TEMPLE UNIVERSITY HOSPITAL
GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

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TITLE: **Resident Supervision and Duty Hours**
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REFERENCES:
ATTACHMENTS:

PURPOSE

This policy and procedure delineates the mechanisms for acceptable supervision of residents and subspecialty fellows, and the limitation of duty hours for residents and subspecialty fellows at Temple University Hospital accredited and unaccredited graduate medical education programs.

DEFINITION OF TERMS

Residents are defined as any trainee in an accredited and unaccredited graduate medical education program, including but not limited to ACGME, CODA, and CPME. ACGME is defined as the Accreditation Council for Graduate Medical Education. CODA is defined as the Commission of Dental Accreditation. CPME is defined as Council on Podiatric Medical Education. RRC is defined as the Residency Review Committee of ACGME specialty programs.

POLICY

1. It is the policy of Temple University Hospital that all residents, regardless of their level of training, will be appropriately supervised by a teaching physician.

2. It is the policy of Temple University Hospital that each accredited and unaccredited graduate medical education program will comply with the Institutional duty hour requirements. In the event that the specialty requirements are more stringent, the specialty program requirements will pertain.

3. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours. The policy must be provided to each resident.

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SCOPE AND RESPONSIBILITIES

This policy applies to all Chairpersons, Program Directors, Medical Staff, and Residents of all accredited and unaccredited graduate medical education programs.

PROCEDURES AND GUIDELINES

Supervision

1. A teaching physician shall be available to provide supervision of resident activities.

2. Each department that sponsors a residency program must provide an accurate, reliable schedule of teaching physician coverage. Such schedules must be made available to residents and hospital page operators.

3. Each program must have a mechanism to assure that teaching physicians are available to provide resident supervision, regardless of time of day or day of week. The teaching physician, if not in-house, must be readily available, to provide the resident with assistance. The supervision shall be provided by the teaching physician in such a way that the resident assumes progressively increasing responsibility for patient care, according to his/her level of training, experience, and ability.

4. Within the context of its specialty, each residency program is responsible for establishing guidelines for supervision, for establishing a clear chain of command, and for defining *readily available*. Guidelines developed by each department must be consistent with the program's educational requirements, with the need for the continuity of patient care, and with the requirements of the governing specialty.

5. The program director must ensure, direct, and document adequate supervision of patient care by residents at all times.

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

Duty Hours

1. Each program shall develop a formal, written policy that describes resident duty hours. This policy should include a mechanism whereby a resident who feels that fatigue is interfering with her/his ability to safely perform her/his duties can obtain assistance.

2. The written duty hour policy for each program must include the requirement that each resident is responsible for tracking and reporting their duty hours on a timely basis.

3. The policy [on duty hours] must comply with the Institutional requirements, or if more stringent, of the specialty requirements. Attachment A provides the duty hour requirements

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for all accredited and unaccredited graduate medical education programs, unless otherwise defined by the RRC specialty program.

4. Each program must monitor and report their resident duty hours to the Director of Graduate Medical Education on a monthly basis. The residents must be required to record their duty hours by utilizing the web-based residency management system, New Innovations.

5. Each resident must be given a copy of this policy and the departmental duty hour policy.

Institutional Oversight

1. Periodically, the institution will assess each program to assure that it complies with this policy and the requirements of the governing bodies.

2. Programs judged not to be in compliance with this policy and do not take corrective action to come into compliance, will be reported to the Medical Staff Executive Committee by the Director of Graduate Medical Education, Designated Institutional Officer or the Chairperson of the Graduate Medical Education Committee.

Note: ACGME makes no distinction between interns, residents, and fellows. All levels are referred to as “residents”.

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APPROVALS

Note: The signed original of this policy is on file with the Office of Graduate Medical Education.

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ATTACHMENT A

ACGME Common Duty Hour Requirements

1. Resident Duty Hours and the Working Environment

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

2. Mandatory time Free of Duty

a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, 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.

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.

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c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-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. 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.

3. Maximum Duty Period Length

a. Duty periods of PGY-1 residents must not exceed 16 hours in duration.

b. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must 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.

c. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

d. Resident must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

e. 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.

f. 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.

g. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

4. Minimum time Off between Scheduled Duty Periods

a. PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

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b. Intermediate-level residents should have 10 hours free of duty hours, 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.

c. Residents in the final years of education 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 length, and one-day-off-in-seven standards. 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 when these resident must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

- Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

5. Maximum Frequency of In-House Night Float

a. Residents must not be scheduled for more than six consecutive nights of night float.

6. Maximum In-House On-Call Frequency

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

7. At Home Call

a. Time spent in the hospital by residents on at-home call must cont 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 requirement for on-day-in-seven free of duty, when averaged over four weeks.

b. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for ach resident.

c. Residents 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”.

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