

RESIDENT DUTY HOURS POLICY

A. Principles

Physicians have a professional responsibility to appear for duty appropriately rested and fit to provide the services required by their patients.

The program is committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.

The learning objectives of the program will be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events and must not be compromised by excessive reliance on residents to fulfill non-physician service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy.

All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians 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.

B. Application

This policy applies to all residents in UND residency programs.

C. Definitions

Duty hours are defined as time spent in all clinical and academic activities related to the program. Specifically, this includes time spent in patient care (both inpatient and outpatient), administrative duties related to patient care, the provision of transfer of patient care, time spent in-house during call activities, and scheduled educational activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

C. Policy

1. Duty hours must be limited to a maximum of 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
2. 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.
3. Duty periods of PGY-1 residents must not exceed 16 hours in duration.
4. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours continuous duty in the hospital. Residents are encouraged to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00PM and 8:00AM is strongly suggested. Residents may be allowed to remain on-site in order to accomplish effective transitions in care for no longer than an additional four hours.
5. For emergency medicine assignments, duty periods must not exceed 12 hours in duration.
6. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled duty period 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. Under those circumstances, the resident 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 in every circumstance to the program director. The program director will review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

7. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
8. PGY-1 residents and intermediate level residents (as defined by the Review Committee) should have 10 hours, and must have 8 hours free of duty between scheduled duty periods. Intermediate level residents must have at least 14 hours free of duty after 24 hours of in-house duty.
9. It is desirable for residents in the final years of education (as defined by the Review Committee) to have eight hours free of duty between scheduled duty periods. There may be circumstances (as defined by the Review Committee) when these residents must stay on duty to care for their patients or return the hospital with fewer than eight hours free of duty. These circumstances must be monitored by the Program Director.
10. Residents will not be scheduled for more than six consecutive nights of night float.
11. PGY-2 and above residents will not be scheduled for in-house call more frequently than every third night (when averaged over a four week period).
12. At home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Time spent in the hospital by residents on at-home call counts as duty hours.

Approved by GMEC 9/11/13 via email vote