

Background: The University of Missouri-Kansas City School of Medicine duty hours policy is adopted from the Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements for all core and subspecialty programs. Programs, in partnership with their sponsoring institution, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities. Areas of focus include: maximum hours of clinical and educational work per week, mandatory time free of clinical work and education, maximum clinical work and education period length, clinical and educational work hour exceptions, moonlighting, in-house night float, maximum in-house on-call frequency, and at-home call.

Procedures:

1. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. Programs will have their own policies in regards to allowance of moonlighting and eligibility.
2. The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
3. Residents *should* have 8 hours off between scheduled clinical work and education periods. *There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than 8 hours of free of clinical experience and education. This must occur within the context of the 80-hour and one-day-off-in-seven requirements.*
4. Residents *must* have at least 14 hours free of clinical work and education after 24 hours of in-house call.
5. Residents *must* be scheduled for a minimum of one day in 7 free of clinical work and required education (when averaged over 4 weeks). At-home call cannot be assigned on these free days.
6. Clinical and educational work for residents *must not* exceed 24 hours of continuous scheduled clinical assignments. Up to 4 hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.
7. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or, to attend unique educational activities. *These additional hours of care or education will be counted toward the 80-hour weekly limit.*
8. Night float *must* occur within the context of the 80-hour and one-day-off-in-seven requirements. ACGME's Review Committees may further define the number of consecutive weeks of night float for their specialty.
9. Residents *must* be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
10. Time spent on patient care activities by residents on at-home call *must* count toward the 80-hourly 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 from clinical work and education, when averaged over four weeks. At-home call must not be so frequent or taxing to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at-home call to provide direct care

for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

11. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. Times spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly limited. Programs will have their own policies regarding allowance of moonlighting and eligibility. Programs are responsible for monitoring moonlighting hours for compliance with duty hours.
12. An ACGME Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. Prior to submitting such a request to the Review Committee, the program director *must* obtain approval from the sponsoring institution's GMEC and DIO (such a request would only be heard at GMEC's scheduled meetings). In preparing a request for an exception, the program director must follow the clinical and education work hour exception policy from the *ACGME Manual of Policies and Procedures*. At the University of Missouri-Kansas City School of Medicine, such requests are not encouraged and would only be considered with a strong educational rationale that was in the best interest of the resident.

Responsibility:

1. **Residents** are expected to report their duty hours in an honest, accurate, and timely manner when requested. They should recognize fatigue in themselves and others and responsibly manage that fatigue through the use of fatigue mitigation processes and/or asking for back-up. Residents must manage their personal and professional lives in a manner that allows for optimal performance at all times of direct patient care. It is essential that residents are aware of duty hour requirements for their specialty and notify their supervisor and Program Director (PD) *before* a duty violation occurs so it can be avoided. Additionally a resident must notify their supervisor and PD if they are unable to perform their patient care responsibilities due to excessive fatigue, illness, or family emergency.
2. **Faculty** are expected to maintain a learning environment that supports adherence to all duty hours requirements for the program and this policy. They must fulfill all program requirements for faculty education in fatigue recognition and management. Faculty must 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 (PD)** must 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 program. The PD must develop resident schedules to allow the resident to adhere to duty hours expectations and be excused from patient care due to fatigue, illness, or family emergency. If residents need to be excused from scheduled clinical work, the program must have policies that allow residents to be relieved from duty without fear of negative consequences. The PD must monitor duty hours of residents and immediately implement changes to assure compliance with duty hour requirements if any issue comes to their attention. Monitoring of duty hours may include: review of resident annual surveys, anonymous GME resident quarterly duty hour survey results review, reviews of New Innovations duty hours entered by residents, program internal duty hour surveys, etc.
4. **GMEC** must oversee all aspects of duty hours management for all sponsored programs, including, but not limited to each program's processes, education, monitoring and requirement adherence. GMEC will monitor compliance in a number of ways, including review of: resident/faculty annual surveys, programs' Annual Program Evaluations, Clinical Learning Environment Review (CLER) site visit data, anonymous GME resident quarterly duty hour survey results, Ombudsman reporting, Housestaff Council concerns, etc. Any program found to have issue with compliance of duty hours will be closely monitored and required to initiate procedural changes to ensure compliance.

Revised from policy of October 15, 2012

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