



SUNY Downstate Health Sciences University Pediatric Residency Program

Work Hours and Fatigue Policy

PURPOSE:

This Policy is intended to comply with ACGME Requirements, including the Program Requirements for Graduate Medical Education in Pediatrics with New York State Department of Health “**Part 405 Regulations**” (10 NYCRR 405.4(b)(6)), and with the SUNY Downstate Health Sciences University’s institutional policy on Resident Work Hours and Fatigue, as the same may be amended from time to time (the “**Institutional Work Hours Policy**”). This Policy is intended to support a work environment with physicians fit for duty, conducive to resident education and the provision of safe and effective patient care.

This Policy applies to the Pediatrics Program sponsored by SUNY Downstate Medical Center (the “**Program**”), including its Faculty and Residents.

DEFINITIONS:

Attending Physician: An appropriately credentialed and privileged member of the medical staff who accepts full responsibility for a specific patient's medical/surgical care and who may or may not be responsible for supervising residents.

Faculty: Any individual who has received a formal assignment to teach and/or supervise residents or fellows. At some participating sites, appointment to the medical staff of the hospital or medical center constitutes appointment to the Faculty.

Fatigue mitigation: Methods and strategies for learning to recognize and manage fatigue to support physician/caregiver well-being and safe patient care (e.g., Strategic napping; judicious use of caffeine; availability of other caregivers; time management to maximize sleep off-duty; learning to recognize the signs of fatigue, and self-monitoring performance and/or asking others to monitor performance; remaining active to promote alertness; maintaining a healthy diet; using relaxation techniques to fall asleep; maintaining a consistent sleep routine; exercising regularly; increasing sleep time before and after call; and ensuring sufficient sleep recovery periods).

Fitness for Work: Also referred to as “fit for work” – mentally and physically able to effectively fulfill responsibilities, perform required duties and promote patient safety.

Moonlighting: Voluntary, compensated, medically-related work performed beyond a resident or fellow’s clinical experience and education hours and in addition to the work required for successful completion of the Program. Moonlighting may be performed within SUNY Downstate and its related participating sites (Internal Moonlighting) or outside SUNY Downstate or any of its participating sites (External Moonlighting).

Night shift or Night float: A rotation or other structured educational experience designed either to 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, are responsible for cross-covering patients until morning, and do not have daytime assignments. Such a rotation must have an educational focus.

On-Call: A period during which a resident is assigned to be in-house or available at home in addition to the regularly scheduled duty activities.

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

Resident or Residents: Also referred to as “trainees” - an individual enrolled in the Program.

Scheduled Work Period(s): Assigned work 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.

Transitions of Care: Also referred to as “transitions in care” – the relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the health care setting.

Work Hours (Clinical and Educational Work Hours): Time spent in all clinical and academic activities related to the Program; i.e., patient care (both inpatient and outpatient), administrative duties relevant to patient care, the provision for transfer of patient care, time spent in-house during call activities, clinical work done from home, all Moonlighting and scheduled program activities, such as conferences. Work hours *do not include* reading, studying and preparation time spent away from the duty site.

POLICY:

The Program is designed to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being. As required by the Part 405 Regulations and consistent with ACGME Requirements, the Program Director shall take appropriate action to ensure that Residents are in compliance with Work Hour maximums or limitations. Work Hours shall be tracked and monitored by SUNY Downstate, the Program Director and participating sites in accordance with this Policy, and the Institution Work Hours Policy.

Maximum Hours of Work per Week

Work Hours shall not exceed 80 hours per week, averaged over a four- week period, inclusive of all in-house clinical and educational activities, and clinical assignments. Activities which count toward the 80 hour work week and for the consecutive Work Hours work rules, include inpatient assignments, outpatient clinic, and emergency and acute care assignments. The Program will not submit a request for an exception to the 80-hour weekly limit as the Review Committee for Pediatrics does not consider requests for exceptions to this requirement.

Scheduling in the Program will be structured so that Residents are able to complete most work on-site, during Scheduled Work Periods.

Maximum Clinical and Education Work Period Length

Resident Work Periods must not exceed a maximum of 24-hours of continuous scheduled clinical assignments (including in-house On Call). After 24-hours of continuous in-house Work Hours, Residents may remain on duty for a maximum of three (3) hours (as per Part 405 Regulations guidance) for effective Transitions of Care, rounds, or grand rounds. Residents will not be assigned additional clinical responsibilities during this time and this time cannot be scheduled as part of assigned work periods. This period of transition time must be counted towards the 80-hour weekly limit.

