POLICY: 200-050385-021

Resident Duty Hours and Working Conditions

The Graduate Medical Education Committee (GMEC) must ensure that each program establishes formal policies governing resident duty hours and on-call schedules that are not excessive and that foster resident education and facilitate the care of patients. Duty hours must be consistent with the Institutional and Program Requirements that apply to each program. In addition, the GMEC must ensure that each program develops a fatigue and sleep deprivation curriculum and policies to prevent and counteract the potential negative effect of fatigue on patient care and learning.

The Institution must provide services and develop systems to minimize the work of residents that is extraneous to their educational program.

Policy

Duty Hours, Call Schedules and Days Off:

Each program shall establish written formal polices governing resident duty hours and on-call schedules that are in compliance with program requirements. Duty hours must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times.

In accordance with the ACGME Duty Hours effective 7/1/2017, the Institutional Policy mandates the following for all residents and interns:

1 day off in 7 averaged over 4 weeks. At-home call cannot be assigned on these days. No more frequent than 3 on call, averaged over 4 weeks.

10 hours off between shifts and 14 hours free of duty after 24 hours of in-house duty. PGY-1 residents and above - No more than 28 hours of continuous duty.

No more than 80 hours/week when averaged over 4 weeks

Moonlighting must be approved by the Program Director. Programs must monitor all moonlighting activities. PGY-1s are not permitted to moonlight. Each training program must have a moonlighting policy which specifies that:

a) Residents must not be required to engage in moonlighting;

b) Require a prospective, written statement of permission from the program director that is included in the resident’s file; and,

c) The residents’ performance will be monitored for the effect of these activities and that adverse effects may lead to withdrawal of permission.
Any exception to the above institutional policy must be submitted in writing to GMEC and include not only justification, but also methods for ongoing monitoring and compliance.

The program policy must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged. Program policies on duty hours, call schedules and backup support must be included in the program’s Policies and Procedures Binder.

**Working Conditions:**

The institution is responsible for providing:

- Adequate and appropriate food services and sleeping quarters.
- Patient support services, such as intravenous services, phlebotomy services, laboratory services, and messenger and transporter services.
- An effective laboratory, medical records, and radiologic information retrieval system that is essential to the appropriate conduct of the educational programs and quality and timely patient care.
- Appropriate security and personal safety measures for residents in all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities.

The GMEC shall monitor working conditions through periodic confidential written surveys of the residents, review of ADS survey data, and anonymous reporting via Duty Hour Hotline.

**Fatigue:**

Each program must establish a curriculum to educate faculty and trainees to recognize the signs of fatigue and sleep deprivation. Programs must also adopt and apply policies that will prevent and counteract the potential negative effects of fatigue on patient care and learning that are in compliance with program requirements. The GMEC shall monitor each program's compliance with this requirement through the Annual Program Review that includes a review of the program’s Policies and Procedures.