

Resident Duty Hours

University of Tennessee

Graduate Medical Education

Department of Surgery

Rationale for Resident Duty

Hour Review

A number of surgical programs in the U.S. have been placed on probation due to duty hour violations.

To avoid this scenario in YOUR program, it is important that residents and faculty review periodically our compliance with this ACGME standard.

The first several slides illustrate how all University of Tennessee Surgical residents should enter their hours in the New Innovation program during the month of April.

It is imperative that you do this as accurately as possible so the program director can address rotations and faculty if violations occur.

At any time you can anonymously report known violations to the program director.

This presentation contains 3 issues for your review

- 1. New Innovations entry of duty hours**
- 2. Review of ACGME Duty Hour standards**
- 3. Resident Duty Hours FAQ**



1. New Innovations entry of duty hours

Resident duty Hours

New Innovations Categories

Effective 4/1/06

All hours worked should fit into one of these categories

Shift

In-house call

Back-up

Vacation/Leave

Resident Duty Hours

■ When not on call

- Log your daytime duty hours as shift.

■ When on call

- Log your first 12 daytime duty hours as shift.
- If your shift continues through the night, log your next 12 to 18 hours as in-house call.
- Continuous on-site duty must not exceed 24 consecutive hours.
 - Exception: After 24 consecutive hours you may remain on duty for up to 6 additional hours only to provide transfer care, maintain continuity of care, or participate in didactic activities.

- If you're not scheduled on-site, but are called back into the hospital from home, log those hours as **Backup**. Backup hours don't count toward the 24 consecutive hours.

Shift

In-House call

Back-up

Vacation/Leave

Resident Duty Hours

- Examples:
 - 1) Dr. Tucker comes in at 6AM Tuesday morning, works at the Med until 9AM Wednesday morning, and then stays for conferences until 12 noon. He logs his 30 continuous duty hours like this:
 - Tuesday 6AM – Tuesday 6PM = 12 hours Shift
 - Tuesday 6PM – Wednesday 12PM = 18 hours In-House Call
 - As of 6AM Wednesday morning, Dr. Tucker worked 24 hours continuously but is allowed the additional six hours from 6AM until noon for continuity of care and educational activities.
 - 2) Dr. Williams starts her shift at 7AM on Wednesday morning and works at the Med until going to conferences at 8:30AM. At noon she returns to the Med and works until noon on Thursday. She logs her 29 continuous duty hours like this:
 - Wednesday 7AM – Wednesday 7PM = 12 hours Shift.
 - Wednesday 7PM – Thursday noon = 17 hours In-House Call
 - As of 7AM Thursday morning, Dr. Williams worked 24 hours continuously but spent the next 5 hours from 7AM until noon on transfer care and didactic activities.

Resident Duty Hours

- You should have **10 hours off between daily shifts and after in-house call**. If you find that your next shift is due to begin in less than 10 hours from the time you leave the hospital, you should notify a chief resident or attending so that steps can be taken to make sure you receive adequate rest between duty periods.
- Begin logging vacation/leave time. For each day off, enter 24 hours under the new duty type: Vacation/Leave.
- Contact Glenda Nau for questions 448 7635



**2. Review of ACGME
Duty
Hour Standards**

Resident Duty Hours

- Duty hours are defined as all clinical and academic activities related to the residency program
 - 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.

Resident 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.
- 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.
- 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.

Resident Duty Hours

- 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.

Resident Duty Hours

- 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 80hour 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.



3. Resident Duty Hours FAQ

Resident Duty Hours FAQ

- **“Duty hours must be limited to 80 hours per week.”**
- **Question:** The ACGME common duty hour standards state that residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, with one day defined as one continuous 24-hour period. How should programs interpret this standard if the “day off” occurs after the resident’s on-call day?
- **Answer:** The common duty hour standards call for a 24-hour day off. Many RRCs have recommended that this day off should ideally be a “calendar day,” e.g., the resident wakes up in his or her home and has a whole day available. Others have noted that it is not permissible to have the day off routinely scheduled on a resident’s post-call day.
- Having the day off always be a non post-call day can create scheduling problems in smaller programs, but several RRCs have formally stated that the post-call day and the day off should be kept separate, in part because the requirement for a rest period after in-house call would take up part of a post-call day off, making it less than 24 hours. Because call from home (pager call) does not require a rest period, the day after a pager call may be considered 24 hours off. Other RRCs have not been as explicit, but would likely not consider it appropriate to have the residents’ day off regularly scheduled on their post-call day.

