

## **RESIDENT DUTY HOURS POLICY**

*Revised July 1, 2011*

### **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 the UND internal medicine and transitional year 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.

A week is a period of seven consecutive days, beginning on a Monday and ending on a Sunday.

### **C. Policy**

1. Duty hours must be limited to a maximum of 80 hours per week, 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)
3. Duty periods of PGY-1 residents must not exceed 16 hours in duration.
4. Duty periods of PGY-2 and PGY-3 residents will generally not exceed 16 hours in duration, but may be extended to a maximum of 24 hours continuous duty in the hospital under unusual circumstances (such as a natural disaster or the unplanned absence of colleagues).

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 should have 10 hours, and must have 8 hours free of duty between scheduled duty periods.
9. PGY-2 and PGY-3 residents must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. PGY-2 and PGY-3 residents should have 8 hours free of duty between duty periods, however there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than 8 hours free of duty. The program director will monitor these episodes of fewer than 8 hours free of duty.
10. Residents will not be scheduled for more than six consecutive nights of night float.
11. PGY-2 and PGY-3 residents will not be scheduled for in-house call more frequently than every fourth night.
12. Residents will not be scheduled for at home call.