



Policy Number GME-8242-030  
Date of Last Review Month Year: 2/20/2013  
Date of Last Revision Month Year :2/20/2013  
Policy Owner(s) Department GME

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## Graduate Medical Education : Duty Schedules and Resident Duty Hours

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### I. Purpose

To provide residency program managers, directors, and residents with a policy on the scheduling of resident duty assignments which ensure compliance with all applicable ACGME requirements.

### II. Scope

All Ochsner employed Residents and Fellows, Education Program Directors and GME Administrative Staff. For the purposes of this policy the term resident includes any trainee in an Ochsner sponsored program.

### III. Policy Statements

- A. Faculty members know, honor and assist in implementing the applicable duty hour limitations.
- B. Residents comply with those limitations, accurately report duty hours and cooperate with duty hour monitoring procedures.
- C. All involved identify and report sources of potential duty hour violations and collaborate to evaluate and implement appropriate action plans to mitigate non-compliance.

### IV. Responsibilities and Requirements

- A. Weekly limit: Duty hours are limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting. All moonlighting hours are reported as duty hours.
- B. Days off: Residents have one day (24 hours period) every week free of all duty (including home call), when averaged over the four weeks of the rotations (unless the RRC for the program does not permit averaging).
- C. Maximum duty period length:
  - 1. Duty periods of PGY -1's must not exceed 16 hours length.
  - 2. Duty periods of PGY-2 and above are limited to 24 hours of continuous duty. The resident may remain on –site for transitions of care and / or to attend and educational conference when that transition is completed, but



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may not perform additional clinical duties ( including continuity clinic) in or doing those additional hours

3. After 16 hours of continuous duty, residents are encouraged to engage in strategic napping, especially when the 16 hour mark occurs between 10:00pm and 8:00am
4. Program Directors and faculty are encouraged to perform fitness for duty assessments on a regular basis.

### D. Individual exceptions to maximum duty hour period:

1. PGY-1's are not permitted to remain beyond their scheduled duty hour period.
2. The extension of the duty hour period must be initiated voluntarily by the resident, never assigned or suggested by a faculty member or senior resident.
3. Possible justifications for this extension of the duty hour period include those established by each program's RRC. Considerations include: continuity of care for a severely ill patient, academic importance of a particular event, or humanistic attention to the need of a patient or family.
4. The resident must transfer the care of all other patients to the resident team responsible for their continuing care.
5. The resident will complete such reporting processes as required in the current residency management system.
6. The Program Director will review each request and documentation submitted for additional service.

### E. Time off between Scheduled Duty Periods:

1. PGY-1 residents should have 10 hours, and must have at least 8 hours free of duty between scheduled duty periods.
2. Intermediate level residents – as defined by each sponsored program's RRC should have 10 hours and must have eight hours free of duty



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between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in- house duty.

3. Residents in their final years of education, as defined by the sponsored program's respective RRC, have flexibility in their duty hour assignments which may be irregular or extended. It is desirable that these residents have 8 hours free of duty between scheduled duty hour periods, however there will be circumstances that require longer duty periods as required by patient care obligations or be required to return to the hospital with fewer than 8 hours free of duty. Those circumstances may include those specified by the respective RRC and / or program. Such instances of fewer than 8 hours away from the hospital must be reported to and monitored by the Program Director to ensure that resident well being and patient safety are not compromised.
4. In-House Night Float must not be scheduled for more than six consecutive nights.
5. At Home Call must satisfy the requirement for one day in seven free of duty averaged over four weeks. Time spent in the hospital by a residents on at home call must be reported in, and counted toward the 80 hour maximum weekly hour limit. Return to the hospital for episodic care while on at- home call does not initiate a new "off –duty period".

### F. Oversight

1. Each program must have criteria and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment.
2. Monitoring of duty hours is required at the program level with frequency sufficient to ensure compliance with limits as defined in this policy.
  - a. The Program Director is responsible for final decisions related to schedules and duty hour decisions.
  - b. Individual programs must monitor resident duty hours to determine that trainees are in compliance with duty hours limits and provide reporting as requested by the DIO and / or GMEC.



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- c. Each program will establish a mechanism for back up support when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
- d. The GMEC will review duty hour reports at its monthly meeting. Reports will be generated through the current residency management systems and at the time of the programs annual review of program.
  - i. Programs identified with areas of non- compliance will be requested to provide clarification and/or action plans to mitigate non-compliance.

### G. Duty Hour Extension Request

1. Programs wishing to apply for the 10% extension of the weekly 80 hour limit must follow the procedure as defined below;
  - a. A formal application with supporting documentation must be made to the GMEC. The GMEC may appoint an ad hoc internal review of the program to determine the validity of the request.
  - b. If the Ochsner GMEC approves the request, it will provide a supporting letter to the program director to include with the programs request to the RRC.
  - c. Final approval of the requested extension rests with the program's specialty RRC.

## V. Definitions

### A. Duty Hours:

Defined as all clinical and academic activities related to the program. This includes patient care, administrative duties relative to patient care (including those, if any conducted from home), provision of transfer of patient care, on-call time spent in-house, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.



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**B. Schedule Duty Periods:**

Assigned duty at this hospital or other training site encompassing hours which may be within the normal work day, beyond the normal work day, or a combination of both.

C. RRC: Residency Review Committee

D. ACGME : Accreditation Council for Graduate Medical Education

**VI. External References:**

ACGME Duty Hour Requirements:

<http://www.acgme.org/acgmeweb/GraduateMedicalEducation/DutyHours.aspx>

ACGME Specialty Specific Requirements

[http://www.acgme.org/acgmeweb/Portals/0/PDFs/DH\\_Definitions.pdf](http://www.acgme.org/acgmeweb/Portals/0/PDFs/DH_Definitions.pdf)

**Approved**

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**Policy History**

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