
Policy Title and Number: Duty Hours

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PURPOSE

In compliance with the ACGME Institutional and Common Program Requirements, it is the goal of UT Southwestern to provide residents with a sound academic and clinical education. This requires the Institution to provide “formal written policies and procedures governing resident duty hours. (IR.II.D.4.i).

A. Definitions based on ACGME Glossary

At-Home Call: Same as pager call or call taken from outside the assigned site. Time in the hospital, exclusive of travel time, counts against the 80 hour per week limit but does not restart the clock for time off between scheduled in-house duty periods. At-Home Call may not be scheduled on the resident’s one free day per week (averaged over four weeks).

Continuous time on duty: The period that a resident or fellow is in the hospital (or other clinical care setting) continuously, counting the resident’s (or fellow’s) regular scheduled day, time on call, and the hours a resident (or fellow) remains on duty after the end of the on-call period to transfer the care of patients and for didactic activities.

Duty-Hours: Duty hours are defined as all clinical and academic activities related to the 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.

External moonlighting: Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

Fatigue management: Recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.

In-House Call: Duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

Internal Moonlighting: Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

Night Float: Rotation or educational experience designed to either eliminate in-house call or to assist other residents during the night. Residents assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments. Rotation must have an educational focus.

One Day Off: One (1) continuous 24-hour period free from all administrative, clinical and educational activities.

Scheduled duty periods: Assigned duty within the institution encompassing hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

B. Procedure

Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients. The ACGME common program requirements require the following:

Program Director Responsibilities

The program director must implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, and, to that end, must:

- a. distribute these policies and procedures to the residents and faculty; (CPR.II.A.4.j)(1)).
- b. monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements(CPR.II.A.4.j)(2)).
- c. adjust schedules as necessary to mitigate excessive service demands and/or fatigue; (CPR.II.A.4.j)(3)).
- d. if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue. (CPR.II.A.4.j)(4)).
- e. obtain review and approval of the sponsoring institution's GMEC/DIO before submitting to the ACGME information or requests for requests for increases or any change to resident duty hours.(CPR. II.A.4.n)(6)).
- f. comply with any additional requirements as outlined in specialty specific program requirements.

C. Standard

UT Southwestern has developed the following Duty Hour Policies applicable to every resident in all GME training programs:

1. Institution

- a. Duty hours must be limited to 80 hours per week with one-day-off in seven averaged over a four-week period, inclusive of all in-house activities and all moonlighting; (CPR.VI.G.1.,VI.G.2.b)
- b. Duty periods of PGY-1 residents must not exceed 16 hours in duration;
- c. Duty hours for PGY-2 residents and above may be scheduled for a maximum of 24 hours of continuous duty in the hospital. After this period, residents may remain on-site for 4 additional hours to accomplish effective transitions of patient care. After 24 hours of continuous duty, residents must not be assigned new patients or additional clinical responsibilities including attendance at ambulatory or continuity clinics;
- d. All residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods;
- e. Intermediate level residents must have at least 14 hours free of duty after 24 hours of in-house duty. (VI.G.5.b)
- f. Residents must not be scheduled for more than 6 consecutive nights of night float. However, 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.(VI.G.6)
- g. PGY – 2 residents and above must be scheduled for in-house call no more frequently than every third night when averaged over a four-week period.
- h. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
- i. Time spent in the hospital by residents on at-home call must count toward the 80-hour maximum weekly hour limit;
- j. PGY-1 residents are not permitted to moonlight. (CPR.VI.G.2.c).
- k. Comply with any other requirements as outlined in specialty specific program requirements.

