

ACGME Duty Hours Language

VI. Resident Duty Hours in the Learning and Working Environment Principles

A. Principles

1. The program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment.
2. The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations.
3. Didactic and clinical education must have priority in the allotment of residents' time and energy.
4. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

B. Supervision of Residents

The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.

C. Fatigue

Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

D. Duty Hours (the terms in this section are defined in the ACGME Glossary and apply to all programs)

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.
3. 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. On-call Activities

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. 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.
3. No new patients may be accepted after 24 hours of continuous duty.
4. At-home call (or pager call)
 - a) The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
 - b) Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
 - c) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

F. Moonlighting

1. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. Internal moonlighting must be considered part of the 80-hour weekly limit on duty hours.

G. Duty Hours 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.

1. 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.
2. Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.

Glossary of Terms Related to Resident Duty Hours

Continuous time on duty: The period that a resident is in the hospital continuously, counting the residents regular scheduled day, time on call, and the hours residents remain on duty after the end of the on-call period to transfer the care of the patient and for didactic activities.

Duty hours: All required and formal elective time in the residency program, including (1) patient care activities that meet educational objectives, including time spent in patient care, on inpatient call and time required for transferring the care of the patient; (2) patient care activities necessary to acquire and maintain skills and to meet patient care demands; and (3) didactic activities, such as conferences, grand rounds and one-on-one and group learning in clinical settings.

Home call (pager call): Scheduled patient care assignments beyond the normal work day that are taken from outside the assigned institution. It generally involves residents providing coverage to a population of patients from their home, with the expectation that they may need to come into the hospital upon being called, or via the telephone direct junior residents or other health professionals in providing patient care.

In-hospital call: Scheduled patient care assignments beyond the normal work day where residents are required to be immediately available in the assigned institution (generally from evening until the next morning).

Moonlighting: Patient care activities external to the educational program that residents engage in at sites used by the educational program ("in-house" moonlighting) and other clinical sites.

10 Hour Break Clarification for Internal Medicine

The intent of the 10-hour-break rule is to allow residents sufficient time after patient care duties to commute home from the hospital, to obtain 7-8 hours of sleep, and to commute back to the hospital in order to resume patient care duties refreshed and free from fatigue.

On review of the standard, the RC-IM will consider the program as being in substantial compliance with the 10-hour-break rule if the following conditions are met when residents assigned to teaching services admitting during the day signout the overnight call to nightfloat teams.

- The break may be shortened to 8-10 hours for residents who are not on overnight call and who signout to night float teams.
 - The 8-10 hour break may not be applied more than twice per week (i.e., every fourth day).
 - The 8-10 hour break may not be applied to other rotations.
 - The break must never be less than 8 hours.
 - Programs must ensure that a shorter break will not adversely affect resident well being, patient care, or resident education, and the program must provide safeguards against resident fatigue and sleep deprivation.
 - The shortened break must be supported by an educational rationale:
 - o How will reducing the break from 10 hours to 8 or 9 hours enhance resident education?
 - o Will residents admit more patients that arrive in the evening?
 - o Will residents be able to attend more conferences?
 - Residents will remain compliant with the 80-hour work week, and with other duty hours limitations
 - Programs are expected to continually seek opportunities to improve resident education and patient care through re-engineering of systems and processes of care in teaching hospitals.
 - A process for internal (institutional) monitoring of the 8-10 hour break by the DIO and GM&EC including:
 - o Processes to ensure that breaks will never be shorter than 8 hours
 - o Processes to ensure that the 8-10 hour break will not affect an individual resident more than twice per week (i.e., every fourth call day)
 - o Safeguards against resident fatigue and sleep deprivation: How will the program monitor and ensure that residents are able to obtain "Adequate time for rest and personal activities" between duty shifts?
- Programs will not be considered in substantial compliance if a < 10 hour break is applied to rotations other than day-admission teams sharing patient care responsibilities with night float teams.

For example, the RC-IM will not approve exceptions to the 10-hour rule for:

- Residents on traditional overnight call.
- Inpatient rotations not paired with night float
- Subspecialty programs

SPECIALTY	Common Requirements Section VI.E.2: (six hour post call period)	Common requirements Section VI.E.3: (Definition of new patient)	Other Changes (Common Program Requirements in Bold)
Internal Medicine	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.	No new patients may be accepted after 24 hours of continuous duty. a) A new patient is defined as any patient for whom the resident has not previously provided care.	VI.E.1.a) In-house call must occur no more frequently than every third night, averaged over a four-week period. a) Internal medicine residency programs are not allowed to average in-house call over a four-week period. VI.G.3.a. The Review Committee for Internal Medicine will not consider requests for exceptions to the limit to 80 hours per week, averaged monthly.