

 <p>JOHNS HOPKINS MEDICINE GRADUATE MEDICAL EDUCATION COMMITTEE</p>	<p align="center">DUTY HOURS POLICY AND PROCEDURE</p>
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I. PURPOSE

The purpose of this Policy is to support the physical and emotional well-being of the Postdoctoral Trainees in programs sponsored by The Johns Hopkins University School of Medicine (“Programs”), promote an educational environment, and facilitate patient care. These procedures have been developed to regularly monitor Postdoctoral Trainee duty hours for compliance with this Policy and the ACGME Institutional and Program Requirements.

II. POLICY

Postdoctoral Trainee work schedules shall be in compliance with the ACGME requirements.

A. The common ACGME requirements (“Common Requirements”) are as follows:

1. Maximum Hours of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

a. Duty Hour Exceptions

A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

1) In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.

2) Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution’s GMCC and DIO.

2. Moonlighting

a. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

b. Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.

c. PGY-1 residents are not permitted to moonlight.

3. Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). 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.

- 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 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. 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).

8. 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".

- B. Each Program sponsored by The Johns Hopkins University School of Medicine shall develop and implement appropriate duty hour policies, compliant with the Common Requirements as well as each Program's specific Program Requirements. Some more restrictive work hour requirements have been set by various RRCs. The more restrictive work hour requirements shall be followed.

III. SCOPE

This policy applies to all Postdoctoral Trainees participating in a graduate medical education training program sponsored by The Johns Hopkins University School of Medicine.

IV. RESPONSIBILITIES

The Chairs of all Clinical Departments, the Chiefs of all Clinical Divisions and the Program Directors must ensure that the scheduling of all Postdoctoral Trainees complies with the above criteria.

V. PROCEDURE

- A. The Program Directors are responsible for monitoring Postdoctoral Trainee working hours with oversight from the GMEC. Each Program must employ an acceptable Web-based duty hour logging system (Time Tracker or E*Value) on a continuous basis. Monitoring must be done for

all work hours Postdoctoral Trainees spend at all training sites, including all moonlighting activities, if permitted by the Program. In addition, each Chairman/Program Director shall report duty hour compliance to the GMEC Compliance Office. The following procedure shall be followed:

1. Quarterly, all programs must complete the 'Duty Hour Compliance Report', available as a Word form, on the GME website (www.hopkinsmedicine.org/som/gme/) and submit it to the Compliance Office. A 28-day block, occurring at least in part in February, May, August and November of each year, shall provide the basis for each report.
 2. Programs which demonstrate regular non-compliance may be required to report more frequently at the discretion of the GME Compliance Officer.
- B. In order to provide appropriate responses to non-compliance with duty hours requirements, complaints from Postdoctoral Trainees shall be brought to the Program Director, Chairperson/Chief, faculty, or GME Compliance Office. Upon receipt of a complaint, a thorough investigation shall be conducted and corrective measures implemented, as appropriate.
- C. If a Program requests an exception in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours, the Program Director must submit such request to the GMEC which must review and endorse such request prior to submission of such request to the RRC.
1. All requests for a duty hours exception shall be made in writing by the Departmental Chairperson and residency training Program Director and submitted to the GMEC.
 2. The requesting Program must be in good standing (*i.e.*, without a warning or a proposed or confirmed adverse action) with the ACGME and respective RRC.
 3. The following are issues that shall be addressed when requesting an exception to the ACGME 80-hour work hour rule from the Johns Hopkins University Graduate Medical Education Committee.
 - a. Describe the unique educational activities in the residency program that require additional hours. Permitted examples might be monthly Saturday conferences, attendance at an occasional weekend seminar, etc. Exemptions will not be granted for routine educational conferences, e.g., attendance at mandatory Thursday morning conference, because these activities should be part of the 80- hour house officer experience. Explain how these unique activities will improve the didactic experience for Postdoctoral Trainees.
 - b. Describe the unique or unpredictable clinical activities that arise in which Postdoctoral Trainee participation is desirable

from a training perspective. Permitted examples might be rare surgical cases or rare emergent conditions in which Postdoctoral Trainee participation in management would be critical for education. Exemptions will not be granted to allow Postdoctoral Trainee participation in operative cases scheduled in the evening because of OR inefficiency.

Explain how these unique clinical activities will improve the clinical education of the Postdoctoral Trainee.

- c. Describe the mechanism to monitor the experiences of each of the Postdoctoral Trainees during these additional hours. This mechanism should include documentation and tracking of the number of exceptions, the number of hours for each exception, and the reasons for each exception.
- d. Describe faculty development activities regarding the effects of Postdoctoral Trainee fatigue and sleep deprivation.
- e. Describe how the Program will monitor, evaluate, and ensure patient safety with extended Postdoctoral Trainee work hours
- f. Project whether the additional hours will be experienced infrequently, often or almost always. Explain the rationale for this prediction.
- g. Describe any other circumstances that support a finding that the additional hours are necessary for a more meaningful educational experience for Postdoctoral Trainees.

4. The GMEC shall review each request and provide a documented written statement of approval or denial of the request.

VI. CONTROLS

The GME Compliance Office shall monitor the Web-based logging, the Addendum 1 reports, the ACGME Resident surveys and other records of Postdoctoral Trainee duty hours as available.

Approved by the Graduate Medical Education Committee
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4/13/11
