

## **SAUSHEC Duty Hours, Scheduling Policy & Fatigue Management Policy**

1] Purpose: To optimize the training environment for patient care, resident learning and resident well being

The program director must establish an environment that is optimal for resident education, resident well being and patient care. The program director must ensure that undue stress and fatigue among residents are avoided while providing for continuity of and quality/safety of patient care. Compliance with resident duty hours numbers are an important part of meeting these goals but are not the complete answer. It is the responsibility of the program director and supervising staff to ensure that patient and resident safety is assured at all times above and beyond focusing on number of hours worked.

2] Duty hour policy:

Definitions:

Resident duty hours are defined by the ACGME as all clinical and academic activities related to the residency 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.

General Requirements:

All SAUSHEC programs will be in compliance with existing ACGME duty hour policies (listed below). Certain RRCs may have specific or more restrictive duty hour policies in which case the program will follow the duty hour policies of its RRC as well as the SAUSHEC policies. Duty hours for Transitional interns will be the same as for the categorical interns of the program in which they are training; i.e., when working in Emergency Medicine they will have the same work hours as Emergency Medicine interns. Residents in UTHSCSA programs will follow the duty hour policies of the UTHSCSA GMEC. Due to the intermittent and unpredictable nature of important patient care, GME opportunities and the need to always insure continuity of care, duty hour limitations can occasionally be exceeded when it is in the best interest of the resident's training and or continuity of care but they cannot be consistently exceeded or exceeded just to have residents provide service. .

Specific Duty Hour limitations (unless Program's RRC requirements are different):

a. Residents must not be scheduled for more than 80 duty hours per week, averaged over a 4-week period. Programs can request an increase of up to 10% in work hours for selected rotations for educational reasons, but this request must be approved by the GMEC (using the policy in appendix 6) and the program's RRC.

b. Residents will on average (over a 4-week rotation) have one day (24 hours) out of seven free of patient care responsibilities.

c. In-house call (defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution) will be no more than every third night averaged over each 28-day rotation.

d. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents 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. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after

24 hours of continuous duty.

e. 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.

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

#### Ensuring Compliance with Duty Hour limitations:

Each program director must develop a duty hour policy which specifies the program's system to monitor compliance with duty hour limitations within their program by ensuring that its resident schedules are consistent with duty hour policies, educating staff on the policies, doing resident surveys as needed and encouraging residents to notify the PD if there are problems. The SAUSHEC GMEC will monitor program compliance with duty hour requirements during internal reviews of the program, conducting a review of Program Duty Hour compliance during the annual metric reports of the program, annual SAUSHEC House Staff surveys and asking residents to report any problems to the House Staff Councils, the Ombuds, the associate Deans or Dean for GME

#### 3] Scheduling policy:

Program Directors should endeavor to:

a. Create an academic year schedule, when possible, such that residents will not have intense and demanding rotations scheduled back-to-back during the academic year.

b. Take measures to moderate the intensity of resident workload whenever the service demands begin to reduce the educational value of the experience.

c. Equitably distribute holiday duty and call among residents of the same postgraduate level, subject to patient care requirements.

d. Ensure that call schedules are accurately kept and made available to residents. Residents should be permitted to exchange schedules with each other as long as proper coverage is provided and advance notice is given to the appropriate chief of service and/or program director. The resident making the exchange of schedule remains responsible for coverage of that specific call.

#### 4] Fatigue Management policy:

The program director must have a duty hour policy that specifies how the program will ensure that residents and staff are educated to recognize the signs of fatigue and minimize the effects of fatigue. The policy must specify how the program director and faculty will monitor residents for the effects of fatigue and the program's method of responding in instances where fatigue may be detrimental to resident patient care, resident education and or resident well-being. Program Directors must work to minimize the non-educational and non-physician patient care duties of residents.