

**Policy and Procedure Manual**  
**ADMINISTRATIVE POLICY – SECTION 09**  
**ADMINISTRATIVE - INSTITUTIONAL**  
**GRADUATE MEDICAL EDUCATION (GME)**  
**& CLINICAL TRAINING**



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**ACGME Trainee Duty Hours**

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APPROVALS:

GMEC: 02/15/12; 3/9/16    MEC:    BOD:

Scope:   X   Medical Center

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I. PURPOSE / BACKGROUND:

City of Hope (“COH”) believes that providing residents and fellows, referred to as “Trainees” or “GME Trainees”, with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety, educational goals and the Trainees’ well being. The learning objectives of each program must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching and didactic educational events; and, not be compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations.

The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following: assurance of the safety and welfare of patients entrusted to their care; provision of patient and family-centered care; assurance of their fitness for duty; management of their time before, during, and after clinical assignments; recognition of impairment, including illness and fatigue, in themselves and in their peers; attention to lifelong learning; the monitoring of their patient care performance improvement indicators; and, honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interest of the patient may be served by transitioning that patient’s care to another qualified and rested provider.

II. POLICY:

A. The COH Graduate Medical Education Committee (GMEC) must verify that each ACGME program maintain compliance with both ACGME requirements and COHNMC GME Institutional policies regarding Trainee duty hours. Each resident, clinical fellow and faculty member has the responsibility to maintain compliance with the Program and Institutional policies regarding duty hours. Training Programs should use New Innovations to monitor Trainee duty hours. Trainees are required to enter their duty hours into New Innovations within 1 week. Duty hours are defined as all clinical and academic activities related to residency and clinical fellowship training; 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.

Specifically, duty hours include all clinical and academic activities related to residency or fellowship training:

1. Patient care, both inpatient and outpatient;
2. Administrative duties related to patient care;
3. The provision for transfer of patient care;
4. In-house call (including time spent sleeping);
5. Time spent in the hospital while participating in at-home call;
6. Scheduled academic activities such as conferences and research activities required by the respective RRC; and
7. Time spent doing research if research is required by the respective Resident Review Committee (RRC).

Faculty and Trainees shall be educated to recognize the signs of fatigue and sleep deprivation. Faculty and Trainees must be educated in alertness management and fatigue mitigation processes. Each program must adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules. Each program must also have a process to provide continuity of patient care in the event that a Trainee may be unable to perform his/her patient care duties.

- B. 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. The City of Hope GMEC and Designated Institutional Official (DIO) will not grant exceptions to the 80-hour limit to individual programs.
- C. Trainees must be provided with one day in seven free from all educational and clinical responsibilities, when averaged over a four-week period. At home call cannot be assigned on these free days. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- D. Duty periods of PGY1 residents (interns) must not exceed 16 hours in duration. Duty periods of PGY2 and above Trainees may be scheduled to a maximum of 24 hours of continuous duty in the clinical setting. Programs must encourage Trainees 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.
- E. It is essential for patient safety and resident education that effective transitions in care occur, therefore, PGY2 and above Trainees may be allowed to remain on site following his/her maximum 24 hour shifts as appropriate to accomplish these tasks. Trainees who have completed a 24-hour duty period may spend up to an additional four hours to ensure an appropriate, effective, and safe transition of care and maintaining continuity of medical and surgical care. (Example: On-Call ends at 0830, therefore Trainee should not be at the Hospital after 1230). During this four-hour period, residents must not be permitted to participate in the care of new patients in any patient care setting; must not be assigned to outpatient clinics, including continuity clinics; and must not be assigned to participate in a new procedure, such as an elective scheduled surgery. Residents who have satisfactorily completed the transition of care may, at their discretion, attend an educational conference that occurs during the four-hour

period.

