University of Illinois Department of Anesthesiology
Resident Duty Hours Policy

Resident Duty Hours in the Learning and Working Environment

Professionalism, Personal Responsibility, and Patient Safety

1.The program educates residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

2. The program is committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.

3. The program director ensures that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs, primarily through the University hospital-based occurrence reporting system, mandatory attendance at the CA-1 Orientation in the department regarding patient safety, professionalism, and handoff-of-care education

4. The learning objectives of the program are: a) accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and, b) not compromised by excessive reliance on residents to fulfill non-physician service obligations.

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

6. All residents and faculty members are required to demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. Handoff-of-care training is provided annually in the department.

Transitions of Care

1. The program seeks to minimize the number of transitions in patient care.

2. The program teaches, ensures, and monitors effective, structured hand-over processes to facilitate both continuity of care and patient safety.

3. The program ensures that residents are competent in communicating with team members in the hand-over process.

4. The program ensures the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.

Alertness Management/Fatigue Mitigation

1. The program: a) educates all faculty members and residents to recognize the signs of fatigue and sleep deprivation; b) educates all faculty members and residents in alertness management and fatigue mitigation processes; and, c) adopts fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules. An annual didactic fatigue-understanding and fatigue-mitigation lecture is presented to the residents and faculty by a sleep studies professional.

2. The program has a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties. Residents must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. Backup residents, fellows, and faculty are available to assume the duties of residents unable to perform their duties.

3. The department provides adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.

Teamwork

Residents care for patients in an environment that maximizes effective communication. This includes the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty.

Duty Hours

Duty hours are defined as all clinical and academic activities related to the program; 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.

1. Maximum Hours of Work per Week. Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

2. Mandatory Time Free of Duty. Residents are scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call is not assigned on these free days.

3. Maximum Duty Period Length.

a) Duty periods of PGY-1 residents do 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. The program encourages 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.

b).(1) 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. Resident schedules allow ALL residents to hand over patient care to well-rested, non-fatigued personnel (residents and/or fellows) in all situations.

b).(2) Residents are not assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

b).(3) 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 attention to the needs of a patient or family.

b).(3).(a) Under those circumstances, the resident must:

b).(3).(a).(i) appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

b).(3).(a).(ii) document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

b).(3).(b) The program director reviews each submission of additional service, and tracks both individual resident and program-wide episodes of additional duty.

4. Minimum Time Off between Scheduled Duty Periods.

a) PGY-1 residents have 10 hours free of duty between scheduled duty periods. It also applies to at-home pager call, such that any clinical obligation that necessitates the resident coming to work from home shall require that the resident NOT resume clinical duties until 10 hours AFTER that same clinical obligation.

b) Intermediate-level residents have 10 hours free of duty between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty. Intermediate-level residents have completed all goals and objectives of the CBY and CA-1 year and have progressed to the CA-2 year.

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. Residents in the final years of education have achieved the goals and objectives of all core rotations and fulfilled all minimum case requirements.

c).(1) 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 ten hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than ten hours free of duty.

c).(1).(a) Circumstances of return-to-hospital activities with fewer than ten hours away from the hospital by residents in their final years of education are monitored by the program director.

c).(1).(b) The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family.

c).(1).(c) Residents in the final years of education may extend the ten-hour duty-free period when called upon to provide continuity of clinical care that is of critical importance to a patient and that provides unique educational value to the resident.

c).(1).(d) Exceptions to the ten-hour duty-free period must be determined in consultation with the supervising faculty member.

5. Maximum Frequency of In-House Night Float. Residents are not scheduled for more than six consecutive nights of night float.

6. Maximum In-House On-Call Frequency. PGY-2 residents and above are 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 counts towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third night limitation, and satisfies the requirement for one-day in-seven free of duty, when averaged over four weeks.

a).(1) At-home call is not so frequent or taxing as to preclude rest or reasonable personal time for each resident.

b) 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”.

Supervision of Residents

1. The program ensures that qualified faculty provides appropriate supervision of residents in ALL patient care activities.

2. Supervision does not vary with the time of day or day of the week. In the clinical setting, faculty members do not direct residents administering anesthesia at more than two anesthetizing locations simultaneously.

Please see separate detailed Supervision policy on the password-protected website.

Moonlighting

a) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

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

c) PGY-1 residents are not permitted to moonlight.

d) The program director must approve any and all moonlighting activity.

e) Residents on a J-1 visa are not permitted to moonlight.

f) Residents must have an unrestricted medical license (i.e., a temporary license is NOT acceptable) in Illinois to be permitted to moonlight.

Revised: **April 14, 2011**