UTHSCSA Diagnostic Radiology Residency Program
Duty Hours Policy – Effective 1/1/2016

The Diagnostic Radiology Residency Program Training Program recognizes that a sound academic and clinical education should be carefully planned and balanced with concerns for patient safety and resident well-being. Learning objectives of the program will not be compromised by excessive reliance on residents to fulfill service obligations.

Professionalism, Personal Responsibility and Patient Safety
The Diagnostic Radiology Residency Program educates residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients and promotes patient safety and resident well-being in a supportive educational environment.

The program director ensures a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty demonstrate an understanding and acceptance of their personal role in:

- Assurance of the safety and welfare of patients entrusted to their care;
- Assurance of their fitness for duty;
- Management of their time before, during, and after clinical assignments;
- Recognition of impairment, including illness and fatigue, in themselves and in their peers;
- Honest and accurate reporting of duty hours.

The Diagnostic Radiology Residency Program oversees residents' duty hours and working environment. During all clinical rotations within the training program, including rotations within other departments, trainees and staff conform to existing ACGME, RC and institutional duty hours policies. Duty hours include activities related to the residency program, i.e. reading imaging studies and performing image guided procedures (both inpatient and outpatient), administrative duties related to Radiology, provision for transfer of care, call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

All moonlighting must be voluntary. Moonlighting will not interfere with the ability of the resident to achieve the goals and objectives of the training program. Time spent by residents in any moonlighting activity is counted toward the 80-hour maximum weekly hour limit. PGY 1 residents (residents in the R1 year of the Residency PhD program) are not permitted to moonlight.

All residents and faculty members demonstrate responsiveness to patient care needs that supersedes self-interest. Our physicians recognize that, under certain circumstances, the best interests of the patient may be served by transitioning that patient's care (reading studies and performing procedures) to another qualified and rested provider.

In rare/unusual circumstances, residents beyond their first training year, on their own initiative, may remain beyond their scheduled period of duty to be staffed out for imaging studies performed when on call. Justifications for such extensions of duty are limited to the academic importance of staffing out and getting educational feedback on studies already read out by resident. Under those rare circumstances, the resident will document the reasons for remaining after the call was over and submit that documentation in every circumstance to the program director in New Innovations.

The program director will review each submission of additional service, and track both individual resident and program-wide episodes of additional duty in New Innovations.

The program's policies and procedures, including this policy, are distributed to residents and faculty annually and after each policy change. It is included in the Resident Manual, and is posted on the department intranet website and will be posted on the New Innovations home page.

1. **Specific Duty Hours Requirements:** Per Section VI.G of the Diagnostic Radiology Residency Program ACGME Program Requirements

    VI.G.1. Maximum Hours of Work per Week: 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. Diagnostic Radiology 29

    VI.G.3. Mandatory Time Free of Duty: Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

    VI.G.4. Maximum Duty Period Length: Duty periods of PGY-1 residents must not exceed 16 hours in duration. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.

    VI.G.5. Minimum Time Off between Scheduled Duty Periods: PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. Intermediate-level residents (R1, R2 and R3) 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. Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

    VI.G.6. Maximum Frequency of In-House Night Float: Residents must not be scheduled for more than six consecutive nights of night float.

2. **Contingency Plan and Recognition of Fatigue and Countermeasures**
Faculty and residents are educated to recognize the signs of fatigue and sleep deprivation, and to adopt and apply measures to prevent and counteract the potential negative effects of fatigue. All residents must complete the on-line module of signs of fatigue and sleep deprivation during in-processing in New Innovations. In addition, we also have the presentation given by Dr. Jennifer Peel, on our Radiology intranet site.

A contingency or backup system has been set up that enables patient care to continue safely during periods of heavy use, unexpected resident shortages, or other unexpected circumstances. The program director and supervising faculty will monitor residents for the effects of sleep loss and fatigue, and take appropriate action in instances where overwork or fatigue may be detrimental to residents' performance and the well-being of the residents or the patients or both.

o   If workload exceeds the scheduled resident'(s) ability to provide coverage within the duty hours limits, the Program Director will direct the chief residents to arrange coverage by other residents with less demanding schedules, or will rearrange rotations to distribute the workload so that no resident approaches the duty hours limitations.
o   Two dedicated ER fellows are available to provide coverage if workload exceeds the scheduled resident'(s) ability to provide coverage
o   Two dedicated ER Night faculty and on-call subspecialty faculty are also available to provide coverage if workload exceeds the scheduled resident'(s) ability to provide coverage
o   If resident is not comfortable going home after call, he can stay in our dedicated call room and/or the UHS and UT Radiology department pays for the taxicab fare to transport the resident back home

3. **Duty Hours Policy Compliance Monitoring**
Duty hours must be logged contemporaneously in New Innovations, per institutional policy.

The program director and faculty monitor compliance with this policy by monitoring call and duty schedules, direct observation of residents, discussions with residents, review of residents' evaluation of rotations, and by monitoring duty hours logs in New Innovations. Residents are instructed to notify the

program director if they or other residents are requested or pressured to work in excess of duty hour limitations.

The Program Director maintains an open-door policy so that any resident with a concern can seek immediate redress. If problems are suspected, the Program Director will notify the Designated Institutional Official and gather direct duty hour data to clarify and to resolve the problem. In addition, the GMEC's Duty Hours Subcommittee will confirm program compliance during its monthly duty hour reports through New Innovations of all programs.