

Department of Orthopaedics Resident Duty Hours Requirements

The Orthopedic Surgery Residency Training Program recognizes that a sound academic and clinical education should be carefully planned and balanced with concerns for patient safety and resident well-being. Learning objectives of the program will not be compromised by excessive reliance on residents to fulfill service obligations.

Professionalism, Personal Responsibility and Patient Safety

The Orthopedic Surgery Residency Training 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 (CPR VI.A.1.) and promotes patient safety and resident well-being in a supportive educational environment. (VI.A.2.)

The program director ensures a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty demonstrate an understanding and acceptance of their personal role in:

- Assurance of the safety and welfare of patients entrusted to their care;
- Assurance of their fitness for duty;
- Management of their time before, during, and after clinical assignments
- Recognition of impairment, including illness and fatigue, in themselves and in their peers;
- Honest and accurate reporting of duty hours (VI.A.5.)

All residents and faculty members demonstrate responsiveness to patient needs that supersedes self-interest. Our physicians recognize that, under certain circumstances, the best interest of the patient may be served by transitioning that patient's care to another qualified and rested provider. (VI.A.6.)

The Orthopaedic Surgery Residency Training Program oversees residents' duty hours and working environment. During all clinical rotations within the Orthopaedic Surgery Residency Training Program, residents and staff shall conform to existing ACGME, RRC, and institutional duty hour policies. Duty hours are defined as activities, clinical and academic, 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 program's policies and procedures, including supervision, moonlighting, and duty hours policies, are distributed to the residents and the faculty. The program's policies and procedures, including supervision, moonlighting, and duty hours policies, are distributed to the residents and the faculty and are found in the Orthopedic Surgery Residency Program Training Program Handbook.

1. **Maximum Hours of Work per Week**

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.

2. **Duty Hour Exceptions**

A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

- a) In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.
- b) Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.

3. **Mandatory Time Free of Duty**

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

4. **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) Residents 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:
 - 1) 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.
 - 2) The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

5. **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.
- b) Intermediate-level residents [PGY2 and PGY3] should have 10 hours free of duty, 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 [PGY4 and PGY5] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
 - 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 eight hours free of duty between scheduled duty periods, there may be circumstances [Ortho RRC(VI.G.5.c).(1).(b)]: 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 of family] 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.
 - 2) 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.

6. Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float. Night float may not exceed three months per year.

7. Maximum In-House On-Call Frequency

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

8. At-Home Call

Time spent in the hospital by 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 of one-day-in-seven free of duty, when averaged over four weeks.

- a) At-home call must not be as 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”.

The Orthopedic Surgery Residency Program monitors compliance with the duty hour limitations. All residents are required to turn in weekly timesheets which are monitored for compliance with the duty hour

limitations, and permit timely adjustments to the schedules to avoid infractions of the four week averages. The Program Director or her appointed substitute is available at all times to resolve any developing conflict with the duty hours immediately.

- a) Justifications for extension of duty must be cleared with the program director or assistant program director **prior to duty hour violations**.
- b) Residents must inform program director or assistant program director **prior** to violations of the 8 and 10 hour rules.

Fatigue and Countermeasures

Faculty and residents are educated annually to recognize the signs of fatigue and to adopt and apply measures to prevent and counteract the potential negative effects of fatigue.

1. 4.1.3 Specific Duty Hour Limitations

The ACGME approved standards for sleep, fatigue and duty hours effective July 2011, can be found at <http://www.uthscsa.edu/gme/dutyhours.asp>.

Contingency Plan

The Program Director will establish a contingency or backup system that enables patient care to continue safely during periods of heavy use, unexpected resident shortages, or other unexpected circumstances. The Program Director and supervising faculty will monitor residents for the effects of sleep loss and fatigue and will take appropriate action in instances where overwork or fatigue may be detrimental to residents' performance and the well being of the residents and/or the patients.

Faculty and residents are educated to recognize the signs of fatigue and sleep deprivation. The faculty and residents receive education on sleep and fatigue via the UTHSCSA Knowledge Center—FOOD-09 Resident Sleep and Fatigue, and via Life Long Learning didactics.

To prevent and counteract the potential negative effects of fatigue, the following measures have been implemented: strict adherence to the 80-hour maximum duty period length, and one-day-off in seven standards.

The program director has set up a contingency plan or backup system that enables patient care to continue during periods of heavy use, unexpected resident shortages, or other unexpected circumstances. The program director and supervising faculty are engaged in actively monitoring residents for the effects of sleep loss and fatigue, and take appropriate action in instances where overwork or fatigue may be detrimental to residents' performance and the well-being of the residents or the patients or both.

If the workload exceeds a scheduled resident's ability to provide coverage within the duty hours limits, the Program Director will direct the chief residents to arrange coverage by other residents with less demanding schedules, or will rearrange rotations to distribute the workload so that no resident exceeds the

duty hour limitations. Residents who approach the 80-hour limit or the 24 + 4-hour limit are instructed to notify the site supervisor, the chief resident, the Program Director and/or the Associate Program Director. These individuals have the authority to send the resident home, to rearrange the workload, or to make other necessary arrangements.

The monthly call schedule contains information regarding the residents who are assigned clinics post call. Faculty physicians may use this guide to modify clinic schedules to accommodate residents who are approaching duty hour limitations. The Chief residents may also request residents from other rotations to provide coverage during a busy clinic day.

Duty Hour Monitoring

Residents are required to report work hours on a weekly basis on New Innovations.

<https://www.new-innov.com/Login/Login.aspx>

Work hours are entered into a database by the residents. Work hours and time off are monitored by the program director and/or associate program director who implement adjustments as necessary to stay within the maximum of 80 hrs/week (averaged over 4 weeks), and minimum of 24 consecutive hours off out of 7 days (averaged over 4 weeks). Residents who are post-call will be released from clinic or hospital duty at or before reaching 24 hours continuous work.

Duty Hour Policy Compliance Monitoring

The Program Director and faculty will monitor compliance with this policy by monitoring call and duty schedules, direct observation of residents, interviews/discussions with residents, and review of residents' evaluations of rotations. **Residents must notify the program director if they or other residents are requested or pressured to work in excess of duty hour limitations.** The program director maintains an open-door policy so that any resident with a concern can seek immediate redress. If problems are suspected, the program director will notify the designated institutional official and gather direct duty hour data to clarify and to resolve the problem. In addition, the GMEC's Duty Hours Subcommittee will confirm program compliance during its quarterly duty hours surveys of all programs.

Residents must ensure they leave their work place at the assigned time, as per the schedule, in order to comply with the policy. If the need arises for a resident to stay longer, the resident must call in the backup in a timely manner. Residents should not under any circumstances be in violation of the duty hour policy. Up to one resident may be pulled off a full-strength team to adjust work hours for compliance with work hour rules. This resident can be sent home early if his/her work hours necessitate the adjustment, or – if his/her work hours permit – may cover for residents who have reached duty hour limits. If remediation in this manner is not possible, then the program director and/or associate program director will temporarily reassign duties to assure the work hour rules are met. For nights and during weekends and holidays, there is always a back-up resident listed on the schedule.

Any resident perceiving a problem in adhering to their schedule is to notify the program director or program director's designated representative immediately, and before any violation of the mandates of this policy occur.