- F. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty 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 these circumstances, the Trainees must appropriately hand over the care of all other patients to the team responsible for their continuing care; document the reasons for remaining to care for the patient and submit documentation in every circumstance to the program director. The program director must review each submission of additional service and track both individual Trainee and program-wide episodes of additional duty.
- G. PGY1 Trainees should have 10 hours and must have eight hours free of duty between scheduled duty periods. Intermediate-level Trainees (as defined by each RRC) should have 10 hours free of duty and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty. There are inevitable and unpredictable circumstances in which Trainee duty periods may become prolonged. In these instances, Trainees must still have a minimum of eight hours free of duty before the next scheduled duty period begins. This applies to all levels of Trainees (as defined by the individual RRCs).
- H. Trainees in the final years of education (as defined by each RRC) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour maximum duty period and one-day off in seven standards. While it is desirable that Trainees in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances as defined by each RRC) when the Trainee must stay on duty to care for patients or return to Hospital activities with fewer than eight hours away from the Hospital by Trainees in their final years must be monitored by the program director.
- I. Trainees must not be scheduled for more than six consecutive nights of night float. The maximum number of consecutive weeks of night float and minimum number of months of night float per year may be further specified by the ACGME sub-specialty RRC and documented in the Program-specific Duty Hour policy.
- J. PGY-2 Trainees and above must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
- K. At Home Call: Time spent in the hospital by Trainees on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every third night limitation, but must satisfy the requirements for one day in seven free of duty, when averaged over four weeks. (At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Trainee.) Trainees are permitted to return to the Hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.
- L. In the event of a duty hour violation, the Program Director must investigate and comment on the violation in New Innovations within 3 business days. Notifications of duty hour violations should be setup in New Innovations to alert the Program Director and Program Coordinator.

III. PROCEDURE:

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
Program Director	<p>A. Assign adequate supervision of Trainees by a qualified Medical Staff Member</p> <p>B. Direct and document adequate supervision of Trainees at all times. Provide Trainee with rapid, reliable systems for communicating with the supervising physician.</p> <p>C. Make sure that moonlighting does not interfere with the ability of the Trainee to achieve the goals and objectives of the educational program.</p> <p>D. Comply with the sponsoring institution written policies and procedures regarding moonlighting, in accordance with ACGME Standards.</p> <p>E. Monitor the demands of at-home calls in their programs and make scheduling adjustments as necessary to mitigate excessive services demands and/or fatigue.</p> <p>F. Establish back-up support systems when patient care responsibilities are unusually difficult or prolonged, or in unexpected circumstances lead to Trainee fatigue where the Trainee is unable to perform his/her duties.</p> <p>G. Structure own schedule to provide Trainees with continuous supervision and consultation.</p> <p>H. Investigate and comment on the duty hour violation in New Innovations within 3 business days of the notification.</p>

Owner: GME Institutional Coordinator  
 Collaborating Author(s): Director GME & Clinical Training; GMEC  
 Sponsor: Chief Medical Officer, DIO

Approvals:  
 GMEC: 12/07; 11/08 (Chair); 12/09 (Chair); 12/10; 3/9/16  
 MEC: 6/03; 9/05; 12/07; 12/08; 12/09; 02/11  
 BOD: 6/03; 9/04; Q07-4; 12/08; 12/09; 02/11

**References: (if any)**

1. ACGME Website ([www.acgme.org](http://www.acgme.org)) FAQ – ACGME Common Duty Hour Requirements
2. Medical Staff Bylaws and Rules and Regulations

**Related Policies:** Transportation of Patients/Patient Transfer Intrafacility

**Appendix One: Acronyms, Terms and Definitions Applicable to this Policy**

## Appendix One

### Acronyms, Terms and Definitions Applicable to this Policy

#### Appendix One: Terms, Acronyms and Definitions Applicable to this Policy

1. **ACGME** - The Accreditation Council for Graduate Medical Education is responsible for the accreditation of post-physician medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.
2. **Trainee** – A Resident or Fellow engaged in an ACGME approved-training or subspecialty program, which may be practicing at the Hospital in connection with an approved Affiliation Agreement governing his/her training at the Hospital.
3. **Designated Institutional Official (DIO):** The individual in a sponsoring institution who has the authority and responsibility for all of the ACGME-accredited GME programs.
4. **Duty Hours** – All clinical and academic activities related to the residency or 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 academic assignments such as conferences.
5. **In-House Call** - Duty hours beyond the normal workday where Trainees are required to be immediately available in the assigned institution.
6. **New Innovations** – Evaluation system that allows for online completion of evaluations by faculty and house staff as well as duty hour tracking.
7. **Post Graduate Year** - Resident's current year of accredited graduate medical education training. This designation may or may not correspond to the resident's particular year in a program.
8. **Program Director:** The designated person accountable for the Program; this person must be selected by the Designated Institutional Official and possess qualifications acceptable to the appropriate Residency Review Committee (RRC) of the ACGME programs.
9. **Qualified Medical Staff Member** – Medical Staff members who have received a formal assignment to teach resident/fellow physicians as outlined in ACGME Program Requirements.