

RESIDENT DUTY HOURS

The Urology Residency Training Program recognizes that a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations. **All duty hour polices have been created in compliance with ACGME and Urology RRC requirements.**

Intent:

It is the intent of this policy to adhere as closely as possible to the ACGME Duty Hours Policy without compromising patient care or the health and well-being of the resident staff.

Definitions:

Teaching institution is the hospital, clinic or other work site to which a resident is assigned with clinical responsibilities.

Urology Patient Care standard **Tour of Duty** (TOD) begins at 06:00 and ends at 20:00. Drive time to and from the teaching institution is not counted as TOD unless it is between two or more active TOD sites without stopping at home in between.

Extended Tour of Duty (eTOD) is defined as continuous on site time beyond 14 hrs in a given calendar day.

10 hour rule (10HR) defines the expected time per day outside of the teaching institution which may be free time or time spent on 'home call'.

On call TOD (cTOD) is defined as time spent in the teaching institution for direct patient care activities requiring a return from home call.

eTOD Reporting Form – see Forms Appendix below

PGY-1 rotating residents:

Interns on the service will be governed by the ACGME Duty Hours regulations that went into effect on 07-01-2011. As such, interns will not participate in night call and must have 10hr off between duty periods. Except in unusual circumstances, week-end call is to be avoided as well.

If deemed necessary for patient care, an alternate tour of duty that follows the basic ACGME requirements may be developed by local site supervisors in consultation with the program director. It is expected that free time between patient care activities during the normal TOD should be utilized to prepare for the next TOD and patient care conferences. Duty hours will be logged on a daily basis by the resident in the New Innovations web site. Instructions for logging hours can be obtained through the Program Coordinator's office.

Briefly, there are 5 possible categorizations of time:

1. No categorization – time spent away from patient care activities after TOD and not on call.
2. On Duty, Patient care – time spent in **scheduled** patient care activities.
3. On Duty – non-patient care – time spent at conferences, meetings, etc during TOD
4. Call (Pager): not called in – this represents time away from duty during a TOD (e.g.

lunch, running errands, working out, snoozing, etc) or home call after duty hours.

5. Call (Pager): called in – specifically for times that resident is called back after duty hours for patient care activities. Once patient care activity is completed, the time reverts to “Call: Pager (not called in)”.

If residents leave the facility for non-patient care activities for any period of time during a normal TOD, the time away should be logged as “Call: Pager (not called in)” until the technical end of the TOD. This will eliminate confusion regarding the time between duty periods.

Time spent electively on-site after 20:00 for non-patient care activities (research, reading, chatting, etc) does not count toward the 80hr week or the 10hr off period.

Time spent at home on administrative activities, research, reading, etc does not count toward the 80hr week.

On-site patient care duty extending beyond 20:00 must be approved by the Chief Resident on service and reported to the Program Director on the extended tour-of-duty (eTOD) form (see Appendix below).

On-site time in excess of 14 hr in a day (eTOD) must be reported and categorized:

- 1- Continuation of OR, post-op care
- 2- Continuation of ward, ER, UCC, Consultation care
- 3- Preparation time for patient care conferences (GU Tumor, Pre-op)
- 4- Other - Any other purpose must be reviewed **prospectively** for eligibility by the PD or Department Chair. If denied, resident should go home to complete the non-qualifying activity and in any case will not count subsequent on-site hours against the 80hr week or 10HR.

If a resident has approved and/or qualifying eTOD time between regular daily TOD, every effort will be made to release him/her as early as practical during the following TOD as long as patient care is not compromised. This decision will be made by the CR and/or local site supervisor for the individual training institution.

On-Call Duties: The Department of Urology has only at-home call. On-Call duties are functionally different from eTOD in that they may require a return to the training institution for patient care activity. On-call returns to the ER, UCC or Hospital for direct patient care activities are part of the training experience but must be monitored.

Residents showing signs of fatigue and impairment due to lack of sleep from on-call activities must be evaluated by the chief resident (CR) at the beginning of the TOD and periodically thereafter. Post-call residents may be released from activities during the following TOD if in the judgment of the CR, Attending, local site supervisor, Program Director or Department Chair, the resident and patients would best be served by his/her absence. Such resident may return no less than 10 hr after being released or at the beginning of the following day's TOD.

Recognition of Fatigue and Countermeasures

Faculty and residents are educated annually to recognize the signs of fatigue and to adopt and apply measures to prevent and counteract the potential negative effects of fatigue. Currently Jennifer Peel, PhD has presented for the current training year and has been asked to present each year for all incoming and current residents.

Institutional Policy: Duty Hours Requirements

The Urology Residency Training Program oversees residents' duty hours and working environment. During all clinical rotations within the Urology Residency Training Program, trainees and staff shall conform to existing ACGME, RRC, and institutional duty hour policies. Duty hours are defined as activities related to the residency 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 academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

The program's policies and procedures, including supervision, moonlighting, and duty hours policies, are distributed to the residents and the faculty.

Specific ACGME Duty Hour Limitations

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four week period, inclusive of call (including at home call). One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities (including home call).
3. A 10 hour time period for rest and personal activities must be provided between all daily duty periods, and after in-house call.
4. In-house call must occur no more frequently than every third night, averaged over a four-week period
5. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.
6. No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics.
7. When an individual RRC maintains a more restricted requirement, the RRC requirement will supersede the requirements listed above.

Contingency Plan

The program director will establish a contingency or backup system that enables patient care to continue safely during periods of heavy use, unexpected resident shortages, or other unexpected circumstances. The program director and supervising faculty will monitor residents for the effects of sleep loss and fatigue, and take appropriate action in instances where overwork or fatigue may be detrimental to residents' performance and the well-being of the residents or the patients or both.

Duty Hour Policy Compliance Monitoring

The program director and faculty will monitor compliance with this policy by monitoring call and duty schedules, direct observation of residents, interviews/discussions with residents, and review of residents' evaluations of rotations. Residents are instructed to notify the Program Director if they or other residents are requested or pressured to work in excess of duty hours limitations. The **Program Director and DIO** maintain an open-door policy so that any resident with a concern can seek immediate redress. If problems are suspected, the Program Director will notify the Designated Institutional Official and gather direct duty hour data to clarify and to resolve the problem. In addition, the GMEC's Duty Hours Subcommittee will confirm program compliance during its biannual duty hours surveys of all programs. **The residents are also provided with the UTHSCSA hotline in the event that they need to report duty hour violations in confidentiality.**

Dr. Basler Office: 210-567-5948

Dr. Bready Office: 210-567-4511

ACGME Duty Hours Hotline (Anonymous): 1-800-500-0333

eTOD Reporting Form

UTHSCSA Department of Urology

Date: ___/___/_____

Resident requiring eTOD: _____

Circumstances necessitating request for eTOD:

Category of eTOD: (circle)

1- Continuation of OR, post-op care

2- Continuation of ward, ER, UCC, Consultation care

3- Preparation time for patient care conferences (GU Tumor, Pre-op)

4- Other –

Note: Any **'other'** purpose must be reviewed *prospectively* for eligibility by the PD or Department Chair. If denied, resident should go home to complete the non-qualifying activity and in any case will not count subsequent on-site hours against the 80hr week or 10HR.

Chief Resident _____

Signature: _____

Resident: _____

Signature: _____

Attending, Local PD, Dept Chair: _____

Signature: _____