

**STONY BROOK UNIVERSITY HOSPITAL  
GRADUATE MEDICAL EDUCATION  
POLICIES AND PROCEDURES**

**POLICY: DUTY HOURS**

**PURPOSE**

To establish an institutional policy regarding duty hours for all graduate medical education (GME) training programs within Stony Brook University Hospital (SBUH).

**POLICY**

Each residency/fellowship program must maintain and monitor the resident/fellow work hours. SBUH abides by the New York State Health Code 405.4 established in July 1989 and ACGME requirements as of July 2011 with regard to resident/fellow duty hours. Each program must have a departmental duty hour compliance plan which is available upon request for any NY State Dept. of Health and/or ACGME audit. It is the responsibility of each residency/fellowship program to have a duty hour compliance plan.

Duty Hours

1. Duty hours are defined as all clinical and academic 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.
2. Duty hours must be limited to 80 hours per week, averaged over a 4 -week period, inclusive of all in-house call activities and all moonlighting.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, 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.
4. Maximum Duty Period Length
  - a) Duty periods of PGY-1 residents must not exceed 16 hours in duration.
  - b) Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities.

Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested with the use of call rooms.

(1) It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

(2) Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

(3) 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 humanistic attention to the needs of a patient or family.

(a) Under those circumstances, the resident must:

(i) appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

(ii) document the reasons in New Innovations for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

(b) The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

#### 5. Minimum Time Off between Scheduled Duty Periods

a) PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

b) Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

c) Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

(1) This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

(a) Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

#### 6. Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float. [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.]

7. Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns of patient safety and resident well-being. 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 energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.
8. The GME Committee (GMEC) has developed and implemented procedures to regularly monitor resident duty hours for compliance.

All programs must enter duty hours daily into New Innovations using the assignment scheduler. The duty hour exception report must be monitored monthly by the program director. All residents/fellows must verify and approve their duty hours are accurate and truthful as is reported in New Innovations duty hour exception report. Duty hours are monitored by the GME office for compliance.

#### On-Call Activities

1. The objective of on-call activities is to provide 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 residents are required to be immediately available in the assigned institution.
2. Maximum In-House On-Call Frequency; 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).
3. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 3 additional hours to participate in transfer care of patients and educational requirements which is included in the work time toward the 80-hour limit.
4. No new patients may be accepted after 24 hours of continuous duty.
5. Each program must have a departmental policy that will immediately relieve a resident from a continuing assignment when fatigue due to an unusually active "on-call" period

is observed. On the GME website and in New Innovations there is a PowerPoint module developed by the American Academy of Sleep Medicine which explains fatigue and what the consequences are from sleep deprivation. This module is available to the program and the residents at any time for reference.

#### 6. At-Home Call

a) Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.

(1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

b) Residents are permitted to return to the hospital while on at-home call to care 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".

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