

## RESIDENT DUTY HOURS

### Duty Hour Oversight

Duty hour compliance is a collective responsibility of GME leadership, faculty, and residents. Each program is required to use the New Innovations duty hour module to monitor compliance with institutional, common, and specialty/subspecialty-specific program requirements. Duty hour reports will be submitted by all programs to the GME office quarterly. Program directors must adjust resident schedules when needed to prevent negative effects of duty hours on learning and patient care.

### Effects of Fatigue and Sleep Deprivation

All residents are required to complete the on-line training module on fatigue. The education module discusses signs and risks of fatigue and sleep deprivation and strategies to prevent physician impairment.

### Duty Hour Standards

In order to prevent potential negative effects on patient care and learning due to fatigue or sleep deprivation, all University of Tennessee Graduate Medical Education residency programs must meet the following duty hour standards:

- a. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., 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.
- b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- d. 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.

### 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 6 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 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.

### **Moonlighting**

Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s); i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours. Residents must not be required to engage in moonlighting.

**Individual programs may have additional specialty specific duty hour restrictions and will distribute their program policy and procedures to residents and faculty.**

### **Exception Requests**

Some Residency Review Committees permit exceptions to the 80-hour limit for up to 8 additional hours per week. The University of Tennessee Graduate Medical Education Committee discourages any exceptions but will consider requests from individual programs. Any request for exception to the 80-hour limit must be reviewed and approved by the GMEC prior to submission to a program's RRC.