

ACGME Duty Hours & Well Being

Resident Duty Hours in the Learning and Working Environment Principles

A. Principles

1. The program must be committed to and responsible for promoting patient safety & 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:** all clinical & academic activities; i.e., patient care (both inpatient & outpatient), administrative duties relative to patient care, transfer of patient care, time spent in-house during call, & scheduled activities, such as conferences. Do *not* include reading and preparation time spent away from the duty site.

Time On:

A. 80 hrs/wk, averaged over 4-wks:

All in-house clinical/educational & home clinical work & all moonlighting 10% extra (88 hrs) considered; not for IM

B. Clinical and educational work periods = 24 + 4 hrs

C. In-house call no more than Q 3rd days (not averaged over 4-wks for IM)

Time Off:

A. 8 hrs off between scheduled clinical work and education periods

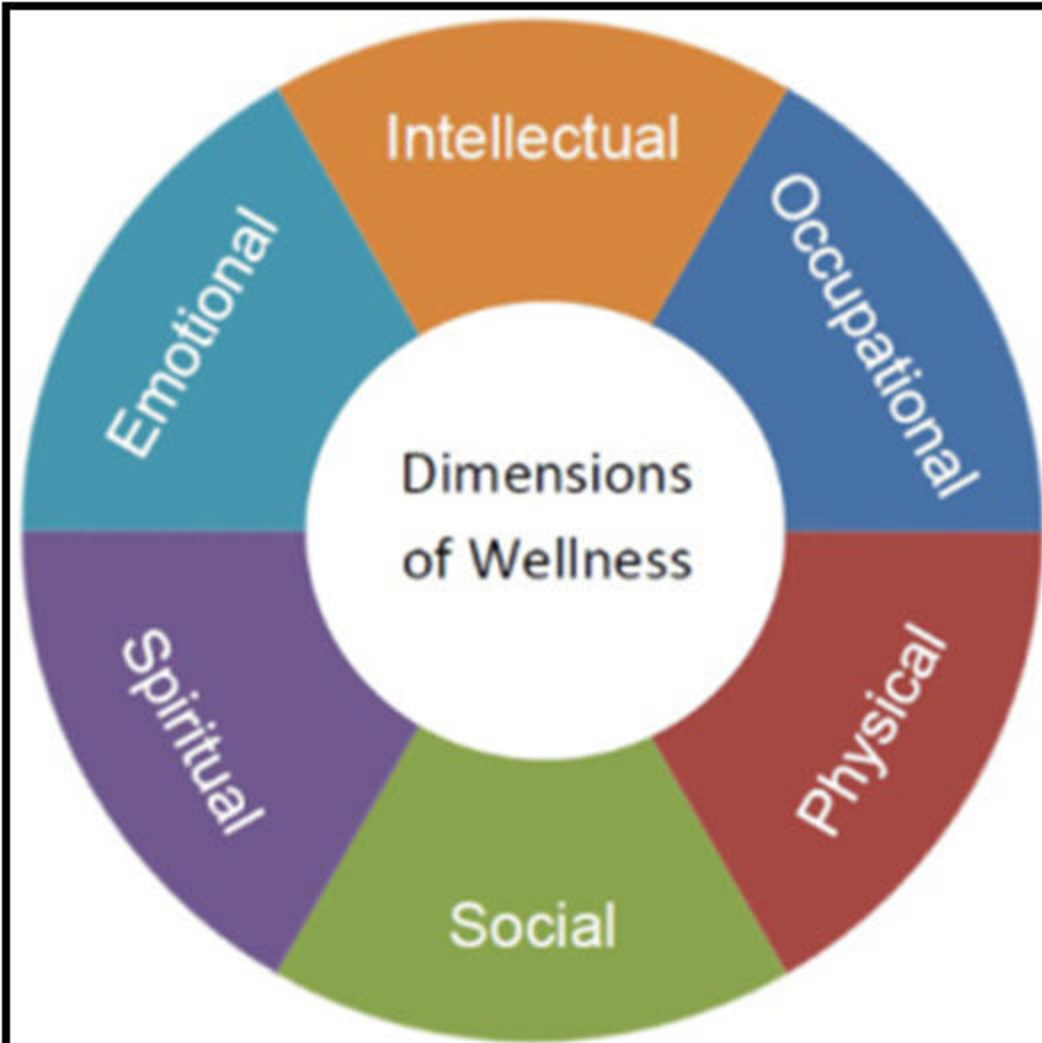
B. 14 hrs off after 24 hrs in-house call

C. 1 day in 7 off (4 wks averaged) & no home call

Moonlighting (external or internal): 80-hr max wkly limit

At-Home Call:

1. Time spent on patient care activities: count toward 80-hrs rule
2. Not subject to Q 3rd night limit; must satisfy 1/7 (4wks averaged)
3. Must not be frequent or taxing to preclude rest or reasonable personal time



USA Dept of Psychology (251-460-7051):

Services Provided:

1. Individual and Relationship Counseling
2. Group Counseling
3. Career Counseling, Testing, and Interpretation
4. Substance Abuse Assessment, Counseling, & Education
5. Sexual Assault Counseling
6. Outreach Educational Programs
7. Consultation for Faculty and Staff
8. Standardized Test Administration and Proctoring
9. Referrals to Other Mental Health Providers & Resources As Needed

Well-Being

Residents & faculty are at increased risk for burnout & depression. Psychological, emotional, and physical well-being are critical in the development of a competent, caring, and resilient physician. **Self-care** is an important component of professionalism; and must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

This responsibility includes:

- A. Efforts to enhance the **meaning in the experience of being a physician** that each fellow finds, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships.
- B. Attention to scheduling, **work intensity**, & work compression that impacts well-being.
- C. Evaluating **workplace safety** data; addressing the safety of fellows and faculty.
- D. Policies and programs that encourage optimal resident and faculty member **well-being**.
- E. Fellows must be given the opportunity to **attend medical, mental health, and dental care appointments**, including those scheduled during their working hours.
- F. Attention to fellow and faculty **burnout, depression & substance abuse**. The program, in partnership with its Sponsoring Institution, educates faculty & fellows in identifying symptoms, including means to assist those affected. Fellows & faculty are also educated to recognize those symptoms in themselves & how to seek appropriate care. The program, in partnership with its Sponsoring Institution:
 1. Encourages fellows & faculty to alert the program director or coordinator when they are concerned that another fellow or faculty may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
 2. Provides access to appropriate tools for self-screening.
 3. Provides access to confidential, affordable mental health assessment, counseling, & treatment, including access to urgent & emergent care 24 hrs/day, 7 days a week.
- G. Policies & procedures that ensure coverage of patient care in case a fellow may be unable to perform their patient care responsibilities. These policies are implemented without fear of negative consequences for the fellow unable to provide the work.

Fatigue Mitigation

A. Programs must:

1. Educate faculty & residents to recognize signs of fatigue & sleep deprivation.
2. Ensure, in partnership with its Sponsoring Institution, adequate sleep facilities & safe transportation options for residents who may be too fatigued to safely return home.