PURPOSE
It is the goal of UT Southwestern to provide residents with a sound academic and clinical education. This requires the Institution to provide formal written policies and procedures governing resident duty hours.

A. Definitions based on ACGME Requirements

Duty Hours: are defined as all clinical and academic activities related to the training 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 didactic activities, such as conferences, scheduled research activities and other activities such as participating in committees and interviewing residency candidates. Duty hours do not include reading and preparation time spent away from the duty site. In-house call is defined as those duty hours beyond the normal work day when residents and fellows are required to be immediately available in the assigned institution.

At-Home Call: Same as pager call or call taken from outside the assigned site. Time spent in the hospital, exclusive of travel time, counts against the 80 hour per week limit but does not restart the clock for time off between scheduled in-house duty periods. At-Home Call may not be scheduled on the resident's one free day per week (averaged over four weeks).

Continuous time on duty: The period that a resident or fellow is in the hospital (or other clinical care setting) continuously, counting the resident's (or fellow's) regular scheduled day, time on call, and the hours a resident (or fellow) remains on duty after the end of the on-call period to transfer the care of patients and for didactic activities.

External moonlighting: Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

Fatigue management: Recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.

In-House Call: Duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

Internal Moonlighting: Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

Night Float: Rotation or educational experience designed to either eliminate in-house call or to assist other residents during the night. Residents assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments. Rotation must have an educational focus.

One Day Off: One (1) continuous 24-hour period free from all administrative, clinical and educational activities.
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Scheduled duty periods: Assigned duty within the institution encompassing hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

B. Procedure
Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. 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. The ACGME common program requirements require the following:

Program Director Responsibilities
The program director must implement policies and procedures consistent with the Common Program Requirements, specialty-specific Program Requirements and the institutional resident Duty Hours Policy and the working environment, including moonlighting, and, to that end, must:

a. distribute these policies and procedures to the residents and faculty; (CPR.II.A.4.j)(1)).

b. monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements(CPR.II.A.4.j)(2)).

c. adjust schedules as necessary to mitigate excessive service demands and/or fatigue; (CPR.II.A.4.j)(3)).

d. if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue. (CPR.II.A.4.j)(4)).

e. obtain review and approval of the sponsoring institution’s GMEC/DIO before submitting to the ACGME information or requests for requests for increases or any change to resident duty hours.(CPR. II.A.4.n)(6)).

f. comply with any additional requirements as outlined in specialty specific program requirements.

C. Standard
UT Southwestern has developed the following Duty Hour Policies applicable to every resident in all GME training programs:

1. Institution
a. Duty hours must be limited to 80 hours per week with one-day-off in seven averaged over a four-week period, inclusive of all in-house activities and all moonlighting; (CPR.VI.G.1.,VI.G.2.b)

b. Duty periods of PGY-1 residents must not exceed 16 hours in duration;

c. Duty hours for PGY-2 residents and above may be scheduled for a maximum of 24 hours of continuous duty in the hospital. After this period, residents may remain on-site for 4 additional hours to accomplish effective transitions of patient care. After 24 hours of continuous duty, residents must not be assigned new patients or additional clinical responsibilities including attendance at ambulatory or continuity clinics;

d. All residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods;

e. Intermediate level residents must have at least 14 hours free of duty after 24 hours of in-house duty. (VI.G.5.b)

f. Residents must not be scheduled for more than 6 consecutive nights of night float. However, the maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.(VI.G.6)

g. PGY - 2 residents and above must be scheduled for in-house call no more frequently than every third night when averaged over a four-week period.

h. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.

i. Time spent in the hospital by residents on at-home call must count toward the 80-hour maximum weekly hour limit;

j. PGY-1 residents are not permitted to moonlight. (CPR.VI.G.2.c)
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k. Comply with all other requirements as outlined in specialty specific program requirements
l. MedHub: all programs must track duty hours using MedHub. Residents and fellows are required to document their daily duty hours, not the program. Residents and fellows have access to 2 weeks rolling window blocks to report duty hours for the prior and current week. After this time period, they will be locked out from reporting prior duty hours. All approved internal and external moonlighting hours must be reported in MedHub by the residents and fellows. If a resident or fellow remains beyond their scheduled period of duty to continue to provide care of a single patient, the resident/fellow must document the reason as part of their duty hours in MedHub. Duty periods must comply with any other requirements as outlined in specialty specific program requirements. Questions or concerns with the data reported should be brought to the GME Office's attention within 30 days to address any reporting errors in a timely manner.
m. Duty Hours must be monitored by each program and the Program Director will review every block rotation. The GMEC will review the quarterly Duty Hour reports and the resident surveys when available. Non-compliant programs with the Duty Hour Standards, e.g. 15% of reporting residents/fellows for programs greater than 4 fellows or 50% or more for program with 4 or less residents/fellows or less than 80% of shifts reported, will be required to submit a corrective plan to GMEC within 60 days of the reported violations

2. Programs
   a. Adhere to the ACGME and Review Committee policies and procedures governing Duty Hours and the procedures for requesting exceptions;
   b. Implement policies and procedures for duty hours consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting;
   c. Distribute the duty hour policies to faculty and residents;
   d. Educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients;
   e. Monitor honest and accurate reporting of in-house duty hours by residents annually;
   f. Monitor at-home call;
   g. Provide documentation of the program's duty hours policies and monitoring at each internal review;
   h. Include all moonlighting in the work hours limits;
   i. Monitor all moonlighting to assure it does not interfere with the goals and objectives of the program;
   j. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities; and
   k. Ensure the residents and fellows report their duty hours (including assigned clinical activities and moonlighting activities, as directed.

D. Exceptions
   1) UT Southwestern programs may request an exception to the 80-hour work hour limit.
      a) Requests for an exception must be based on a sound educational justification.
      b) Current accreditation status of the program and of the sponsoring institution should be provided in the formal request.
      c) The institutional GMEC must review and formally endorse the request for an exception,
   2) Exceptions to maximum 24 hours of continuous duty in the hospital
      a) In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanitarian attention to the needs of a patient or family.
         i) Under those circumstances, the resident must:
            (1) appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
            (2) document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
         ii) The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.
Criteria for requesting an exception from the applicable program RRC can be found in the Accreditation Council for Graduate Medical Education Accreditation Policies and Procedures: Subject 22.00 Procedures for Granting Duty-Hour Exception, and 22.30 Required Documentation. For institutional review, a program must complete the attached Addendum to this Policy.

E. Reporting
In addition to the usual lines of reporting concerns, residents may report concerns about work hours to the University institutional compliance hotline, which is available 24 hours a day and to which reports may be made anonymously.

Duty Hours Hot Line 24 hours a day, 365 days a year:
1 877 507 7319, or to www.utsouthwestern.net/hotline
You may choose to remain anonymous.