

GMDEC Approved: December 2010

INSTITUTIONAL RESIDENT DUTY HOURS POLICY

The UT Graduate School of Medicine (GSM) Resident Duty Hours Policy requires program compliance with the ACGME Duty Hour requirements. Specifically:

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.

Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

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.

Duty periods of PGY-1 residents must not exceed 16 hours in duration. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs will encourage residents 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 10:00 p.m. and 8:00 a.m., is strongly suggested.

Residents must not attend continuity clinics 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 severely ill or unstable patient, to provide humanistic attention to the needs of a patient or family, or to be present for events transpiring that are of academic importance. The resident is responsible for documenting every circumstance and submitting documentation to the program director. The program director will review and track episodes of additional duty occurring within the program.

No new patients may be accepted after 24 hours of continuous duty.

Residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. Intermediate-level residents [as defined by the Program's Review Committee] must have at least 14 hours free of duty after 24 hours of in-house duty. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Program's Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty; this must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards and must be monitored by the program director.

Residents must be scheduled for a minimum of one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. At-home call cannot be assigned on these free days.

Residents must not be scheduled for more than six consecutive nights of night float. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Program's Review Committee.]

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

Time spent in the hospital by residents on at-home call will count toward the 80-hour limit, but will not initiate a new "off-duty period". The frequency of at-home call is not subject to the every-third-night limitation. However at-home call must not be so frequent or taxing as to preclude rest and or reasonable personal time for each resident.

Data Entry

Each program shall designate an individual to coordinate resident duty hours. Each program is responsible for ensuring resident duty hours are entered in New Innovations. The duty hours from a given month must be completed by the 15th of next month.

Monitoring

The GME Office is responsible for producing summary reports of the duty hours for institutional review. The GMDEC will review the institutional monthly report on duty hours in graphic form showing the number of exceptions outside the required limits. A tabular report will show the results for each program, noting the numbers and types of exceptions. The director of GME will review the program and rotation results with the program director if these exceptions recur over time. The program director may be asked to provide a written report to GMDEC indicating the actions taken to address these exceptions.

Duty Hour Exceptions

The institutional oversight committee (IOC) may recommend to the GMDEC that the institution grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

In preparing a request for an exception to the IOC the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.

The GMDEC and DIO will decide whether or not to grant the exception for the program. The DIO will submit the request to the RC that the institution is requesting a duty hour exception for the program.

Education on the Signs of Fatigue and Sleep Deprivation

Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt fatigue mitigation processes to manage the potential negative effects on patient care and learning.

The GME Office will provide an educational session on the signs of fatigue and sleep deprivation at the new resident orientation in July. The institution will monitor duty hours to identify programs regularly exceeding the duty hour requirements that may put these residents at risk for fatigue and sleep deprivation. The GMDE survey will annually survey residents to determine program monitoring of resident fatigue and sleep deprivation. The GME director may ask the director of the resident assistance program to follow up with these programs in educating faculty and residents about fatigue and sleep deprivation.

Reviewed and Approved July 14, 2005

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