advance as possible, ideally before the resident starts the program and for the entire residency year.
        i. Coordination of the Acute Care schedule creation for programs staffing in shared acute care areas (i.e. decentralized teams, central pharmacy) will typically be the responsibility of an HSPAL resident, with assistance from pharmacy leadership.
            1) Oncology, Pediatric, Good Samaritan, and decentral Emergency Medicine shifts will be scheduled by these areas, but sent to the Acute Care scheduler for inclusion in the master file.
        ii. Coordination for the Ambulatory programs (i.e. Specialty Pharmacy programs, PGY1 Ambulatory and PGY2 Ambulatory Care) will typically be the responsibility of those program RPDs or designees, with assistance from ambulatory pharmacy leadership.
    b. Some programs may have additional shifts to staff throughout the year (i.e. the entire year of schedule cannot be created prior to the start of the residency year), these should be added to the schedule as they are determined.
        i. For example, PGY2 Ambulatory Care may schedule their evening shifts as scheduling

holes for Meds2Beds arise as these open shifts are not known prior to the beginning of the residency year.

2. Due to the diversity in specialty practice experiences where residents staff and evolving departmental needs, the duration of the shift, and what activities the resident is responsible for will vary and may include a combination of weekends and evenings. Alternative staffing arrangements must mutually meet resident program goals and department needs. These definitions should be discussed and agreed upon by the Residency Program Director Committee (RPDC) prior to implementation.
    a. All staffing shifts must occur outside of regular rotation hours.
    b. In general, a full shift is > 5 scheduled hours long. Any staffing shift scheduled for ≤ 5 hours will constitute a ½ shift.
    c. Other on-call experiences can also count towards the staffing requirement. Currently approved experiences include:
        i. Specialty on call: 1 week of specialty call = 4 shifts
3. Acute Care staffing shifts may be completed on weekends, overnight, or evenings via half shifts.
    a. Residents reporting for an overnight shift on a formal rotation day will not have rotational activities scheduled within 8 hours of reporting for their overnight shift start time (e.g. if scheduled to report at 9pm, no rotation activities scheduled past 1pm) or within 8 hours after completing their overnight shift. The resident will be expected to manage their rotational patient care priorities and needs as appropriate to meet this deadline.
    b. Centralized and evening Acute Care staffing shifts will include service as the Emergency Response Pharmacist (ERP) for the hospital. This will be a component of the experience alongside other responsibilities of the shift. Resident feedback for ERP will be provided via the on-call reviewer and on-site pharmacists.
4. PGY1 residents will work a minimum of 46 shifts per year and PGY2 residents will work a minimum of 40 shifts per year, dependent upon holiday scheduling and departmental need throughout each resident year. RPDs and department leadership may adjust shifts as needed to ensure program completion requirements and operational needs are met.
    a. Estimated shift numbers based upon planned resident recruitment should be discussed every year at the October RPDC meeting to define expectations for staffing prior to recruitment.
    b. All assigned shifts will be defined as “residency shifts” and will be expected to be filled by a resident, whether in decentral or central.
5. Scheduled staffing will comply with the ASHP duty hours requirements.
6. Holiday Staffing:
    a. Resident staffing will include holidays, these staffing days will count as a single staffing shift per the definition above.
    b. An estimated holiday schedule will be drafted in collaboration with the

pharmacy leadership team prior to creation of the resident schedule. This will clearly define which days are to be staffed as holidays.

c. Residents that staff a holiday are entitled to a floating holiday per the University of Kentucky Graduate Medical Education (GME) Policies and Procedures.

d. In general, residents will be scheduled to work holidays in an equitable manner

   i. Residents will be required to staff one of the following winter holidays: Thanksgiving/Day after Thanksgiving, Christmas, or New Years Day.

   ii. And up to two of the following recognized holidays: 4th of July, Labor Day, MLK Day, Memorial Day, Juneteenth.

   iii. To allow for maximum time away from residency when not scheduled to work a holiday, residents will be scheduled in holiday and associated weekend blocks when possible.

7. If a resident would like to pick up a shift outside of their originally scheduled shifts, they must request RPD approval prior to formally picking up the shift. Residents shall receive overload pay based upon their secondary pharmacist assignment with UK HealthCare.
8. In the event a resident needs to call off from their scheduled staffing shift, an additional shift of similar responsibility will be added to their staffing schedule to fulfill their staffing requirement.
   a. Resident call off procedures for a shift should follow the regular call off procedures of the area they are scheduled to staff (typically contacting the manager of the area)
   b. Residents that need to call off from an on-call shift should contact their RPD, chief resident, and notify Pharmacy Chandler Operations (via CC1.1 Chandler Central Pharmacist Call In SOP) if the call off will result in a time period of no on call coverage while alternate plans for coverage are being finalized.
9. In the event of an off-site clinical rotation, the residents staffing schedule will be adjusted to make up the equivalent number of staffing shifts.
10. There may be resident social functions throughout the year that occur when residents are schedule to staff or be on call. At the discretion of the RPDC, scheduled residents will be given time off to attend these events and the staffing will be covered by a non-resident pharmacist. Coverage is facilitated by the chief resident and the Director of Clinical Services. Arrangements must be made in advance, ideally 8 weeks prior to the event. These functions may include:
    a. Lampoon (May-June)
    b. Graduation (June)
    c. Homecoming(September or October)

11. After the schedule is created, additional conflicts may arise. These may be personal conflicts or additional required functions such as professional

development experience and Midyear. The staffing schedule may be adjusted to accommodate these conflicts, pending direct communication between the residency program leadership/residents and the area pharmacist leader. For shifts in Central, residents should use the Central Pharmacy Scheduling email (ChandlerCentralPharmacistScheduling@uky.edu). Residents are allowed to swap shifts with either residents or pharmacist staff, as applicable, and should notify the area leadership. The resident is responsible for coordinating coverage for shift changes once the schedule is posted.

REFERENCES

1. ASHP Duty Hour Requirements for Pharmacy Residencies
2. University of Kentucky Graduate Medical Education (GME) Policies and Procedures.
3. Pharmacy SOP: Pharmacist Call-In Procedure

APPROVAL

NAME AND CREDENTIALS:	NAME AND CREDENTIALS:
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