

UTHSCSA Graduate Medical Education Policies

Section 2	General Policies & Procedures	Effective:	April 2003
Policy 2.7.	Resident Duty Hours	Revised:	November 2006 June 2011, August 2014
		Responsibility:	Designated Institutional Official
<b>Resident Duty Hours</b>			
Purpose	It is the policy of the UTHSCSA Graduate Medical Education Committee to follow requirements established by the ACGME regarding duty hours for residents in accredited training programs. Specific details can be found at the ACGME website, <a href="http://www.acgme.org">www.acgme.org</a> and are subject to change without notice.		
Definitions	<p><u>Duty hours</u>: 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 work site.</p> <p><u>Internal Moonlighting</u>: Clinical and administrative activities performed within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s) which are voluntary and NOT required, and for which additional compensation is given. This time must be counted toward the 80-hour weekly limit on duty hours.</p> <p><u>External moonlighting</u>: Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.</p> <p><u>Home call (pager call)</u>: Call taken from outside the assigned institution. This call is not subject to the every third night limitation. If the residents are called into the hospital from home, those duty hours are counted toward the 80-hour limit.</p> <p><u>New patient</u>: any patient for whom the resident has not previously provided care.</p>		
Policy	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. All residency programs must monitor resident duty hours, on an ongoing basis, employing methods that provide accurate data. The GMEC will review program data. All programs must monitor residents for evidence of stress and fatigue related to service obligations and duty hours related to scheduled workload and moonlighting, educate faculty in		

monitoring residents, and develop backup plans for affected residents. When necessary for safe travel, a taxi voucher is available to fatigued residents/fellows.

**Duty Hour policies:**

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 internal and external moonlighting (PGY-1 residents are not permitted to moonlight).
2. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four week period, inclusive of call (including at home call). One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities (including home call).
3. For Intermediate level residents, a 10 hour time period for rest and personal activities should be provided, and 8 hours must be provided between all daily duty periods, and after in-house call. They must have at least 14 hours free of duty after 24 hours of in-house duty.
4. In-house call must occur no more frequently than every third night, averaged over a four-week period
5. Continuous on-site duty, including in-house call, must not exceed 16 hours for PGY-1s and 24 consecutive hours for all other residents. Upper level residents may remain on duty for up to 4 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics. 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.
6. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. 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. Under those circumstances, the resident must: appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.
7. Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80- hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education

have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

8. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. 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".
9. Residents must not be scheduled for more than six consecutive nights of night float. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]
10. When an individual RC maintains a more restricted requirement, the RC requirement will supersede the requirements listed above.

#### **Extension of Duty Hours by 10% (to 88 hours per week)**

Programs (for which the RC permits) may petition the GMEC for permission to request approval from their RC for extension of duty hours to 88 hours per week for sound educational purposes.

1. The Chairman of the GMEC will appoint an ad hoc subcommittee that includes two Program Directors and three residents, including one from the requesting program, to review requests for extensions of duty hours.
2. One of the two Program Directors will chair the Ad Hoc committee.
3. The written findings and recommendations of the Ad Hoc committee will be presented at the next regularly scheduled meeting of the GMEC.
4. Members of the GMEC, based on the letter from the Program Director and the findings and recommendations of the Ad Hoc committee, will develop its report and send this report to the Program Director.
5. The decision of the GMEC may not be appealed; however the program may resubmit its request.
6. If the request to extend duty hours has been approved by the GMEC, the Program Director then may petition the appropriate RC for permission to extend hours. The letter from the GMEC must be used when communicating to the RC.
7. Program Directors will not implement the extension of duty hours until approved by their respective RC.
8. Program Directors must monitor resident duty hours on a routine basis, but on a more intense basis if the GMEC has granted an extension.

The request may be submitted in any format. A suggested form is

appended below. Minimum information to be included with the request includes:

1. State the circumstances under which residents may be expected to duty more than 80 hours per week, averaged over 4 weeks. Include the specific rotations and the year of training for which the request is being made.
2. State why the program cannot maintain the 80-hour limit
3. State the improvement in educational experience that is anticipated to result from this increase in duty hours. This may include RRC requirements the program will not meet if residents work 80 or fewer hours per week
4. State how the program will monitor resident hours to assure compliance with the duty hour rules.
5. Statement of support by the Department Chairman.

**FORM: Request for GMEC Approval of Duty Hour Extension - [Microsoft Word .doc](#) or [Acrobat Reader .pdf](#)**

#### **Duty Hours reporting requirements**

All UTHSCSA GME programs must document compliance with ACGME duty hour standards. The GME Committee Duty Hours Subcommittee determines program compliance with standards, based on review of the following program data:

1. duty hours documentation.
2. justification for staying beyond recommended hours
3. moonlighting