

**MARSHALL COMMUNITY HEALTH CONSORTIUM
GRADUATE MEDICAL EDUCATION COMMITTEE**

INSTITUTIONAL DUTY HOURS POLICY

Scope: All residencies and fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME) and sponsored by Marshall Community Health Care Consortium.

Definitions: Duty hours are defined as all clinical and academic activities related to the training 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, scheduled didactic activities such as conferences and journal club, scheduled research activities, and other program activities such as participating in committees and in interviewing residency candidates. Duty hours do not include reading, studying, and academic preparation time spent away from the duty site. In-house call is defined as those duty hours beyond the normal work day when residents and fellows are required to be immediately available in the assigned institution.

Duty Hours: Consistent with the ACGME duty hours standard outlined in the Common Program Requirements (CPR), graduate medical education programs sponsored by C must meet the following requirements:

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. (CPR VI.G.1.)

NOTE: The ACGME does not allow compliance with the duty hours standard to be based on a rolling average. Averaging must be by rotation, aggregated over a four-week period for rotations of one calendar month or longer, or calculated within the duration of the rotation for rotations of less than four weeks in length. Compliance with all aspects of the duty hours standard must be achieved within a given rotation, regardless of duration (i.e., a two-week rotation of heavy duty and a two-week rotation of light duty may not be combined to achieve compliance). Further, vacation or leave days must be taken out of the numerator and the denominator for calculating duty hours, call frequency or days off (i.e., if a resident is on vacation for one week, the hours for that rotation should be averaged over the remaining three weeks).

2. **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. (CPR VI.G.3).

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3. Maximum Duty Period Length:

- a. Duty periods of PGY-1 residents must not exceed 16 hours in duration. (VI.G.4.a)
- b. 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.4.b)
 - 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.
 - Residents/fellows may be allowed to remain on-site in order to accomplish these effective transitions of care; however, this period of time must be no longer than an additional 4 hours.
 - Residents/fellows 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. (CPR VI.G.4.b).(3). Under those circumstances, the resident/fellow 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.

4. 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. (CPR VI.G.5.a)
- 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. (VI.G.5.b)
- 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. (CPR VI.G.5.c) 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. (CPR VI.G.5.c).(1)

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. (CPR VI.G.5.c).(1).(a)

5. Maximum Frequency of In-House Night Float: Residents must not be scheduled for more than six consecutive nights of night float. (CPR VI.G.6.). This may be further specified by the Review Committee.
6. Maximum In-House On-Call Frequency: 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). (CPR VI.G.7.)

NOTE: Internal Medicine and subspecialty programs may not schedule in-house call more frequently than every third night. Averaging of the interval between in-house call is not permitted.

7. At-Home Call: At-home call (pager call) is defined as call taken from outside the assigned institution. Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit.
 - a. The frequency of at-home call is not subject to the every third night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident/fellow. (CPR VI.G.8.a).
 - b. 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". CPR VI.G.8.b)

Fatigue Mitigation:

Programs must educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation; educate all faculty members and residents in alertness management and fatigue mitigation processes; and, adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules. (CPR VI.C.).

All JCESOM GME residents and fellows are required to complete an online module on Fatigue and Sleep Deprivation via the Medicine, which will fulfill the training requirement for house staff. Programs may provide additional training to house staff, and must identify proper training methods for their faculty.

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