



SUBJECT: GME Policies and Procedures Related to Duty Hours

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APPROVAL:

Victoria E Murrain

**Victoria Murrain, DO, Assistant Dean for
Graduate Medical Education (DIO)**

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DISTRIBUTION: Program Directors, Residents and Staff

The University of Arizona/UPHK
Graduate Medical Education Consortium
Graduate Medical Education Committee
Policies and Procedures

Duty Hours

PURPOSE:

The GME sponsoring institution is charged with the oversight of the residency programs' implementation 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 that compliance. 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 educational goals of the program must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Program directors must ensure that residents are provided backup support when patient care responsibilities are difficult or prolonged. The following policy outlines the procedures to be used by the GME Office.

On-call Activities: 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.

DUTY HOURS DEFINITION: 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.

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 Hour requirements:
 - a. **MAXIMUM HOURS OF WORK PER WEEK:**
 1. 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 (both internal and external).
 - b. **MANDATORY TIME FREE OF DUTY:**
 1. 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 during these free days.
 - c. **MAXIMUM DUTY PERIOD LENGTH:**
 1. Duty periods for PGY1's must not exceed 16 hours in duration.
 2. Duty periods for PGY2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
 3. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10pm and 8am, should be strongly encouraged.
 4. Residents may remain on site to accomplish those tasks essential for patient safety and effective transitions of care for a period of no more than 4 additional hours.
 5. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
 6. 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. Justification for such extensions 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:
 1. The resident must hand over the care of all other patients to the team responsible for their continuity of care; and,
 2. The resident must document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director within 72 hours.
 3. The PD must review each submission and track program-wide episodes of additional duty.
 - d. **MINIMUM TIME OFF BETWEEN SCHEDULED DUTY PERIODS:**
 1. PGY1 residents should have 10 hours and must have 8 hours, free between scheduled duty periods.

2. Intermediate level residents (as defined by the Review Committees) should have 10 hours free of duty, and must have 8 hours between scheduled duty periods.
 3. Intermediate level residents (as defined by the Review Committees) must have at least 14 hours free of duty after 24 hours of in-house duty.
 4. Residents in their final years of education (as defined by the Review Committees) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. They should have 8 hours free of duty between scheduled duty periods, but there may be circumstances where these residents must remain on duty to care for a patient or return to the hospital with fewer than 8 hours free of duty. These circumstances must be monitored by the PD as noted above.
- e. **MAXIMUM FREQUENCY OF IN-HOUSE NIGHT FLOAT:**
1. Residents must not be scheduled for more than 6 consecutive nights of night float.
 2. The maximum number of consecutive weeks of night float, and maximum number of months of night float may be further specified by the Review Committees.
- f. **MAXIMUM IN-HOUSE ON-CALL FREQUENCY:**
1. PGY2 and above residents must be scheduled for in-house call no more frequently than every 3rd night (when averaged over a 4-week period).
- g. **AT-HOME CALL:**
1. Time spent in the hospital by residents must count towards the 80 hour maximum weekly hour limit.
 2. Frequency of at home call is not limited to the every 3rd night limitation, but must satisfy the requirement of one day in seven free of duty, when averaged over four week period.
 3. Must not be so taxing as to preclude rest or reasonable personal time for each resident.
 4. Residents are permitted to return to the hospital to care for new or established patients without initiating a new “off-duty period”. These hours must be counted towards the 80-hour weekly maximum.

2. GMEC Monitoring

1. Each program will submit a quarterly cumulative report to the GMEC for review of compliance with the Duty Hours requirements.
2. The GMEC will request action plans from those programs that identify a noncompliant situation. The GME Office encourages programs to involve residents in the preparation of these plans. As needed, the GMEC will request monthly progress reports at the GMEC concerning program's efforts at compliance.
3. The GME Office will conduct focus group sessions with each program's 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 may 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 include Duty Hours compliance in the Annual GME Report

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