VCU Health System

Graduate Medical Education Policy

HOUSESTAFF DUTY HOURS

Policy

It is the policy of the Virginia Commonwealth University Health System (VCUHS) and its Graduate Medical Education (GME) program to follow requirements established by the Accreditation Council of Graduate Medical Education (ACGME) regarding duty hours for residents and fellows in all training programs (herewith referred to as housestaff). Departments may apply for exemptions from the duty hour limitations for non-accredited programs. Exemption requests must be reviewed by the Resident Work Life Subcommittee of the GME Committee (GMEC) and approved by the GMEC. Duty hours standards can be found at the ACGME website, www.acgme.org and are subject to change.

Background

Providing housestaff with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and housestaff well being. Each program must ensure that the learning objectives for the program are not compromised by excessive reliance on housestaff to fulfill service obligations. Didactic and clinical education must have priority in the allotment of housestaff time and energies. Duty hour assignments must recognize that faculty and housestaff collectively have responsibility for the safety and welfare of patients.

Supervision

1. Qualified faculty must supervise all patient care. The program director must ensure, direct, and document adequate supervision of housestaff at all times. Housestaff must be provided with rapid, reliable systems for communicating with supervising faculty.

2. Faculty schedules must be structured to provide housestaff with continuous supervision and consultation.

3. Faculty and housestaff must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

4. Further information regarding supervision may be found in the VCUHS GME policy entitled "*Supervision of Housestaff".*

Duty Hours

The following delineates the specific ACGME standards for resident duty hours. However, individual Residency Review Committees (RRC) may set more restrictive standards.

1. Duty hours are defined as all clinical and academic activities related to the training 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.

2. Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Housestaff are 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.

4. Adequate time for rest and personal activities is provided. There should be at least a 10-hour time period provided between all daily duty periods and after in-house call. Some RRC's (eg. Internal Medicine) have issued clarifications regarding this ACGME standard. Program directors should assure that their programs are in compliance with RRC specialty requirements and clarifications.

5. Program Directors are required to take corrective action to prevent repetitive duty hours violations. In the event that the program director is unable to correct these violations, then the matter should be referred to the GMEC for corrective action.

On-Call Activities

1. The objective of on-call activities is to provide housestaff with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when housestaff are required to be immediately available in the assigned institution.

2. In-house call is no more frequent than every third night, averaged over a four-week period.

3. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Housestaff may remain on duty for up to six 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.

4. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.

5. At-home call (pager call) is defined as call taken from outside the assigned institution.

    a. 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. Housestaff taking at-home call are provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

    b. When housestaff are called into the hospital from home, the hours housestaff spend in-house are counted toward the 80-hour limit.

    c. The program director and the faculty 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

1. Because residency education is a full-time endeavor, the program directors must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

2. The program directors must comply with VCUHS' written policies and procedures regarding moonlighting.

3. Moonlighting that occurs within the residency program and/or the affiliated sponsoring institutions or the non-hospital primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

4. Further information regarding moonlighting may be found in the VCUHS GME policy entitled "*Resident Moonlighting".*

Oversight

1. Each residency and fellowship program must have a written policy and procedures consistent with the Institutional and Program Requirements for duty hours and the working environment. These policies must be distributed to the housestaff and the faculty. Monitoring of duty hours by the program directors is required with frequency sufficient to ensure an appropriate balance between education and service.

2. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

3. Program directors are required to report annually regarding the process and results of duty hours monitoring to the Resident Work Life Subcommittee of the Graduate Medical Education Committee. The timing of the annual review will be set at random. Notification letters will be sent the first week of each quarter. It may be determined that more frequent monitoring is required. Duty hour data will also be reviewed as part of the Internal Review process.

4. The Resident Life Confidential Hotline is available for resident reporting of duty hour violations. The phone number is 827-LIFE.

Duty Hours Exception

1. An RRC may grant exceptions for up to 10 % of the 80-hour limit, to individual programs based on a sound educational rationale. See the VCUHS *Duty Hours Exception Request* policy.

2. The Graduate Medical Education Committee may make exceptions to the duty hour policy in the event of natural or man-made disasters. Program Directors will be expected to monitor resident duty hours in these exceptions in order to insure the safety of the residents and the patients they serve.

This revised policy was approved by the VCUHS Graduate Medical Education Committee on December 9, 2003. The original policy was approved on October 10, 2000.

Reviewed and updated by the VCUHS GMEC 12/13/2005

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