

SUNY DOWNSTATE MEDICAL CENTER
GME POLICIES AND PROCEDURES



Office of Graduate Medical Education

University Hospital of Brooklyn
College of Medicine
School of Graduate Studies
College of Nursing
School of Health Related Professions
School of Public Health

SUBJECT: POLICY ON RESIDENT WORK HOURS AND FATIGUE

Originating Department: Institutional Policy
Date Approved by GMEC: 12/18/2019
Original Date: **6/2/1998**
Revisions: 9/16/2015, 5/15/2017, 12/18/2019

In accordance with section IV.J of the ACGME Institutional Requirements, the Sponsoring Institution must have a policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements.

PURPOSE:

To comply with ACGME Common Program and Institutional Requirements, Part 405 of the Regulations of the New York State Department of Health (the "**Part 405 Regulations**") and to establish a work environment with physicians fit for duty, conducive to resident/fellow education and the provision of safe and effective patient care. This Policy conforms with the Part 405 Regulations and with ACGME Requirements currently in effect.

SCOPE:

This Policy applies to ACGME-accredited graduate medical education programs sponsored by SUNY Downstate Medical Center (each a "**GME Program**" or "**Program**") and to Program Directors, Participating Sites, residents/fellows and Faculty.

DEFINITIONS:

Attending Physician: The single appropriately credentialed and privileged member of the medical staff ultimately responsible for a specific patient's care, 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: The condition of being mentally and physically able to effectively fulfill responsibilities, perform required duties and promote patient safety.

**SUNY DOWNSTATE MEDICAL CENTER
GME POLICIES AND PROCEDURES**

Moonlighting: Voluntary, compensated, medically-related work, not related to training requirements, performed within SUNY Downstate (Internal Moonlighting) or outside SUNY Downstate or at any of its related 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/fellows during the night. Residents/fellows assigned to night float are assigned on-site duty during evening/night shifts, are responsible for admitting or 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.

Residents: also referred to collectively as “house staff”, or “trainees” – all enrolled doctors in an ACGME-accredited program of graduate medical education, including “fellows”.

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.

Transitions of 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: 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 work site.

POLICY:

Each Program must have policies addressing Work Hours for residents to ensure that the Program is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal well-being. Program Work Hour policies shall be consistent with ACGME Requirements, Part 405 Regulations and this Policy. Program leadership is responsible for ensuring that residents do not exceed Work Hour maximums or limitations. Work Hours shall be tracked and monitored by SUNY Downstate, Program Directors and Participating Sites in accordance with the *SUNY Downstate GME Work Hours Monitoring Policy*.

Maximum Hours of Work per Week

Resident Work Hours shall not exceed 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and education activities, clinical work done from home, and all Moonlighting, if approved. Activities which count toward the 80-hour work week and for the consecutive Work Hours work rules (see below), include inpatient assignments, outpatient clinic, emergency and acute care assignments, required conferences and other required educational activities, program required research activities, clinical work done from home (including work using electronic health records and taking calls from home), and on-site activity/direct patient care that occurs when a resident/fellow is called back while On-Call from home.

In Emergency Medicine, residents should not work more than 60 hours per week seeing patients in the emergency department and no more than 72 hours per week. Hours worked by fellows assigned as part of training to independent practice also fall under the clinical and educational work hour limits. Any Program seeking a rotation-specific exception to Work Hour maximums must obtain approval from the GMEC and DIO

**SUNY DOWNSTATE MEDICAL CENTER
GME POLICIES AND PROCEDURES**

and thereafter submit its request for approval to the ACGME Review Committee following policies set forth in the ACGME Manual of Policies and Procedures.

Although applicable requirements specify that clinical work done from home must be counted toward the 80-hour maximum weekly limit, the expectation is that scheduling 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. After 24-hours of continuous in-house Work Hours, up to a maximum of three (3) additional hours (as per the Part 405 Regulations) may be used for transfer of patient care, rounds or grand rounds. Residents will not be assigned additional clinical/patient care responsibilities during this time, and this time cannot be scheduled as part of assigned work periods. This 24-hour, and up to an additional three hour period, must occur and be counted in the 80 hour weekly limit. In Emergency Medicine settings, work periods will not exceed 12 hours of continuous duty.

