

**CENTRAL IOWA HEALTH SYSTEM
GRADUATE MEDICAL EDUCATION COMMITTEE**

PROTOCOL FOR REQUESTED EXTENSION OF SCHEDULED DUTY HOUR LIMITS

I. Background.

The ACGME Common Program Requirements effective July 1, 2011 specifically address new resident duty hour and supervision requirements. Section VI. Resident Duty Hours in the Learning and Working Environment includes subsection VI.G.4. Maximum Duty Period Length. This provision states "in unusual circumstances, residents may remain beyond their scheduled period of duty to continue to provide care to a single patient."

Recognizing that this practice should only be exercised in rare and unusual circumstances, this protocol describes the process that a resident must follow to obtain permission to remain on duty beyond their approved period of duty. The resident's program director will personally review all such requests and will document the appropriateness and track the frequency of requests by each individual resident and for the overall residency program.

II. Procedure

Acceptable justifications to extend scheduled resident duty hours will be limited to situations where the involved resident documents the need for required continuity for a severely ill, unstable patient, or obstetrical patient in labor, academic importance of the developing events, or humanistic attention to the needs of a patient or family.

- A. When these circumstances are present, the resident must agree to appropriately hand over the care of all other patients to the team responsible for their continuing care.
- B. The resident must also complete the form titled *Resident Request for Extension of Scheduled Duty Hour Limits* and submit the form to his/her program director. The form must detail the duty hour extension requested and the reason for remaining to care for the patient in question.
- C. Further discussion and educational measures will be required if the program director cannot confirm the appropriateness of the residents' request for extension of the duty hours limits or if there is concern about the frequency of an individual resident's request for such extensions.

Resident Request for Extension of Scheduled Duty Hour Limits

Resident: _____

Residency Program: _____

Date of Requested Duty Hour Limit Extension: _____

Hours of Extension Requested: _____

Rotation: _____

Describe the situation:

Reason for the duty hour extension:

- Required continuity for a severely ill or unstable patient
- Required continuity for an obstetrical patient
- Academic importance of the developing events
- Humanistic attention to the needs of a patient or family
- Other: Please describe _____

Resident Signature / Date

Program Director's Response:

Program Director Signature / Date