

**SUNY Downstate Medical Center
Graduate Medical Education**

POLICY ON RESIDENT WORK HOURS

Purpose:

To comply with New York Section Health Code Section 405 Regulations, ACGME Common Program Requirements and to establish a work environment with physicians fit for duty and conducive to resident/fellow education and the provision of safe and effective patient care. The following GME Committee policy has been accepted by the New York State Department of Health and conforms to NYSDOH Section 405 regulations and ACGME requirements revisions which become effective July 1, 2011.

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.

Continuity clinic: Setting for a longitudinal experience in which residents develop a continuous, long-term therapeutic relationship with a panel of patients.

Duty Hours: time spent in all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

External moonlighting: Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

Faculty: Any individuals who have received a formal assignment to teach resident/fellow physicians. At some sites appointment to the medical staff of the hospital constitutes appointment to the faculty.

Fatigue management: Recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.

Fitness for duty: Mentally and physically able to effectively perform required duties and promote patient safety.

Night shift or night float: A duty assignment which takes place during night time hours and is distinct from on-call assignment.

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.

Residents or Fellows: Physicians engaged in a program of graduate medical education under the tutelage and supervision of appropriately qualified faculty and attending staff.

Scheduled duty periods: Assigned duty 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: The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the health care setting.

Policy:**Maximum Hours of Work per Week**

Duty hours will not exceed 80 hours per week, averaged over a four week period inclusive of all in-house call activities, clinic assignments and all moonlighting (if approved). Any exception to this maximum must be approved by the GMEC and DIO and then submitted for approval to the ACGME Review Committee. Activities, which count in the 80-hour work week and for the consecutive duty hours work rules, include inpatient assignments, outpatient clinic, emergency and acute care assignments, required conferences and other required educational activities, program required research activities and on-site activity/direct patient care that occurs when a resident/fellow is called back while on beeper call from home. In Emergency Medicine, residents should not work more than 60 hours per week seeing patients in the ED and no more than 72 hours per week.

Maximum Duty Period Length

Duty periods for PGY-1 residents will not exceed 16 hours duration total.

Duty periods for PGY-2 residents and above will not be scheduled to exceed a maximum of 24 hours of continuous duty on-site in the hospital. During this period, residents must use alertness management strategies including opportunities for strategic napping after 16 hours. After 24 hours of continuous in-house duty, residents can remain on-site for a maximum of 3 hours for effective transitions in care and educational activities such as rounds and conferences. However, residents will not be assigned additional clinical responsibilities during this time, and this time can not be scheduled as part of assigned duties. This period of transition time must be counted in the 80 hour weekly limit. In Emergency Medicine settings, duty periods will not exceed 12 hours continuous duty.

In the infrequent event of unusual circumstances in which residents, on their own initiative, choose to remain beyond a scheduled duty period to assist in the care of a single patient due to severity of illness, instability, events of academic importance or humanistic needs, documentation of the reason 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 duty time and track both individual resident and program-wide occurrences.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than 6 consecutive nights of night duty.

Maximum Frequency of In-House On-Call

Maximum in-house call for intermediate and senior residents (PGY2 and above) is every third night, averaged over a four-week period.

Minimum Time Off between Scheduled Duty Periods

PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. Intermediate level residents, as defined by each Review Committee, should have 10 hours free of duty, and must have eight hours between scheduled duty periods, and they must have at least 14 hours free of duty after 24 hours of in-house duty. Residents in their final years of education (as defined by each Review Committee) must have eight hours

free of duty between scheduled duty periods. For residents on-duty in Emergency Medicine, there must be an equivalent period of time off-duty.

Mandatory Time Free of Duty

Residents/fellows are to be scheduled for a minimum of one day (24 hours) free of duty (non-working time) per week. There must be no scheduled activities during this time and at-home call cannot be assigned on these free days.

At-home Call

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Time spent in the hospital by residents on at-home call must count toward the 80 hour maximum weekly limit, but each episode of this type of care will not initiate a new "off-duty period." 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 (24 hours) per week free of duty. Each program shall maintain records of direct patient care by residents/fellows on beeper call and adjust call schedules if direct patient care during beeper call regularly causes residents/fellows to exceed the 80-hour work week.

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 as per GME Moonlighting Policy and it is prohibited without express written permission by program director and or chairperson and approval by the GME Office. Said permission can be withdrawn at any time. If approved, all moonlighting, internal and external, must comply with duty hours restrictions and be counted towards working hours limitations. All moonlighting must be counted towards the 80 hour limit. Trainees who have worked the maximum number of hours permitted are prohibited from moonlighting. PGY1 residents are not permitted to moonlight at all. Refer to GME Moonlighting Policy for further information.

As required by section 405.4(b) (6) (v), of the NYS DOH Hospital Code, each Program Director shall take appropriate action to ensure that trainees who have worked the maximum number of hours permitted are prohibited from working additional hours as physicians providing professional patient care services. Resident/fellow duty hours will be monitored by the sponsoring institution, programs and affiliated sites as per Duty Hours Monitoring Policy

Failure to comply with duty hours limitations can result in corrective or disciplinary actions. Resident or fellows who knowingly violate duty hours rules can be subject to disciplinary action which may include probation, nonrenewal or termination. In the event of such actions, the resident/fellow will be entitled to due process and grievance proceedings as per GME policy.

This policy becomes effective July 1, 2011 and supersedes all previous Resident/Fellow Duty/Work Hours Policies.

Originally approved by NYS DOH 6/2/98

Reviewed and re-approved by GMEC 6/16/10

Policy revised and approved by GMEC:5/18/11