

IOWA METHODODIST MEDICAL CENTER
Department of Surgery Education
Policies & Procedures

Policy on Resident Duty Hours

Purpose

This policy is established to ensure that the general surgery residency program provides a duty hour schedule that is consistent with proper patient care and the educational needs of the residents.

Procedures

Resident Duty Hours Standards as mandated by the ACGME and consistent with UnityPoint Health – Des Moines GMEC Policy on Work Environment and Duty Hours:

1. Residents will be on call no more frequently than every third night, averaged over a four-week period.
2. Residents will be scheduled for a minimum of one (1) day in seven (7) free of clinical and required education, averaged over a four-week period.
3. Residents will not be scheduled for more than 80 duty hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and moonlighting activities.
4. Clinical and educational work periods for residents will not exceed 24 hours of continuous scheduled assignments. Up to four (4) hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education, though additional patient care responsibilities must not be assigned to a resident during this time.
5. Residents will have eight (8) hours off between schedule work and educational periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and one-day-off-in-seven requirements
6. Residents will have at least 14 hours free of clinical work and education after 24 hours of in-house call
7. When residents take call from home and are called into the hospital, the time spent in the hospital will be counted toward the weekly duty hour limit.
8. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances (these additional hours of care or education will be counted toward the 80-hour weekly limit):
 - To continue to provide care to a single severely ill or unstable patient
 - To provide humanistic attention to the needs of a patient or family
 - To attend unique educational events
9. Time spent residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. PGY-1 residents are not permitted to moonlight.
10. Time spent by residents on at-home call will count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but will satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient care will be included in the 80-hour maximum weekly limit. At home call will not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
11. Residents will be provided with sleeping facilities as well as food service during their assigned duty hours.

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12. Residents are responsible for continuing patient care and must recognize that their obligation to patients is not automatically discharged at any given hour of the day or any particular day of the week. In no event should the resident go off duty until proper care and welfare of the patient has been ensured.
13. Faculty and residents must monitor residents for the effects of sleep loss and fatigue, and respond in instances when fatigue may be detrimental to resident performance and wellbeing.

Rotation/Scheduling General Requirements: Surgery

1. All rotations at IMMC, VAMC and BMC must comply with all ACGME duty hour standards.
2. The program, to assure compliance with the above standards, will monitor home call at all institutions.
3. The surgery residents at VAMC and BMC will take call from home.
4. At IMMC:
 - The Emergency Surgery (“Night Float”) rotation will include a first call (PGY-1) resident and a second call (PGY-2 or PGY-3) resident. The first and second call residents will be on in-house duty from 5pm to 6 am Sunday night through Thursday night. The “Night Float” rotation will not exceed two months in duration, four months per PGY level, and 15 months for the entire program.
 - A first call (PGY-1) and second call (PGY-2 or PGY-3) resident will also be assigned in-house duty for weekend coverage on Friday (5pm – 6am), Saturday (6 am- 6 am), and Sunday (6am – 5pm).
 - A senior resident (PGY-4 or Chief) will be on call from home during these hours: Sunday – Friday (5pm – 6am), Saturday (6am – 6am), Sunday (6am – 5pm)
 - The Chief resident on “Chief Service” will be available Monday – Friday (6am – 5pm) for emergency surgical procedures with the trauma service
5. No new patients may be assigned to the resident after 24 hours of scheduled duty. A new patient is defined as any patient for whom the surgery service has not previously provided care.
6. Compliance with these requirements will be monitored via surveys completed by the Medical Education Services office and/or Surgery Education.

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