Resident Duty Hours FAQ

- “Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities.”
- **Question:** Our program only has a few residents and residents prefer to be on call for two days during one weekend, so they can have another weekend completely free of duties. Does this practice comply with the duty hour standards?
- **Answer:** It is common in smaller surgical residency programs to have residents on duty one weekend (Friday and Sunday for instance), so they can be off the next weekend. As long as the call schedule and total duty hours average out within parameters specified by the relevant program requirements, this type of every other weekend schedule is acceptable. Note that for in-house call, residents must be accorded adequate rest (generally 10 hours) between the two weekend duty periods. There are no exceptions to this rule. Thus, in-house call on two consecutive nights (e.g., Friday and Saturday) is not permitted, unless the residents are given a rest period of about 10 hours between the two duty shifts.

Resident Duty Hours FAQ

- “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.”
- **Question:** The required 10-hour rest period continues to be problematic for my program. How does the ACGME interpret this common duty hour standard?
- **Answer:** The language of this requirement states, “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.” Adequate rest is a “must” requirement, while the requirement for a 10-hour period is a “should.” “Should” is interpreted as “a term used to designate requirements that are so important that their absence must be justified.” This allows programs to provide somewhat shorter rest periods, when an appropriate educational justification is offered. Interpretation of what constitutes “appropriate justification” cannot truly be made a priori, but allowing added time for didactic lectures of high importance or for surgical experience, especially rare cases or cases with particular educational value of the given resident, are examples most RRCs would consider appropriate. It is important to remember that any abbreviated rest period must be justified from an educational perspective, and the program director and faculty must monitor the resident for the signs of sleep deprivation.

Resident Duty Hours FAQ

- **“In-house call must occur no more frequently than every third night, averaged over a fourweek period.”**
- **Question:** What is the definition of “on-call duty”?
- **Answer:** On-call duty is defined as a continuous duty period between the evening hours of the prior day and the next morning, generally scheduled in conjunction with a day of patient care duties prior to the call period. Call may be taken in-house or from home. Call from home is appropriate if the service intensity and frequency of being called is low. On-call duty excludes regular duty shifts worked during night hours, as is done in Emergency Medicine. It also excludes night float assignment used in many programs to replace on-call shifts to reduce the continuous waking hours and strenuous nature of some in-house call.

Resident Duty Hours FAQ

- **“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 the Program Requirements.”**
- **Question:** How is the 24-hour limit on in-house call duty applied?
- **Answer:** The activity that drives the 24-hour limit is “continuous duty.” If a resident spends 12 hours in the hospital caring for patients, performing surgery, or attending conferences, followed by 12 hours on-call, he/she has spent 24 hours of “continuous duty” time, and is limited to up to 6 additional hours during which their activities are limited to participation in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in the Program Requirements.”

Resident Duty Hours FAQ

- **Question:** What is the ACGME's interpretation of the use of the added period of up to six hours at the end of a 24-hour duty and on-call shift?
- **Answer:** The goal of the added hours at the end of the on-call period is to promote didactic learning and continuity of care, including ambulatory and surgical continuity. At its June 2003 meeting, the ACGME approved refined RRC-specific language for appropriate activities for the period of up to six hours after the end of the 24-hour period of continuous duty. They include RRC specific language detailing acceptable activities, and provide specialty-specific definitions of what constitutes a "new patient." A summary document showing the language for each accredited core specialty can be found on the ACGME's Website under the duty hour pull-down menu, under "RRC-specific duty hour language."
- Questions have arisen on how the "no new patients" requirement applies to ambulatory clinic experiences, especially clinics where both new and return patients are seen. The requirement that no "new patients" be seen after the 24-hour continuous duty period does not allow post-call residents to take part in clinical experiences where all patients presumably are "new patients," such as the Emergency Department (ED) and a new patient clinic. In specialties with longitudinal care experiences and those that permit post-call residents to participate in ambulatory clinics, programs are encouraged to contact their RRC to learn whether residents may provide care for new patients scheduled among the return patients in these clinics.