In rare circumstances, after handing off all other responsibilities, a resident, on his/her own initiative, may elect to remain or return to a clinical site beyond a Scheduled Work Period in the following circumstances: to continue to provide care to a single patient due to severity of illness or instability; humanistic attention to the needs of a patient or family; or to attend unique educational events/events of academic importance. Documentation of the reason a resident remains or returns for additional time beyond a 24-hour Scheduled Work Period shall be submitted to the Program Director, and all other patient duties must be handed over to other team members responsible for their continuing care. A resident may remain to attend a conference or return for a conference only if the decision is made voluntarily. Additional hours of care or education will be counted toward the 80-hour weekly limit. Program Directors must review each submission of additional work time as well as track and monitor both individual resident and Program-wide occurrences.

Minimum Time Off between Scheduled Duty Periods; Mandatory Time Free

Residents should have eight hours off between scheduled clinical work and education periods. Residents must also have at least 14 hours free of clinical work and education after 24-hours of in-house call. For residents on-duty in Emergency Medicine, there must be an equivalent period of time off-duty.

Residents must be scheduled for a minimum of One Day Off, free of clinical work and required education, when averaged over four weeks, per week. There must be no scheduled activities during this time and at-home call cannot be assigned on these free days. Emergency medicine residents must have a minimum of One Day Off per each seven-day period. This cannot be averaged over a four-week period.

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

On-Call Hours

The maximum in-house On Call frequency is every third night, averaged over a four-week period.

At-home Call

Time spent on patient care activities by residents On-Call at-home must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every third night limitation on calls, but it must satisfy the requirement for One Day Off in seven free of clinical work and education, when averaged over four weeks. Each Program shall maintain records of clinical care by residents on On-Call at home, and clinical work done from home, and adjust call schedules if patient care during home call regularly causes residents to exceed the 80-hour work week. At-home call activities that must be counted toward Work Hour limitations include responding to phone calls and other forms of communication, as well as documentation, such as entering

**SUNY DOWNSTATE MEDICAL CENTER
GME POLICIES AND PROCEDURES**

notes in an electronic health record. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. In Program reviews, the GMEC will look at the overall impact of at-home call on resident rest and personal time.

Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. As such, Moonlighting is restricted and must be approved and conducted in accordance with the SUNY Downstate *GME Policy on Moonlighting*. Moonlighting is prohibited without the express, written permission of the applicable Program Director and approval by the GME Office. Approval may be withdrawn at any time. If approved, all Moonlighting, internal and external, must comply with Work Hour restrictions and be counted towards working hours limitations. All Moonlighting must be counted towards the 80-hour limit. Residents who have worked the maximum number of Work Hours are prohibited from Moonlighting. PGY1 residents may not Moonlight. See the *SUNY Downstate GME Policy on Moonlighting* for further information.

Fatigue Mitigation

Programs must educate residents and Faculty to recognize the signs of fatigue and sleep deprivation, fatigue management and strategies for alertness management and fatigue mitigation. Residents and Faculty shall be unimpaired and fit for duty to engage in patient care. Residents who are unable to engage in patient care due to fatigue or impairment must transition responsibility for their patients to other health care providers and shall be encouraged to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. It is the responsibility of peers, supervising residents, chief residents, Attending Physicians and Faculty to monitor for resident fatigue or impairment and ensure that necessary relief or mitigation actions are taken when necessary. As appropriate, Programs must provide residents with facilities for rest/sleep and/or access to mechanisms for safe transportation home.

Appropriate techniques for mitigation of fatigue should be employed as part of fatigue management strategy including strategic napping, judicious use of caffeine, time management to maximize sleep off-duty, self-monitoring performance and asking others to monitor performance, maintaining a healthy diet, and availability of relief by back-up call systems with transition of care to other providers.

There shall not be negative consequences and should not be a stigma for the use of fatigue mitigation strategies. Residents impaired by other than fatigue may require other evaluation, referral and/or intervention and assessment by employee health services should be considered. See the *SUNY Downstate Policy on Impaired Residents* for additional information.

Compliance Expectations

Failure by a Program to adhere to Work Hour limitations can result in Special Reviews and accreditation actions. Residents who knowingly violate Work Hour rules or fatigue mitigation policies can be subject to various corrective actions or disciplinary actions, which may include, are but are not limited to: suspension, probation, demotion, nonrenewal or termination.

Appendix

NYS- ACGME Post-Graduate Trainee Work-Hour Regulations Comparison Guide

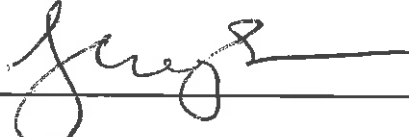
This Policy supersedes all previous Resident/Fellow Duty/Work Hours

Approved by the GMEC and DIO, effective 12/18 2019

**SUNY DOWNSTATE MEDICAL CENTER
GME POLICIES AND PROCEDURES**



Chairman of the GMEC



DIO