

## 1. Work/Duty Hours Policy

- a. The resident is expected to arrive to work on time and complete all necessary duties prior to teaching rounds with the attending physician. Due to the call schedule the resident may need to arrive earlier than 7AM to relieve the resident on call or be detained past 5PM until the resident on call arrives. Residents are expected to provide an accurate and informative synopsis of all patients at the time of relief or “sign-out”. “Post-call” residents will be given priority in early dismissal if possible. The residency director does not “micro-manage” the daily schedule. It is assumed that as professionals all residents will embrace the “team approach” and accept responsibility according to their level of training and abilities. The residents are expected to log their work hours into the **RESIDENCY MANANGEMENT SYSTEM**. These hours will be monitored by the residency coordinator, program director, and A-OPTIC.
- b. Residents shall abide by the AOA standards and rules concerning duty hours. All residents will be required to submit duty hour reports to the Program Director. It is the responsibility of the Program Director to ensure that residents are scheduled in accord with all applicable duty hour rules and standards. It is the responsibility of the resident to report all duty time accurately and inform the Program Director when they have exceeded the rules governing duty hours. Duty performed while “moonlighting” shall be considered when calculating duty hours.
- c. The base institution, DME, and program directors must make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities. The institutional policy must be reported in the house staff manual and available for review at all program site reviews.
- d. Evidence of review of resident duty hours by the medical education committee (MEC) must occur quarterly.
- e. The trainee shall not be assigned to work physically on duty in excess of 80 hours per week averaged over a 4-week period, inclusive of in-house night call and any allowed moonlighting. No exceptions to this policy shall be permitted.
- f. The trainee shall not work in excess of 24 consecutive hours.
  - i. Allowances for already initiated clinical care, transfer of care, educational debriefing and formal didactic activities may occur, but shall not exceed 4 additional hours and must be reported by the resident in writing with rationale to the DME/program director and reviewed by the MEC for

monitoring individual residents and program. These allowances are not permitted for OGME-1 trainees.

- ii. Residents shall not assume responsibility for a new patient or any new clinical activity after working 24 hours.
- g. The trainee shall have 48-hour periods off on alternate weeks, or at least one 24-hour period off each week and shall have no call responsibility during that time.
- h. Upon conclusion of a 20-24 hour duty shift, trainees shall have a minimum of 12 hours off before being required to be on duty or on call again.
  - i. Upon completing a duty period of at least 12 but less than 20 hours, a minimum period of 10 hours off must be provided.
- i. All off-duty time must be totally free from clinical, on call and educational activity.
- j. Rotations in which a trainee is assigned to Emergency Department duty shall ensure that trainees work no longer than 12 hour shifts with no more than 30 additional minutes allowed for transfer of care and shall be required to report in writing to the DME/program director for review by the MEC, only any time exceeding the 30 additional minutes, for monitoring individual residents and program.
- k. In cases where a trainee is engaged in patient responsibility which cannot be interrupted at the duty hour limits, additional coverage shall be assigned as soon as possible by the attending staff to relieve the resident involved. Patient care responsibility is not precluded by the duty hours policy.
- l. The trainee shall not be assigned to in-hospital call more often than every third night averaged over any consecutive four-week period. Home call is not subject to this policy, however it must satisfy the requirement for time off. Any time spent returning to the hospital must be included in the 80 hour maximum limit.
- m. At the trainee's request, the training institution must provide comfortable sleep facilities to trainees who are too fatigued at shift conclusion to safely drive.