



## Resident Duty Hours

October 15, 2012

The resident duty hour policy of the University of Missouri-Kansas City School of Medicine is adopted from the ACGME Common Program Requirements for All Core and Subspecialty Programs, effective July 1, 2011.

**Definition:** Duty hours are defined as time spent in 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, and scheduled academic activities such as conferences. Duty hours also include any time spent outside of the hospital completing direct patient care activities (e.g. charting and dictation). Any time spent moonlighting, regardless of the location of the activity, is included in the resident duty hour calculations. Duty hours do not include reading and preparation time spent away from the duty site.

### Duty Hours Standards

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. A day off is a calendar day with no work-related responsibilities.
3. Adequate time for rest and personal activities must be provided. This should consist of a minimum ten hour time period provided between all daily duty periods. Regularly scheduled rest periods as low as eight hours between daily duties will only be allowed if approved by the GME Council. After a 24 hour period of in-house call, the resident must have a minimum of 14 hours rest prior to return to duty.
4. In-house call must occur no more frequently than every third night, averaged over a four-week period.
5. Continuous on-site duty, including in-house call, must not exceed 16 consecutive hours for PGY1 residents or 24 hours for residents at or above PGY2. PGY2 and above residents may remain on duty for up to four additional hours to transfer care of patients.
6. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
7. At-home call (pager call) is defined as call taken from outside the assigned institution.
  - a. PGY1 residents are not allowed to take home call.
  - b. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical

- responsibilities, averaged over a 4week period.
- c. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
  - d. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

### **Individual Exceptions to the Duty Hours Regulations**

There are two circumstances in which exceptions to the Duty Hours Policies may be allowed:

1. A resident may, on their own initiative, stay to provide continuity care to a patient that is critically ill or unstable, a patient that offers an academically important experience, or a patient or family in need of emotional support at a time of crisis.
2. Residents in their final year of training may, on occasion, have less than eight hours between duty periods. This would be most commonly expected to occur in the surgical specialties, where the chief resident may come in to provide supervision to junior residents and to participate in emergent surgical procedures.

In these instances, it is expected that all other patient care duties have been signed out to the covering housestaff. It is mandatory that the program director be notified of these instances, so that a record of all such occurrences can be kept.

### **Program Exceptions to the Duty Hours Regulations**

An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required. In considering approval for an exception to the 80 hour work week limit, the GMEC will expect the following: a) The program has clearly demonstrated that the additional work hours are necessary to meet the RRC training requirements and to provide an optimal learning experience for the resident or fellow, b) The program will have a continuous, individual, duty hours monitoring procedure in place, and c) The program will have a policy that prohibits all moonlighting experiences

### **Responsibility**

1. Residents
  - a. Report their duty hours in an honest, accurate, and timely manner, when requested.
  - b. Recognize fatigue in themselves and others and responsibly manage that fatigue through the use of fatigue mitigation processes or asking for back-up.
  - c. Manage their personal and professional lives in a manner that allows for optimal performance at all times of direct patient care
2. Faculty
  - a. Maintain a learning environment that supports adherence to all duty hours standards by all residents
  - b. Fulfill all program requirements for faculty education in fatigue recognition and management.
  - c. Recognize fatigue in themselves and others and responsibly manage that fatigue through the use of fatigue mitigation processes or back-up systems
3. Program Director
  - a. Ensure that all residents and faculty are educated on their professional responsibility to come to work fit for duty, to recognize signs of fatigue, to know strategies for fatigue mitigation, and to know the duty hour expectations of the institution and the program.
  - b. Develop resident duty schedules that allow the resident to adhere to duty hours expectations and that can respond to residents that must be excused from patient care due to fatigue.

- c. Ensure that adequate sleep facilities or safe transportation home are available for residents too fatigued to safely drive
  - d. Develop, implement, and oversee a duty hours monitoring policy and procedure that is appropriate for the program and its risk of duty hour violations, and acceptable to the GME Council.
4. GME Council
- a. Oversee all aspects of duty hours management for all sponsored programs, including, but not limited to each program's processes, education, monitoring and guideline adherence
  - b. Engage in a critical, comprehensive evaluation of institutional adherence to the duty hours policy at least annually and initiate policy or procedural changes necessary to enhance compliance at all levels.

**References:**

ACGME Common Program Requirements, July 2011.

**Revision Date: October 15, 2016**



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Date October 15, 2012