

VIDANT MEDICAL CENTER
Department of Surgery
Policy/Procedure

SUBJECT: Duty Hours Policy

REFERENCE: For optimal compliance, the General Surgery residency Duty Hours Policy mirrors requirements established by the ACGME for Graduate Medical Education in General Surgery Common Program Requirements Section VI.F, Clinical Experience and Education.

PURPOSE: General Surgery Residents at East Carolina University will comply with work hour restrictions as defined by the ACGME and the Residency Review Committee (RRC) for Surgery under *Common Program Requirements*: "Resident Duty Hours". Strict compliance with this policy will foster an environment that optimizes education and faculty supervision while minimizing fatigue.

SCOPE: This policy applies to all General Surgery residents as well as all individuals responsible for resident training and education.

PHILOSOPHY: The Duty Hours Policy for the General Surgery Residency is to be considered integral to optimal training of General Surgery residents. The policy must be administered in a fashion that emphasizes graduated resident autonomy and open communication between residents and faculty. This policy must operate on a philosophy of "zero tolerance", in which duty hour violations of any degree are considered policy failure.

POLICY AND OPERATIONAL DETAIL

The following definitions, as applied to this policy, are derived from common program requirements for all core and subspecialty programs as defined by the ACGME. Common program requirements are available the ACGME website and in the General Surgery Handbook.

Duty Hours

Duty hours are defined as all clinical and academic activities related to the residency program, ie, 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 academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

80 Hour Week

Duty hours must be limited to **80 hours per week**, averaged over a four-week period, inclusive of all in-house call activities. General Surgery residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. At minimum, each 4-week block must include at least 4 days off.

Adequate Rest

Adequate time for rest and personal activities must be provided. This should consist of a 8 hour time period provided between all daily duty periods and at least 14 hours after 24 hours of in-house call.

On-Call Activities

The objective of on-call activities is to provide General Surgery residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when surgery residents are required to be immediately available in the assigned institution.

- ✓ In house call must occur no more frequently than every third night, averaged over a four-week period.
- ✓ Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
- ✓ Call will be in-house. Residents will have the opportunity to participate in morning report and multidisciplinary rounds during the morning immediately following call for didactic activities and maintenance of continuity of care, not exceeding 4 hours after the 24-hour call period.
- ✓ No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
- ✓ At-home call (pager call) is defined as call taken from outside the assigned institution.
- ✓ The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period. General Surgery residents will primarily take in-house call, however, call on subspecialty rotations may be from home. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit. The General Surgery program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Mechanism for Duty Hours Monitoring and Reporting:

1. Residents will review the Duty Hours Policy as part of a standardized policy review with the Program Director/Associate PD and the Program Coordinator prior to beginning the residency or at the time of orientation.
2. All faculty participating in the General Surgery residency will be educated on the RRC requirements for work hour rules and the importance of compliance with the rules.
3. General Surgery residents will be responsible for compiling and entering duty hours into New Innovations. Duty hours should be entered as concurrently as possible.
4. The Program Director or his/her designee will review Duty hour data weekly, for the purpose of **a)** ensuring that duty hours are being entered, and **b)** ensuring compliance.
5. General Surgery residents not in compliance will be counseled by the Program Director regarding duty hour policy. An action plan will be created and implemented to ensure future compliance.
6. The compliance rate for duty hours will be reported monthly, as a standing agenda item, at the Education meeting of the Education Curriculum meeting. This report will promote discussion and planning such that **a)** current resident compliance can be addressed and **b)** the policy can undergo constructive critique.

Mechanism for Reporting Duty Hours to the Vidant Medical Center Graduate Medical Education Committee:

1. A report of the duty hour findings will be reported to the GME Committee on a standardized basis.
2. Any noncompliance with the duty hour requirement will be reviewed and performance solutions will be instituted.

Mechanism for Reporting to the ACGME

Any individual participating in the General Surgery residency may register a formal complaint with the ACGME regarding duty hours. Information regarding complaint procedures may be accessed at http://www.acgme.org/acWebsite/resInfo/ri_complaint.asp. The General Surgery residency and Vidant Medical Center, being accredited by the ACGME, are expected to comply with the ACGME's Institutional and Program Requirements. Anyone having evidence of non-compliance with these standards by a program or institution may submit a formal complaint to ACGME. Such complaints must be submitted in writing and bear the signature and mailing address of the complainant(s). Anonymous complaints or complaints submitted by e-mail shall not be considered.

ACGME Review Committees deal only with matters regarding compliance with the published standards and are not authorized to adjudicate individual disputes between persons and residency programs or sponsoring institutions.

1. Submitting a Formal Complaint

If the complainant is a General Surgery resident, a member of the faculty, or other internal personnel in the program or institution in question, the following options should be taken before submitting a complaint to the ACGME:

- a. Contact the General Surgery Residency Program Director to discuss the problem.
- b. If the issue either involves the Program Director or is not resolved by meeting with the Program Director, contact the Chairperson of the VMC GME Committee.
- c. If the efforts above do not resolve the issue, contact the ACGME Complaint Officer to discuss submitting a formal complaint. If the complainant is someone outside the institution, the ACGME Complaint Officer may be contacted as the first option in the process.

2. Content of the Formal Complaint

When submitting a complaint that alleges non-compliance with the requirements, the complainant should identify the requirement(s) in question and provide both an explanation and evidence of noncompliance. The complaint should also specify options that have been taken to resolve the issues internally prior to the filing of the complaint with the ACGME.

3. Procedures for Processing a Formal Complaint

Upon receipt of a formal complaint, the Complaint Officer shall determine if additional information from the complainant is required. When sufficient information has been provided, the Complaint Officer shall request from the General Surgery Program Director or the DIO of the subject institution a written response to the allegation(s). This communication shall specify that a written response should be submitted within a time not to exceed one month of the date of the letter. The name of the complainant shall remain confidential except in the situations mentioned in this document below. The response must be co-signed by the DIO of the sponsoring institution.

The Complaint Officer shall review the complaint and the response with the Executive Director of the Review Committee to determine whether the allegations were successfully rebutted or whether the complaint requires a formal consideration by the Review Committee.