

RIVERSIDE UNIVERSITY HEALTH SYSTEM

Graduate Medical Education Orthopaedic Surgery Residency Program

Duty Hours Policy

Initial education of the residents with respect to duty hours is provided at Orientation. However, education is ongoing throughout the entire program as duty hours are monitored and issues addressed. Residents are provided with training regarding fatigue and sleep deprivation at orientation utilizing an online training module. The training module is available to residents online on the RUHS website for their review at any time.

Situations in which residents work an excessive number of hours can lead to errors in judgment and clinical decision-making. These errors can impact patient safety, as well as the safety of the residents through increased motor vehicle accidents, stress, depression and illness related complications. RUHS, the ODME, and the Program Director must maintain a high degree of sensitivity to the physical and mental well being of the residents and make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities. To prevent such negative outcomes, the RUHS Orthopaedic Surgery Residency Program has adopted the following work hours' policies:

- Duty hours are defined as all clinical and academic activities related to the residency program (patient care, 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.
- The resident shall not be assigned to work physically on duty in excess of 80 hours per week averaged over a 4-week period, inclusive of in-house night call and all moonlighting activities.
- 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-home call cannot be assigned on these free days.
- PGY-1 residents should have 10 hours and must have 8 hours, free of duty between scheduled duty periods. Duty periods for PGY-1 residents must not exceed 16 hours in duration.
- PGY-2 and PGY-3 residents should have 10 hours free of duty and must have 8 hours between scheduled duty periods. They must have 14 hours free of duty after 24 hours of in-house duty.
- PGY-4 and PGY-5 residents in their final years of education must be prepared to enter unsupervised practice over irregular and extended periods. Their preparation must occur within the 80-hour, maximum duty length, and one-day off standards. While it is desirable that these residents have 8 hours free of duty between scheduled duty periods, there may be circumstances when residents have fewer than 8 hours free.
 - Circumstance of return-to-hospital activities are defined as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family.
- In-house night float must not be scheduled for more than six consecutive nights. Night float may not exceed three months per year.
- 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).
- PGY-2 residents and above when scheduled for 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 provide required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
 - Under those unusual circumstances where the residents may remain on duty additional hours, the resident must appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
- The resident must always remember that patient care responsibility is not precluded by the duty hour policy. In cases where a resident is engaged in patient responsibility which cannot be interrupted, additional coverage should be provided as soon as possible to relieve the resident involved.

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- At-home call (or pager call) is defined as call taken from outside the assigned institution. The frequency is not subject to the every third night limitation. Residents must still be provided with 1 day in 7 completely free of clinical responsibilities, averaged over a 4-week period. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - Residents are permitted to return to the hospital while on at-home call for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.
- The Program Director and the faculty monitor the demands of the at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

The Program Director requires that he be notified immediately when a resident finds themselves being scheduled for duty in such a manner as to be in violation of the above policies. In addition to that, residents are to enter duty period hours into New Innovations weekly on 8:00 a.m. on Thursdays. Hours are considered delinquent after 8:00 a.m. on Thursday morning and residents who are delinquent in reporting hours may be subject to disciplinary action. From this information, the Coordinator will complete and turn into Payroll the timecard that will generate the resident's actual paycheck. Failure to enter duty hours as required will result in delay of pay. Progressive disciplinary action, up to and including termination, will be taken against any resident found to be falsifying work hours.

The Residency program uses New Innovations to track duty hours to verify residents are in compliance with ACGME guideline as noted above. Residents are required to record scheduled duty hour periods worked at each facility/location including any moonlighting hours in New Innovation on a weekly basis.

Monitoring of duty hours is done by the Coordinator. Notifications of violations are sent first to the resident for verification and explanation/comment and then to the supervising physician and program director.

Duty Hours violations are reviewed monthly at the Graduate Medical Education Committee (GMEC) meeting.