In rare circumstances, a Resident, after handling all other responsibilities, may elect to remain or return to a clinical site on his/her own initiative beyond a Scheduled Work Period in the following circumstances: To assist in the care of a single patient due to severity of the illness or instability; to attend events of unique academic importance; or humanistic attention to the needs of a patient or family. Documentation of the reason a Resident remains or returns beyond a Scheduled Work Period must be submitted to the Program Director, and all other patients must be handed over to other team members responsible for their continuing care. The Program Director must review each submission of additional work time and track and monitor both individual Residents and Program-wide occurrences. The Program Director is permitted to prohibit a Resident(s) from staying or returning to a clinical site in order to protect patient safety, a Resident's health and/or to ensure regulatory compliance. Additional hours of care or education must be counted toward the 80-hour weekly limit and may not be in conflict with Part 405 Regulations.

In-House Night Float

Night-float must occur within the context of the 80-hour per week, One Day Off per week, and mandatory time off between Scheduled Work Periods requirements.

Maximum Frequency of In-House On-Call

Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

At-home On Call

At-home calls must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident. Time spent on patient care activities by Residents on at-home On Call must count toward the 80 hour maximum weekly limit. The frequency of at-home calls is not subject to every third night limitation on calls, but it may not be scheduled on the day that serves as a Resident's One Day Off per week. Residents are permitted to return to the hospital while On Call at-home to provide direct care for new or established patients and these hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

Pediatric residents do not do at-home on calls.

Minimum Time Off between Scheduled Work Periods

Residents shall have eight hours off between Scheduled Work Periods. When Residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of work, this must

occur within the context of the 80-hour and the One Day Off in seven requirements. Residents must also have at least 14 hours free of clinical work and education after 24-hours of in-house call.

Mandatory Time Free (One Day Off per Week)

Residents shall be scheduled to receive a minimum of one day (24 hours) free of work per week. There must be no scheduled activities during this time and at-home call *cannot* be assigned on these free days. The One Day Off per week requirement may not be averaged over a four-week period.

Fatigue Mitigation

Residents and Faculty shall be unimpaired and fit for work when engaging in patient care. It is the responsibility of all peers, supervising residents, chief residents, Attending Physicians and Faculty in the Program to monitor for Resident fatigue or impairment and to help ensure that necessary relief or mitigation is provided when necessary. In accordance with the Institutional Work Hours Policy and the ACGME Common Program Requirements, the Program will:

- Educate all faculty members and residents on recognizing the signs of fatigue and sleep deprivation and strategies for alertness management and Fatigue Mitigation processes;
- Adopt, and encourage Residents to use, Fatigue Mitigation techniques, such as Strategic naps or back-up On-Call schedules, to manage the potential negative effects of fatigue on patient care and learning;
- Have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties; and
- Provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.

Furthermore, a resident who is unable to engage in patient care due to fatigue or impairment should notify the chief resident, attending physician and the Program Director. The resident may then take a break from his/her clinical duties or return home.

There are no negative consequences and/or a stigma when Residents use Fatigue Mitigation strategies in the Program. Residents who are impaired rather than fatigued or sleep deprived may require additional evaluation, referral and/or intervention and assessment by employee health services.

See the *SUNY Downstate GME Policy on Impaired Residents* for additional information.

Moonlighting:

Pursuant to Section 405.4(b) (6) (v) of the New York State Health Code, any resident in an accredited training program of the Department of Pediatrics must seek prior approval from their Program Director and the Chairman of the Department of Pediatrics before engaging in employment outside of their scheduled resident duties and responsibilities. Furthermore, any resident approved for, engaging in such dual-employment must notify the Department of any employment outside the hospital, and the number of hours devoted to such employment.

Patient care responsibilities related to resident training must take priority over all other professional activities. Postgraduate trainees who have worked the maximum number of hours permitted in Section

405.4 (b)(6)(ii - iv) of the New York State Health Code shall be prohibited from working additional hours as physicians providing professional patient care services. Consequently, any additional hours resulting from dual-employment, which would interfere with training related activities, will be prohibited.

The Pediatric Residency Program does not allow residents to do moonlighting.

Compliance Expectations

The Program Director will review Work Hours on a regular basis and will submit any Work Hour violations to the DIO and GMEC for further review. In the event of a Work Hour Violation, the Program Director will also re-educate Faculty and Residents on the Work Hour limitations and maximums. Residents who knowingly violate the Work Hour rules or Fatigue Mitigation policies can be subject to various corrective actions or disciplinary actions, which may include, but are not limited to: suspension, probation, demotion, nonrenewal or termination.

This Policy supersedes all previous Resident Duty/Work Hours

Reviewed and Approved by Christina Guillen, MD, Program Director. March 4, 2023