

## **Policy: Clinical Duty Hours**

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### **DEFINITION:**

Duty hours are defined as all clinical and academic activities related to the fellowship 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. Tasks related to performance of duties (completion of medical records and similar tasks, submitting orders and reviewing lab tests, signing verbal orders and time spent on research), even if performed at home, count toward the 80-hour limit. Duty hours do not include reading, studying, or preparation time spent outside of the hospital or clinic. The term “resident” in this document refers to Clinical Program Trainees, also known as house officers, residents or fellows.

Fellow residents are required to log duty-hours into MedHub at least every 2 weeks. Fellow residents must notify the Program Director or their respective Assistant Program Director immediately of any potential duty-hour violations.

The number of clinical hours required of Emergency Medicine residents shall be in accordance with the ACGME requirements as published by the EM Residency Review Committee ([www.acgme.org](http://www.acgme.org)):

### **1) Emergency Department rotations:**

- As a minimum, fellow residents shall be allowed 1 full day in 7 days away from the institution and free of any clinical or academic responsibilities.
- While on duty in the emergency department, fellow residents may not work longer than 12 continuous scheduled hours. Sign out should be completed in 30 minutes the majority of the time. There must be at least an equivalent period of continuous time off between scheduled work periods.
- A fellow resident should not work more than 60 scheduled clinical hours per week seeing patients in the emergency department and no more than 12 hours per week for duties, for a total of 72 hours.
- Time spent by fellow residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) will be counted toward the 80-hour Maximum Weekly Hour Limit.

### **2) Clinical rotations in other departments:**

The Program Director must ensure that all fellow residents have appropriate duty hours when rotating on other clinical services, in accordance with the ACGME-approved program requirements. It is the responsibility of the fellow resident to notify the Program Director of any potential or real violations.

### **Resident Duty Hours**

- Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities and all moonlighting.
- Residents must be 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. At-home call cannot be assigned on these free days.

### **Maximum Duty Period Length**

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**Maximum In-House On-Call Activities:** The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when fellow residents are required to be immediately available in the assigned institution.

- The Program Director and faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demand and/or fatigue.
- Fellow residents are encouraged 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 8:00a.m., is strongly suggested.
- It is essential for patient safety and resident education that effective transitions in care occur.

Fellow 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.

- Fellow residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- In unusual circumstances, fellow 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 those circumstances, the fellow 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.
- The program director will review each submission of additional service, and track both individual fellow resident and program-wide episodes of additional duty.

### **Minimum Time Off between Scheduled Duty Periods**

- Fellows (Year 1, 2 and 3) are considered by the ACGME to be in the final years of education [as defined by the Review Committee] and must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
- The program encourages fellows to get adequate rest between duty periods. All fellows are encouraged to contact the PD/PC in event of real/potential disruptions in rest such that they feel they are unable to perform program activities.
- 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 fellow 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 EM 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. These include: Fellows may stay on duty to

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care for their patients or return to the hospital with fewer than eight hours free of duty to maintain continuity of care, to provide counseling to patients and/or families, to participate in care for patients with rare diagnoses or conditions, or to care for a patient with an acute issue. This decision should be made with the timely approval of the program director.

- Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education will be monitored by the program director.
- Fellows are required to report episodes of < 8 hours rest between duty periods immediately to the PD/PC via email and/or pager and the online duty hour logging (MedHub) system. Fellows scheduling will be modified by the PD in these event to insure rest in the following 24 hour period, and mitigate/prevent further episodes.

### **Maximum Frequency of In-House Night Float**

- Currently no rotations in the UMHS Fellowship program include Night Float. If any external rotation is modified such that night float may be included in fellow duties the following operations will ensue:
- Fellow 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 Review Committee.]

### **Maximum In-House On-Call Frequency**

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

### **At-Home Call**

- Time spent in the hospital by fellow residents 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 requirement 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 resident.
- 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”.

### **3) Extracurricular activities (Moonlighting):**

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

Time spent by fellow residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour Maximum Weekly Hour Limit.

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Activities that fall outside the educational program may not be mandated, nor may they interfere with the fellow resident's performance in the educational process as defined in the agreement between the institution and the resident.

The Program Director must comply with the University of Michigan Health Systems written policies and procedures regarding moonlighting (see Moonlighting Policy).

**1) Duty Hour Monitoring:**

Monthly monitoring of duty hour submissions by fellows will be done by the Program Coordinator/Program Director. Fellows are required to report duty hours that may interfere with their clinical program activities by immediately contacting the PC/PD for resolution.

Per UMHS institutional policy, failure to log accurate duty hours will be interpreted as unprofessional behavior and a violation of institutional requirements. Failure to comply with duty hour logging will result in disciplinary action up to and including possible dismissal from the program.

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