

## **SUBJECT: Working Hours (Duty Hours)**

**EFFECTIVE DATE: July 1, 2002**  
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### **Resident Duty Hours**

Providing residents with a sound academic and clinical education is carefully planned and balanced with concerns for patient safety and resident well-being. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients. Resident duty hours will be monitored and tracked to ensure working hours do not extend beyond the 80 hours a week limit. Residents will be required to log their duty hours into the New Innovations residency management software. Residents are encouraged to log their activity daily to remain current and accurate. All duty hours for the current week must be entered in by Monday of the following week.

#### **1. Duty Hours**

- a. 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.
- b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Moonlighting hours will be counted toward the 80-hour weekly limit on duty hours.
- c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house

call.

- e. Reports of resident's work/duty hours are monitored by the Program Director. Residents are not to violate duty hour limits. The program will not knowingly schedule any resident in excess of accepted duty hour rules. If a resident suspects that a particular schedule presents potential duty hour violations, it is the responsibility of the resident to bring the issue to the attention of the Program Director or faculty member so the scheduling issue may be resolved prior to the event.

## **2. On-Call Activities**

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
- 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.
- c. At-home call (pager call) is defined as call taken from outside the assigned institution.
  1. The frequency of at-home call is not subject to every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
  2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.