


<b>Name of Policy:</b> <b>Duty Hours for Residents</b>	 <b>Effective date: 04/14/15</b>
<b>Policy Number:</b> <b>3364-86-012-00</b>	
<b>Approving Officer:</b> <b>Dean, College of Medicine and Life Sciences</b>	
<b>Responsible Agent:</b> <b>Director, Graduate Medical Education</b>	
<b>Scope:</b> <b>UT College of Medicine Residents</b>	
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy

POLICY

The University of Toledo and its Graduate Medical Education programs 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.

PURPOSE

1. To provide residents with a sound academic and clinical education which must be carefully planned and balanced with concerns for patient safety and resident well-being.
2. For each program to ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations.
3. Didactic and clinical education must have priority in the allotment of residents' time and energies.
4. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.
5. To assure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.
6. To assure that resident duty hours and on-call time periods are not excessive. The structuring of the duty hours and on-call schedules must focus on the needs of the patient, continuity of care and the educational needs of the resident.
7. To assure that specific RRC standards with respect to duty hours are established by each residency.
8. To assure that call schedules and schedules of assignments are made available to each resident.

PROCEDURE

A Duty Hours policy must be developed by each training program. Copies of the program procedure will be kept in the Graduate Medical Education Office.

Duty hours are defined as 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, moonlighting, and scheduled academic activities such as conferences.

Any tasks related to performance of duties, even if performed at home, count toward the 80 hours, including verbal orders that can be signed at home and preparing conferences.

If attendance at Journal Club or other activities is “strongly encouraged” the hours must be included in the duty hours log.

#### Maximum Hours of Work per Week

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 moonlighting.

#### Mandatory Time Free of Duty

1. 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.

#### Maximum Duty Period Length

1. Duty periods of PGY-1 residents must not exceed 16 hours in duration.
2. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. 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.
  - a. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
  - b. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
  - c. 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.

### Minimum Time Off between Scheduled Duty Periods

1. PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
2. 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.
3. 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.
  - a. 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

### Maximum Frequency of In-House Night Float

1. 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.]

### Maximum In-House On-Call Frequency

1. 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).

### At-Home Call

1. Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. 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.
  - a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
  - 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”.

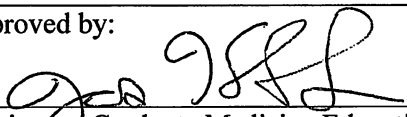
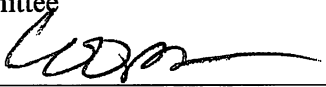
### Monitoring and Logging of Duty Hours

1. Program Director Responsibilities:

- a. Program Directors will be expected to monitor compliance with residents' logging of duty hours and compliance with adhering to the RRC duty hour standards on a weekly basis.
- b. Program Directors will submit a monthly report to the GME office attesting to the compliance of logging duty hours and compliance with adhering to the duty hours standards. If non-compliance of logging hours or an exception occurs, the Program Director will be expected to address the deficiency and form a corrective plan of action to address the deficiency.
- c. The Associate Dean of Graduate Medical Education will meet with those Program Directors whose programs demonstrate continual, i.e. more than 2 months in a rolling 6 month period or a total of 3 months in an academic year, non-adherence to the duty hours standards to address the issue.

2. Resident Responsibilities:

- a. Residents will be expected to submit accurate duty hours logs into New Innovations® on a weekly basis, with the expectation that all duty hours will be logged by the end of the month.
- b. The GMEC will review the monthly duty hour log reports on a monthly basis. The following action will occur if residents are not compliant in logging in their duty hours for the month:
  - i. Warning Status: Resident will be placed on Non-Academic Warning Status by the Associate Dean of Graduate Medical Education if all duty hours are not logged in for the month. The resident will remain on Non-Academic Warning Status for the month and will be removed from Non-Academic Warning Status the following month if all duty hours are logged.
  - ii. Probation Status: Resident will be placed on Non-Academic Probation Status by the Associate Dean of Graduate Medical Education if all duty hours are not logged in for two months during a rolling 6 month period. The resident will remain on Non-Academic Probationary Status for three months while their duty hours will be closely monitored. If the resident continues to be non-compliant with logging duty hours, additional adverse action may be taken against the resident, including, but not limited to, dismissal from the program based upon non-professional behavior.
- c. Residents are expected to adhere to the duty hours standards and are expected to speak with their Program Director if an exception of the duty hours standards has occurred or may occur.
- d. Residents must contact the Associate Dean for Graduate Medical education if there is a persistent situation that will lead to a violation of duty hours standards that is not being addressed by the resident's program.

<p>Approved by:</p>  <p>Chairman, Graduate Medicine Education Committee</p>  <p>Dean, College of Medicine and Life Sciences</p> <p><i>Review/Revision Completed by: Graduate Medical Education Committee</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Initial effective date: 06/01/97</p> <p>Review/Revision Date: Reviewed 6/99, Reviewed 4/01, Revised 03/03, Reviewed 3/05, Revised 1/02/07, Revised 1/6/09, Revised 4/5/11, Revised 4/2/13, Reviewed 4/14/15</p> <p>Next review date: 4/2017</p>
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**Note: The printed copy of this policy may not be the most current version; therefore, please refer to the policy website (<http://utoledo.edu/policies>) for the most current copy.**