

**Policy on Resident Duty Hours
In the Learning & Working Environment
Graduate Medical Education Committee
Children's National Medical Center**

I. **Scope:** This policy applies to all residents in training programs at Children's National Medical Center (CNMC). This policy is designed to establish standards for all health care practitioners engaged in the supervision and teaching of residents who are enrolled in post-graduate training programs at CNMC. It is also the intent of this policy to outline the methods that will be used by the Graduate Medical Education Committee, GMEC to monitor and confirm all programs' compliance with ACGME duty hours limitations.

II. **Definitions:**

The term "resident" in this policy refers to both specialty residents and subspecialty fellows.

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. *(ACGME Glossary of Terms Related to Resident Duty Hours, September 29, 2010)*

External Moonlighting is defined as voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites. *(ACGME Glossary of Terms Related to Resident Duty Hours, September 29, 2010)*

Internal Moonlighting is defined as voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites. *(ACGME Glossary of Terms, effective 11/30/ 2010)*

Strategic napping is defined as short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss. *(ACGME Glossary of Terms Related to Resident Duty Hours, September 29, 2010)*

III. **Responsibilities**

It is the responsibility of all program directors, residents, CNMC management and institutional training sites and their officials to comply with this policy.

IV. **Procedures:**

1. **Professionalism, Personal Responsibility & Patient Safety**

CNMC and its program directors assure a culture of professionalism that supports patient safety and personal responsibility by ensuring that residents and faculty members demonstrate an understanding and acceptance of their personal role in the following:

- assuring the safety and welfare of patients entrusted in their care;

- providing patient and family-centered care
- assuring they are fit for duty;
- managing their time before, during and after clinical assignments;
- recognizing impairment, including illness and fatigue, in themselves and in their peers;
- attention to lifelong learning
- monitoring their patient care improvement indicators
- assuring honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

CNMC recognizes that faculty and resident collectively have responsibility for the safety and welfare of patients. All residents and faculty are required to demonstrate a responsiveness to patient needs that supersedes self-interest, and must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

2. Transitions of Care

- Programs' clinical assignments must be designed to minimize the number of transitions in patient care;
- Residents' competence in their communication with team members in the hand-over process must be documented
- Schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care must be available

3. Alertness Management/Fatigue Mitigation

- Faculty members and residents must be educated to recognize the signs of fatigue and sleep deprivation, to understand and apply alertness management and fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning (e.g., naps, back up call schedules)
- Each program must 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.
- CNMC must provide sleep facilities and/or safe transportation for residents who may be too fatigued to safely return home

4. Program Policy on Resident Duty Hours

- Each ACGME-accredited program must develop a program specific policy that is consistent with the standards in this policy and which must be approved by the GMEC
- A copy of all ACGME-accredited program policy on resident duty hour in the learning and working environment will be kept on file in the GME office.
- Program directors must conduct frequent surveys to collect raw data that may be used to verify program's compliance with the ACGME duty hour requirements. The data collected must be shared with the GMEC upon request.

- The Program Director is responsible for the duty schedules of his/her program.
- The Program Director is responsible for making the ultimate decisions regarding scheduling of all duty hours for all residents within their scope of supervision.
- The Program Director is also responsible for:
 - ensuring that the educational goals and the learning objectives of his/her program are not compromised by excessive reliance on residents to fulfill institutional service obligations. Duty hours and call schedules must be monitored by program directors independent to GME office duty hour surveys; and corrective actions must be taken as necessary to prevent excessive service demands and resident fatigue. Residents must be provided with appropriate backup support when patient care responsibilities are especially difficult or prolonged.
 - directing and documenting adequate supervision of residents at all times
 - monitoring (with the faculty) the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue
 - ensuring that moonlighting does not interfere with the ability of the residents to achieve the goals and objectives of the educational program.
 - complying with the sponsoring institution's written policies and procedures regarding moonlighting

V. **Requirements:**

Maximum Weekly Duty Hours

- 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 (internal and external)
- Continuous duty periods of PGY-1 residents must not exceed 16 hours in duration
- Duty periods of PYG-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital; with strategic napping strongly suggested after 16 hours of continuous duty (between the hours of 10:00p and 8:00a)
- PGY-2 residents and above may be allowed to remain on-site for no more than an additional four (4) hours in order for effective transitions in patient care to occur
- Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty;
- In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a **single** patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. In these circumstances the residents must:

- appropriately 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 that documentation to the program director for each circumstance;

Mandatory Time Free of Duty

- Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At home call cannot be assigned on these free days.

Minimum Time Off Between Scheduled Duty Periods

- PGY-1 residents should have 10 hours, but at a minimum, must have 8 hours free of duty between scheduled duty periods.
- Intermediate-level residents (as defined by the Review Committee) should have 10 hours, but at a minimum, must have 8 hours between scheduled duty periods. Intermediate-level residents must have at least 14 hours free of duty following a continuous in-house duty period of 24 hours.
- Residents in their final year of education (as defined by the Review Committee) must be prepared to care for patients over irregular or extended periods in order to prepare them to enter the unsupervised practice of medicine. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, it is recognized that there may be circumstances (as defined by the Review Committee) when these residents must stay on duty to care for their patients or return to the hospital with fewer than 8 hours free between duty periods.

Maximum Frequency of In-House Night Float

- Residents must not be scheduled for more than six consecutive nights of night float. (The maximum number of consecutive weeks of night float and the maximum number of months of night float may be further specified by the Review Committee)

Maximum In-House On-Call Frequency

- PGY-2 residents and above may be scheduled for in-house call no more frequently than every third night, when averaged over a four-week period.

At-Home Call

- Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every third night limitation, but must satisfy the requirements for 1 day in 7 free of duty when averaged over 4-weeks.
- At home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- Residents 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 counted toward the 80-hour weekly maximum, but will not initiate a new “off-duty period.”

Moonlighting

- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program
- Time spent by residents in Internal and External Moonlighting must be counted towards the 80-hour Maximum Weekly Hour Limit.
- PGY-1 Residents are not permitted to moonlight.

Duty Hours Exceptions

In accordance with ACGME Review Committee for Pediatrics, CNMC GMEC will not consider requests for exceptions to the 80 hour limit to a resident's work week.

Oversight of Residents By Program Director & GMEC

- The program directors and the GMEC are responsible for monitoring duty hours compliance
- The GME office on behalf of the GMEC will conduct hours surveys three times a year across all programs. Program directors must present a written response to the GMEC on any areas of non-compliance.
- Program directors must ensure that residents complete the ACGME Resident/Fellow survey as scheduled. Egregious Survey Results will be reported to the GMEC for those programs with a 70% response rate. The GMEC requires program directors to attend the Committee meeting when the survey results will be discussed; and provide a written response to areas of non-compliance.
- All residents and teaching faculty are required to complete the sleep education training module in CHEX.
- Program Directors are required to review their program's compliance of this policy with the Graduate Medical Education Committee.

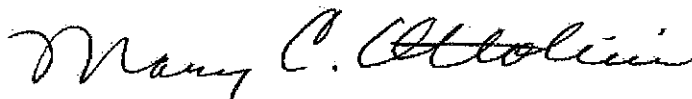
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