

SUBJECT: Duty Hours

POLICY STATEMENT: The ACGME requires that all programs have policies regarding duty hours for residents. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

DESCRIPTION:

1. Resident duty hours for each GME program must not be excessive and must be consistent with the Program Requirements of the RRC. While individual programs may impose more stringent duty hour restrictions, none may have policies less restrictive than these institutional policies.
2. On-call time and duty hours should be consistent with the educational needs of the resident and not be motivated by excessive reliance on the residents to fulfill institutional service obligations.
3. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
4. 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.
5. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. At home call may not be assigned on these free days.
6. Adequate time for rest and personal activities must be provided accordingly.
 - a. Continuous duty periods of PGY-1 residents must not exceed 16 hours in duration.

- b. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must educate residents about and encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10pm and 8am is strongly suggested.
- c. Residents may be allowed to remain on-site for a maximum of an additional 4 hours to accomplish effective transitions of patient care.
- d. Additional clinical responsibilities must be assigned after 24 hours of continuous duty.
- e. In unusual circumstances, resident on their own initiative may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must:
 - i. Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
 - ii. Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
 - iii. The program director must review each submission of additional service and track both individual resident and program-wide episodes of additional duty.
- f. Time between consecutive scheduled duty periods must meet minimum standards as follows:
 - i. PGY-1 residents should have 10 hours and must have 8 hours free of duty between scheduled duty hours.
 - ii. Intermediate level residents should have 10 hours and must have 8 hours between scheduled duty periods. Following 24 hours of in-hospital duty, residents must have at least 14 hours free of duty prior to the next schedule shift.
 - iii. Residents in their final years of education should have 8 hours between scheduled duty periods (Note: each program director is responsible for determining their RRC's definition of final years of education). However, there may be circumstances defined by each

individual RRC when these residents must stay on duty to care for their patients or return to the hospital with fewer than 8 hours free of duty. These activities with fewer than 8 hours free between duty periods must be monitored by the program director.

- g. Residents must not be scheduled for more than six consecutive nights of night float duty (individual RRC requirements may be more restrictive).
 - h. In-hospital on-call frequency must adhere to the following standards:
 - i. PGY-1 residents, because of their restriction to 16-hours of continuous duty, may not take in-hospital call other than in the context of a night-float shift.
 - ii. PGY-2 residents and above must be scheduled for in-hospital call no more frequently than every third night when averaged over a 4-week period.
 - i. At-home call (pager call) is defined as call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b. When residents are called into the hospital while on at-home call to care for new or established patients. While travel time to and from the hospital and time spent in the hospital do count toward the 80-hour limit, these episodes do not initiate a new “off duty” period. Program directors and faculty must carefully monitor residents taking home call to be certain that they are not excessively fatigued. Residents noted to be fatigued from home call activities must be relieved from duty as soon as possible.
7. Consistent with Institutional Policy, all outside activity (moonlighting) must comply with all of the duty hour restrictions noted above.
8. Program specific policies must address, at a minimum, items 1-7 above. All policies must be in compliance with all Institutional and RRC specific policies for the specialty.

9. Programs must use New Innovations to demonstrate compliance with the duty hour rules.

10. The GMEC will monitor compliance of programs via the Institutional Program Review Committee, periodic resident surveys, and focused reviews when needed. Aggregate duty hour violations will be monitored by the GME office using the New Innovations Dashboard function, and weekly program reports will be provided to the program directors and the GME office.

Reviewed and Approved:
Graduate Medical Education Committee (GMEC)
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