

Policy for Restriction of Duty Hours and Moonlighting and Ensuring Adequate Rest
Medicine-Pediatric Residency Program
Johns Hopkins University Program

The MP program adheres to the duty hour restrictions as described in the Program Requirements of the IM and Pediatric Residency Review Committees and in the Common Program Requirements of the Accreditation Council for Graduate Medical Education.

Duty hours restrictions for MP residents:

Duty hours are defined as all clinical and academic activities related to the residency program, including inpatient and outpatient care, administrative duties relative to patient care, provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do NOT include reading and preparation time spent away from the duty site.

1. Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. Residents are provided with at least 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 1 continuous 24-hour period free from all clinical, educational, and administrative duties. At-home call cannot be assigned on these free days.
3. PGY-1 and PGY-2 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
4. Residents in the final years of education, PGY-3 and PGY-4 residents, must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

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 [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] 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.

5. Duty periods of PGY-1 residents must not exceed 16 hours in duration. (There is no 4 hour transition period)
6. PGY-2-4 residents must be scheduled for in-house call no more frequently than every-third-night. Averaging is not allowed.

7. Duty periods of PGY-2-4 residents may be scheduled to a maximum of 24 hours of continuous duty in the hospital. It is essential for patient safety and resident education that effective transitions in care occur. This period of time must be no longer than an additional four hours.
8. PGY-2 residents must have at least 14 hours free of duty after 24 hours of in-house duty.
9. No new patients may be accepted after 24 hours of continuous duty.
10. Residents must not be scheduled for more than six consecutive nights of night float.
11. At-home call (or pager call): At-home call is not so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call are provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
12. When residents are asked to assume patient care responsibility as part of the "risk/jeopardy" system (that is, to assume the clinical assignment of another resident because of that resident's inability to assume that assignment for any reason), the above restrictions on clinical assignment are applied, and the hours worked for the absent resident are included in the "risked" resident's duty hours tally.
13. The MP Program Director and Associate Program Director will monitor the clinical demands of all MP residents and will make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue, whatever the reason(s) for that fatigue.

Adequate Rest Protocol

1. PGY-1 and PGY-2 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
2. PGY-2 residents must have at least 14 hours free of duty after 24 hours of in-house duty.
3. PGY-3-4 residents must have at least 14 hours free of duty after 24 hours of in-house duty.
4. Residents in the final years of education, PGY-3 and PGY-4 residents, must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

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 [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] 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. 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.

Protocol for Episodes When Residents Remain on Duty Beyond Scheduled Hours

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. Under those circumstances, the resident must:

- (i) Appropriately hand over the care of all other patients to the team responsible for their continuing care
- (ii) Document the reasons on Time Tracker (<https://www.dutyhours.org/>) for remaining to care for the patient in question
- (iii) The MP program director reviews each submission of additional service and tracks both individual resident and program-wide episodes of additional duty.

Monitoring of Compliance with Duty Hour Restrictions

Residents are required to maintain accurate records of their actual duty hours through use of Time Tracker, an on-line, Web-based system for recording actual hours worked. Time Tracker can be accessed through the Internet for real time logging, editing, or retrospective recording of hours worked.

Compliance with duty hour restrictions will be monitored by the MP and categorical Program Director, the Associate Program Director, and the categorical Chief Residents using the reports available through Time Tracker.

Failure to Comply

Faculty, fellows, and senior residents are required to monitor adherence to duty hour policies regarding MP residents. MP residents will not be scheduled for clinical duties in excess of these policies, and residents must not be requested or required to remain on duty beyond the time periods stipulated above.

When patient care needs exceed the availability of residents to care for those patients within the above duty hours restrictions, alternative staffing will be developed. Residents must notify responsible faculty, the Chief Residents of the categorical programs, the MP and categorical Program Director, or the Associate Program Director

if such circumstances exist. In the short term, however, duty hour restrictions should not serve as a reason to jeopardize patient safety.

It is the professional responsibility of each MP resident to avoid excessive fatigue and respect patient safety needs by adhering to duty hours restrictions. Residents who fail to comply with duty hour restrictions will be reminded of the policies and sent home. Repeated instances of non-compliance will be regarded as failure to adhere to accepted standards of professionalism.

Moonlighting

Moonlighting is defined as patient care activities external to the educational program that residents engage in at sites used by the educational program (internal moonlighting) and other healthcare sites.

Core Residency Training

It is the policy of the Johns Hopkins University Program (MP Program) to prohibit moonlighting on the part of MP residents in the core program. Under no circumstances is internal moonlighting (moonlighting activities within the Sponsoring Institution or any affiliated institution) permitted for residents during the three years of required training. In the unusual circumstance that a MP resident holds an independent license to practice medicine, the Residency Program Director will permit external moonlighting only under extremely unusual circumstances, and only during vacation periods. Any requests by residents to do external moonlighting must be submitted to the Residency Program Director using "Attachment X" and to the Associate Dean for Graduate Medical Education.

Revised, 7/1/11