

# **Endocrinology, Diabetes & Metabolism Training Program Policy on Duty Hours**

**Program Director: Fernando Ovalle, M.D., Associate Professor of Medicine**

## **A. DUTY HOURS**

Duty hours are defined 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. The following institutional policies apply to all programs and residents:

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
  - a) Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative duties.
  - b) Adequate time for rest and personal activities must be provided. This should consist of a ten-hour time period provided between all daily duty periods and after in-house call.
  - c) The program must provide back-up support systems when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
  
2. In-house call is defined as those duty hours beyond the normal work day when the residents are required to be immediately available in the assigned institution. The following policies apply to residents in all programs:
  - a) In-house call must occur no more frequently than every third night, averaged over a four weekperiod.
  - b) 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 the relevant ACGME Program Requirements.
  - c) No new patients may be accepted after 24 hours of continuous duty, as defined in the relevant ACGME Program Requirements.
  
3. At-home call (pager call) is defined as call taken from outside the assigned institution.
  - a) 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 the residents.
  - b) Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
  - c) When residents are called into the hospital from home, the hours residents spend inhouse are counted toward the 80-hour limit on duty hours.
  - d) 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.

## **B. OVERSIGHT AND MONITORING OF DUTY HOURS AND THE WORK ENVIRONMENT**

1. The program director must review the duty hours of all residents on all rotations through sampling at least twice per year during representative months.
  
2. The program director must report the results of sampling of duty hours to the Designated Institutional Official of the Hospital.

- a) The total hours worked per week, averaged over a four-week period, inclusive of on-call activities must be reported for each resident using the Biannual Report on Resident Duty Hours. The completed reports must be submitted to Graduate Medical Education no later than 30 days from the end of the month reported.
  - b) The program director must describe, develop and implement a plan for corrective action, in conjunction with the residents and appropriate faculty, for any rotation exceeding the 80-hour rule, or otherwise identified as problematic.
3. The evaluation form utilized by the program for residents to evaluate rotations must include a question concerning compliance with the 80-hour rule. Rotations reported as violating the 80-hour rule for two consecutive months must be subjected to re-sampling and reviewed by the program director, in conjunction with the residents and appropriate faculty.
  4. Residents may report violations of the 80-hour rule through procedures established by each program and/or by calling the Designated Institutional Official, UAB Hospital; Director, Graduate Medical Education Department; the Corporate Compliance Hotline at 934-4446, or the Residents' Hotline at 934-5025. Such calls will be investigated and reported to the DIO and Dean's Council for Graduate Medical Education.
  5. The Dean's Council for Graduate Medical Education will evaluate each program's compliance with the 80-hour rule on an annual basis and during the internal program review.

### **C. REQUESTS FOR APPROVAL OF DUTY HOURS EXCEPTIONS**

A program may request an exception to the 80-hour rule for up to 10% of the 80-hour limit if the program is accredited in good standing (i.e., without warning or a proposed or confirmed adverse action). Such requests must be prepared in accordance with the ACGME's RRC Procedures for Duty Hours Exceptions and submitted to the Dean's Council for Graduate Medical Education for approval before submission to the Residency Review Committee. The program director must submit a written request to the Chair, DCGME, which contains the following information:

1. **Educational Rationale:** The duration of the exception and the service assignments, rotations, and/or level(s) of training for which the exception is requested should be identified. The request must be based on a sound educational rationale and described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program will be considered the exception, not the rule.
2. **Patient Safety:** A description of how the program and institution will monitor, evaluate, and ensure patient safety with extended resident work hours.
3. **Moonlighting Policy:** Specific information regarding the program's moonlighting policies for the periods in question must be included.
4. **Call Schedules:** Specific information regarding the resident call schedules during the times specified for the exception must be provided.
5. **Faculty Monitoring:** Evidence of faculty development/education activities regarding the effects of resident fatigue and sleep deprivation must be appended.