

Department of Therapeutic Radiology
Duty Hours

POLICIES AND PROCEDURES

Introduction:

The department recognizes that providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients. The following policy will define the parameters that are to be used in constructing and monitoring duty hours.

Policy:

1. Duty hours are defined as all clinical and academic activities related to the residency program, ie, 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 do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
3. Maximum Duty Period Length
 - Duty periods of PGY-1 residents must not exceed 16 hours in duration.
 - Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. Strategic napping, especially after 16 hours of continuous duty between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
 - Residents may be allowed to remain on-site in order to accomplish effective transitions in patient care and attend resident education. This must be no longer than 4 additional hours.
 - In unusual circumstances, residents, on their own initiative may remain beyond their scheduled duty period to provide care to a single severely ill or unstable patient. The resident must hand over the care of all other patients to the team responsible for their continuing care and document the reasons for remaining to care for the patient in question and submit the documentation to the program director.
 - The program director must track individual resident and program-wide episodes of additional duty. Tracking is done through Med Hub.

4. Residents must be scheduled for a minimum 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. At-home call cannot be assigned on these free days. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
5. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call and must have eight hours off. Residents must have 14 hours free of duty after 24 hours of in-house duty.
6. Trainees, program directors and attendings must be informed of the duty hours policies and must complete an attestation statement to that effect on a yearly basis.
7. Failure of adherence to this policy by the program will result in citation by the GMEC and the need for an immediate development of a corrective action plan with monitoring by the OGME and the department.

8. On-Call Activities: The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
- b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to four additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
- c. No new patients, as defined in the ACGME Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty
- d. At-home call (pager call) is defined as call taken from outside the assigned institution.
 1. 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 4-week period.
 2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3. 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. Fatigue recognition and information regarding identification of factors related to fatigue are reviewed in person annually via lecture.
 - e. All moonlighting (within any of the major participating institutions) must be considered within the 80-hour work week. The resident must request permission from the program director to participate in any moonlighting activities.
8. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
9. The department will be responsible for instructing residents and faculty via various seminars in the recognition and awareness of fatigue and sleepiness, and the interventions possible when it is recognized.
10. Oversight:
 - a. All residents will be expected to document their weekly duty hours and these will be monitored by the program as well as the OGME.
 - b. The department will conduct regular surveillance of adherence to the work hours policy through:
 - 1.) Review of electronic recording of duty hours
 - 2.) Resident meetings with program director
 - 3.) Resident surveys conducted by ACGME
 - 4.) Voicemail "hotline" for monitoring complaints and compliance issues
 - 5.) Annual resident questionnaires
 - 6.) Nursing review(360)
11. Duty Hours Exception: Applications to the GMEC for exceptions up to 10% of the 80-hour limit for PGY-2 and higher levels of trainees may be submitted according to established policy of the GMEC.