

Duty Hours Policy

Updated July 2017

DUTY HOURS:

Resident duty hours will be limited to 80 hours per week or less, averaged over four weeks, on all rotations. 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. All residents will have a minimum of 24 continuous hours per week free from duty, averaged over four weeks and should have a minimum of 8 hours off between work periods.

Clinical Sites Overnight Coverage:

VA: Overnight coverage will be provided by VA staff during the week. Weekends will be covered by the residents with 24 hours shifts on Saturday and 12 hour shifts on Sunday split between the intermediate residents on site from both Northwestern and UIC. Senior residents will alternate weeks of home call with the UIC senior resident. As home call is minimally busy at this site, senior residents will add any time spent working from home or time called in to their duty hour log.

Lurie: Residents will take in house call no more than every 4th night during Lurie rotations and will be relieved of clinical duty on their post-call day.

MacNeal: Overnight coverage at MacNeal utilizes a rotating night float system where residents PGY2 and above take turns as the night float coverage for one week at a time. Saturday 24 hour shifts are covered by PGY3 NMH residents.

Cook County Hospital: Residents will take in house call no more than every 4th night during CCH trauma rotations and will be relieved of clinical duty on their post-call day. When their off call day falls on a Friday, Saturday or Sunday they will be relieved of all clinical responsibilities to ensure adequate days off.

Central DuPage Hospital: Residents will not provide overnight or weekend coverage.

NMH thoracic surgery: Residents will take home call no more than every third night averaged over the rotation with in-house support by the general surgery night float team for routine issues. If the resident comes in overnight, they will discuss with the TEC their level of fatigue with the options to either continue working through the day, leave early, or be relieved of duty in the morning.

NMH all other services: Night time coverage will be provided by the general surgery night float team six days per week. That leaves Saturday 24 hours and Sunday daytime shifts to be covered. Call coverage will be evenly split between all residents of the appropriate level rotating on general surgery services each month. Residents will cover 24 hour or 12 hour coverage shifts as

in-house chief (PGY4-5), in the ICU (PGY 2), or on the floors (PGY1) to cover the remaining shifts.

MONITORING OF RESIDENT DUTY HOURS

Residents are required to log their duty hours on every rotation via New Innovations. Duty hours should be logged daily. Duty hours for any given day must be logged within 8 days on a continuous basis and logging compliance is checked each Monday morning. TEC's will be notified by email weekly of their residents' total hour to monitor for impending issues. Duty hours are reviewed by the program director on a monthly basis. Rotations that are not compliant with duty hours will be required to submit a plan to the program director.

1. 80 hours averaged over 4 weeks:

If there is an impending violation due to call schedules or excessive workload, the resident should notify both the service senior resident and the TEC. The resident will be given hours/days off as needed to meet the requirement. Any violation of this requirement will immediately be brought to the attention of the program director. She will document in the resident's record the situation which led to the duty hour violation, a plan to ensure that it does not happen again and a plan for close follow up of duty hours over the next four-week period.

2. Rest between duty periods:

All residents should have at least 8 hours free from clinical responsibility after an in house duty period. If the resident stays late due to extraordinary educational event or emergent patient care, this will be documented on the resident duty hours log. If a resident, who is not scheduled to be on call, works overnight for example, on an organ procurement or transplant, it will count as a call night and be included in the standard duty hour requirements.

3. Post call responsibilities:

After completion of a 24 hour in-house on-call shift, the resident may stay for up to 4 hours as needed for transition of care and educational activities. After that time, the resident will be free from all clinical responsibilities until the next morning.

4. Home call duty hours:

For each night of home call on the thoracic service, residents will add one extra hour to their duty hour log to accommodate the average call volume from home. For senior residents covering answering service call from home, they will add one extra hour per week to their duty hour log. If the resident needs to come into the hospital or they perform excessive work from home (>1 hour) they will log those hours as "called in from home."

5. Days free from clinical responsibilities:

The resident is responsible for reviewing the call schedule at the beginning of each month to ensure this requirement will be met. Any concerns should be discussed with the Senior Resident on the service and the administrative chief residents. Any impending violations will be dealt with by readjusting the call schedule or providing days off during weekday hours.

BACK-UP FOR UNUSUAL CIRCUMSTANCES

The supervising faculty member monitors unusual difficulty or stress during the daytime. The program director will be notified of such events. During the nightfloat rotation, the chief resident and the TEC for the nightfloat rotation will monitor resident difficulty or stress. Residents rotating on the apprentice or small team rotations are expected to be available, by pager to the Chief resident, to assist during periods of heavy volume.

APPOINTMENTS

Residents may request time away from services in order to attend scheduled doctors' appointments. The resident must inform their senior resident or TEC.