

Institutional Duty Hours and the Learning and Working Environment

Graduate Medical Education Committee — Policies and Procedures

Purpose

The institution is charged with the oversight of the ACGME Resident Duty Hours Policy. It is necessary for all our ACGME accredited programs to achieve compliance and for the GME Office to monitor compliance. The program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment. It is the responsibility of the program director to establish formal written policies governing resident duty hours and on-call schedules that are based upon educational rationale and patient need including continuity of care. The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. The educational goals of the program must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Program directors must ensure that residents are provided backup support when patient care responsibilities are difficult or prolonged. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients. The following policy outlines the procedures to be used by the GME Office.

Policy

1. The GME Office will collect and maintain a file containing all of the individual program policies concerning resident duty hours. Individual programs must be in compliance with the following:

Duty Hours

- a. 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 relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Duty periods of PGY 1 residents must not exceed 16 hours in duration.
- d. 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 1 continuous 24-hour period free from all clinical, educational, and administrative duties. At-home call cannot be assigned on these days.

- e. 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 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 10:00 p.m. and 8:00 a.m., is strongly suggested.
 1. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
 2. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
 3. In unusual circumstances, residents, 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.
 - a. Under those circumstances, the resident must:
 1. appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
 2. document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
 - b. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.
- f. PGY 1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. Intermedicate-level residents (as defined by the Review Committee) should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

On-call Activities

1. The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.
 - a. Residents must not be scheduled for more than six consecutive nights of night float.
 - b. PGY 2 residents and above must be scheduled no more frequently than every third night, for in-house call, averaged over a 4-week period.
 1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

2. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.
 - c. Individual programs will submit biannual reports, when requested by the GME Office, documenting the mechanisms utilized to assess compliance with ACGME Institutional and the relevant RRC duty hour requirements.
 2. The GME Office will request action plans from individual programs that are felt to be not in compliance. The GME Office encourages programs to involve residents in the preparation of these plans. The GME Office will request monthly progress reports at the GMEC concerning program’s efforts at compliance.
 3. The GME Office will conduct focus group sessions with the residents participating in various rotations to assess not only compliance with the resident duty hour regulations, but also to assess educational aspects, resident stress and quality of life issues. The aid of the Housestaff Counselor will be enlisted in conducting these focus groups.
 4. The Internal Review of programs will include specific questions concerning resident duty hours during the review of all programs. These reports will be included in the summaries submitted to the GMEC. The GME Office will submit a report to the Dean annually for submission to our governing body, the Arizona Board of Regents.

Effective: 7/01/2011

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