Resident Duty Hours FAQ

- “The frequency of at-home call is not subject to the every third night limitation.”
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- **Question:** Which standards apply to time in the hospital after being called in from home call?
- **Answer:** For call taken from home (pager call), the time the resident spends in the hospital after being called in is counted toward the weekly duty hour limit. The only other numeric duty hour standard that applies is that one day in seven must be free of all patient care responsibilities, which includes home call. The ACGME also requires that programs monitor the intensity and workload resulting from home call, through periodic assessment of the frequency of being called into the hospital and the length and intensity of the in-house activities.
- **Question:** Is it permissible for residents to take call from home for extended periods, such as a month?
- **Answer:** The requirement that one day in seven must be free of patient care responsibilities would prohibit residents from being assigned home call for an entire month. Assignment of a partial month (more than six days but less than 24 days) is possible, as the standards state, “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.” Programs considering this option need to check with their RRC, since the application of this standard varies among RRCs.

Resident Duty Hours FAQ

- Averaging of Selected Standards over a 4-Week Period
- Question: How should the averaging of the duty hour standards (80-hour weekly limit, one day off in 7, and call every third night) be handled? For example, what should be done if a resident takes a vacation week?
- Answer: A recurrent question concerns the averaging period that applies to the 80-hour weekly limit, and the requirements that one day in seven be free from all program duties and that in-house call be no more frequent than every third night. While some programs have interpreted the standard to allow a “rolling average,” the ACGME’s intent is that averaging be by rotation, aggregating over either a four-week or a one-month period. A rolling average, as is provided by some duty hour software programs, may mask compliance issues and is not acceptable to ACGME, though programs may use it for internal monitoring purposes. Similarly, in calculating the frequency of in-house call, it is not appropriate to combine rotations with in-house call and those that do not include call.
- It should be noted that the RRC for Internal Medicine does not permit averaging of the interval between in-house call. Overall, it is useful to remember that ACGME expects that duty hours during the rotation with the greatest hours and frequency of call comply with the common standards.
- A related issue concerns averaging for periods during which the resident takes vacation or other leave. ACGME requires that vacation or leave days be taken out of the numerator and the denominator for calculating duty hours, call frequency or days off (i.e., if a resident is on vacation for one week, the hours for that rotation should be averaged over the remaining three weeks).

Resident Duty Hours FAQ

- Question: Can residents take in-house call every other night for some part of the month, if they get extra time off later in the months?
- ACGME advises against scheduling in-house call every other night for any extended periods, because it becomes very demanding on the residents. The option to average the in-house call period (which can be done by all specialties except Internal Medicine) is there to offer some flexibility in scheduling. The goal is not to allow every other night call for any length of time, even if done in the interest of creating longer periods of free time on weekends or later in the month.
- Question: Some programs have interpreted the standard for averaging the 80-hour weekly limit, call frequency and days off as allowing a constantly rolling 4-week average. Does the use of a “rolling average” comply with the common duty hour standards?
- Answer: No. Averaging must be done by individual clinical rotation or by four-week block. The standards do allow a “rolling average,” in part because it would make it possible to average across high and low duty hour rotations to hide a compliance problem. In addition, call frequency should be averaged for periods with call, e.g., it is not appropriate to include call rotations and ambulatory rotations that do not include call together in the numerator or the denominator to calculate on-call frequency. Essentially, because they are minimum standards, the rotations with the greatest hours and frequency of call must comply with the common duty hour standards.

Resident Duty Hours

summary

- Violations can result in YOUR program being put on probation.
- Hospital Site Directors are responsible for compliance and must assure that faculty do not pressure residents into violations
- Discuss difficult issues with program director

Thank You
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