



## Duty Hours Policy

Effective Date: January 2016	Policy Owner: Graduate Medical Education Administration
Last Review Date: January 2016	Policy Contact:
Next Review Date:	ACGME Institutional Requirement #: III.B.5, III.B.5.a), IV.J., III.B.3., III.B.3.a), III.B.3.b)
Origination Date: January 2016	ACGME Common Program Requirement #:

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### POLICY STATEMENT

All programs are required to adhere to and monitor compliance of their trainees with the ACGME duty hour standards as outlined in the revised ACGME Common Program Requirements. Programs must also follow the program-specific guidelines as outlined by their individual Review Committees (RCs). The sponsoring institution monitors program's adherence to the duty hour requirements through regular review of duty hour violations in RMS, the Internal Review process as well as annual review of program manuals to ensure the proper policies are in place.

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### REASON FOR POLICY

To outline the revised ACGME duty hour requirements and the responsibilities of the trainees, the programs and the sponsoring institution.

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### PROCEDURES

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### FORMS/INSTRUCTIONS

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### RESPONSIBILITIES

#### Program Responsibilities:

#### Supervision

Programs must ensure that appropriate levels of supervision are provided to each trainee based on their level of training. Programs must enhance their current supervision policies to include the new ACGME requirements.

#### Transition of Care

- Must design clinical assignments to minimize the number of transitions in patient care
- Programs must ensure that trainees are competent in communication with team members in handover process
- Attendings and trainees must inform patients and family members of their roles in their care

- Alertness Management
- Must educate faculty and trainees to recognize the signs of fatigue and sleep deprivation
- Must educate faculty and trainees in fatigue mitigation process
- Develop fatigue mitigation processes to manage potential issues with patient care and learning (i.e. strategic napping, back-up call schedules). Programs must have a process in place to ensure that there is backup in case a trainee is unable to perform his/her patient care duties

### **Sponsoring Institution Responsibilities:**

#### **Supervision**

Sponsoring Institution is responsible for ensuring that programs have the appropriate supervisory lines in place for each PGY Level.

#### **Transition of Care**

- Along with the program the Institution must ensure and monitor effective, structured handover process to facilitate both continuity of care and patient safety
- Must assure the availability of schedules that inform patients and all members of the healthcare team of faculty and trainees currently responsible for patient care.
- Alertness Management
- Must provide adequate sleep facilities and/or safe transportation options who may be too fatigued to safely drive home

#### **Duty Hours**

Duty hours are defined as 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.

#### **Max Hours per Week**

- Duty hours must not exceed 80 hours per week averaged over a four week period inclusive of call and moonlighting activities

Trainees in their final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods within the context of the 80 hour max.

#### **Continuous Duty Hours**

- PGY-1 trainees must not exceed 16 hours
- PGY-2 trainees and above: must not exceed 24 hours. Trainees may spend an additional 4 hours to complete transitions in care. Residents may not attend continuity clinics after 24 hours of continuous in-house duty. Trainees must have at least 14 hours free after 24 hours of in-house duty

#### **Duty Hour Exceptions**

Duty hour exceptions of 88 hours per week averaged over a four week period for select programs with sound educational rationale are permissible. Program must obtain permission from the Designated Institutional Official and Graduate Medical Education Committee prior to submission to their Review Committee.

#### **Mandatory Time Free of Duty**

- Trainees must have a minimum of one day free of duty every week (when averaged over four weeks). At home call cannot be assigned during this time.
- PGY-1 residents should have 10 hours and must have eight hours free between duty periods.
- Intermediate-level residents should have 10 hours and must have eight hours free between duty periods. There must be at least 14 hours free of duty after 24 hours of in-house duty.

## Call

### In-House Call

PGY-2 and up: every third night when averaged over a four week period.

### At-Home Call

- Time spent in the hospital must count towards the 80 hour week limit. At home call is not subject to the 'every third night' limitation however trainees must receive one-in-seven free of duty when averaged over a four week period.
- At home call should not be so frequent or taxing to preclude rest or reasonable personal time for each resident
- Trainees are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80 hour weekly maximum will not initiate a new off-duty period
- PGY-1 residents are limited to 16 hour shifts and are not allowed to take at home call

### Night Float

Trainees must not be scheduled for more than six consecutive nights of night float. Check with your individual RCs for maximum number of months of night float per year that may be allowed.

### Moonlighting

- PGY-1 residents are not permitted to moonlight
- Moonlighting must not interfere with the ability of a trainees to achieve the goals and objectives of the educational program.
- Time spent by trainees in Internal and External moonlighting must be counted towards the 80 hour maximum weekly duty hour limit

### Recording and Reporting Duty Hours

In accordance with the Residency Management Suite (RMS) updating and approving assignments and hours in the duty hours policy, trainees are required to accurately record their duty hours on a daily basis in RMS.

### Reporting Duty Hour Violations

Trainees concerned about continuous duty hour violations by their program can contact the Designated Institutional Official or send a confidential email to [gmedhv@umn.edu](mailto:gmedhv@umn.edu) .

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## FAQ

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## ADDITIONAL CONTACTS

Subject	Contact	Phone	Fax/Email
Primary Contact(s)			
Subject			

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## DEFINITIONS

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## RELATED INFORMATION

### Principles

1. The program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment.
  2. The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations.
  3. Didactic and clinical education must have priority in the allotment of residents' time and energy.
  4. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.
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## HISTORY