2. Program

- a. Be familiar with the ACGME and Review Committee policies and procedures governing Duty Hours and the procedures for requesting exceptions;
- b. Implement policies and procedures for duty hours consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting;
- c. Distribute the duty hour policies to faculty and residents;
- d. Must educate 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.(CPR.VI.A.1)
- e. Monitor honest and accurate reporting of in-house duty hours by residents annually;(CPR.VI.A.5.h)
- f. Monitor at-home call;
- g. Provide documentation of the program's duty hours policies and monitoring at each internal review;
- h. Include all moonlighting in the work hours limits;
- i. Monitor all moonlighting to assure it does not interfere with the goals and objectives of the program;
- j. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. (CPR.VI.G.4.b)

D. Exceptions

- 1) UT Southwestern programs may request an exception to the 80-hour work hour limit.
 - a) Requests for an exception must be based on a sound educational justification.
 - i) required case experiences
 - ii) reasonable efforts to limit activities that do not contribute to enhancing resident education have already been made
 - b) Current accreditation status of the program and of the sponsoring institution should be provided in the formal request
 - c) Some Review Committees categorically do not permit programs to use the 10% exception.
 - d) The institutional GMCEC must review and formally endorse the request for an exception, as noted above. The signature of the designated institutional official shall indicate the endorsement of the request.
- 2) Exceptions to maximum 24 hours of continuous duty in the hospital
 - a) 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.
 - i) 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.
 - ii) The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.
- 3) Exceptions to Minimum Time Off between Scheduled Duty Periods
 - a) PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
 - b) Intermediate-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.
 - c) 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.
 - i) 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.

- d) 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.

Criteria for requesting an exception from the applicable program RRC can be found in the Accreditation Council for Graduate Medical Education Accreditation Policies and Procedures: Subject 22.00 Procedures for Granting Duty-Hour Exception, and 22.30 Required Documentation. For institutional review, a program must complete the attached Addendum to this Policy.

E. Reporting

In addition to the usual lines of reporting concerns, residents may report concerns about work hours to the University institutional compliance hotline, which is available 24 hours a day and to which reports may be made anonymously.

Duty Hours Hot Line 24 hours a day, 365 days a year: 1 877 507 7319
You may choose to remain anonymous.

DUTY HOUR EXCEPTION REQUEST FORM

INSTRUCTIONS: Please complete all applicable fields. If a field does not apply, please skip or if it is a narrative field, please indicate by typing N/A. ***ALL INFORMATION REQUESTED PRECEDED BY AN * MUST BE COMPLETED.***

PROGRAM/ FELLOWSHIP NAME	Click here to enter text.	
ACGME/TMB NUMBER	Click here to enter text.	
PROGRAM/FELLOWSHIP DIRECTOR NAME	Click here to enter text.	
DEPARTMENT CHAIR	Click here to enter text.	
Current Accreditation: Choose an item.	Next RRC Visit: Click here to enter text.	
Current Cycle Length: Choose an item.	Next Internal Review: enter approximate date.	
* Background Information: Provide a brief description of the history of the program pertinent to the proposed changes		
Click here to enter text.		
*Patient Safety: Describe how the program will monitor, evaluate, and ensure patient safety with extended resident work hours.		
Click here to enter text.		
*Educational Rationale: Explain the educational rationale for exception. This rationale should clearly convey a sound educational rationale, which should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested.		
Click here to enter text.		
*Call Schedules: Include a copy of call schedules or provide specific information regarding resident call schedules during the times specified for the exception.		
Click here to enter text.		
*Faculty Monitoring: Please provide evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation must be appended.		
Click here to enter text.		

Please provide a list of all attachments included with your request.	Click here to enter text.
Submitted by:	Click here to enter text.
Date Submitted:	Click here to enter a date.
COMMITTEE USE ONLY	
DATE REVIEWED:	Click here to enter a date.
DECISION:	Choose an item.
GMEC APPROVAL DATE:	
COMMENTS:	Click here to enter text.
SIGNATURE OF DIO:	

UPON COMPLETION, ATTACH AND EMAIL TO gme@utsouthwestern.edu
or
RETURN BY INTEROFFICE MAIL TO ATTENTION OF: [GMEC SUBCOMMITTEE, MD 9005](#)