National Capital Consortium Pediatrics Residency
Duty Hours Regulations
Updated June 2016

References

The residency adheres to duty hour regulations described in the 2011 ACGME Common Program Requirements and the 2012 Pediatric Specific Duty Hour Specifications and FAQS.

Definition of Duty Hours

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties related to patient care and military service (including physical fitness tests and military-wide general training) that must be performed on the medical campus or satellite sites, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities on and off-site, such as conferences and retreats.

Duty hours do *not* include reading and preparation time spent away from the duty site.

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.

Moonlighting

1. Moonlighting is not allowed for residents of the National Capital Consortium Pediatrics residency.

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.

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.

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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:

   (i) *must* inform the supervising attending of the duty hours violation at the time of the incident, or if not possible under the circumstances

   (ii) *must* submit to a fatigue assessment - subjective or objective (either the Psychomotor Vigilance Test or the Field Sobriety Test) - by the attending, and if deemed too fatigued

   - Not allowed to continue patient care, and
   - Offered the opportunity to sleep or to make arrangements to transport the resident home if the resident plans to drive home

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

   (iv) document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance via the e-value duty hours reporting system to the program director.

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

duty and document them in program meeting minutes
(iii) ensure completion of a memorandum of duty hours violation and submit a copy to the NCC GMEC

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) PGY-2 residents 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) PGY-3 residents 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 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.

Maximum Frequency of In-House Night Float

The NCC Pediatrics Residency does not use a night-float system. Residents are assigned to night shifts with no daytime duties with the exception of continuity clinic.

Maximum Continuous Nights of In-House Night Shift

Residents may work no more than 6 night shifts in a row.

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).

Monitoring of Duty Hours and Adherence to Program Duty Hours Regulations

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1. Semi-annual review of the effect of call schedules, night shift, and times of hand-offs and the number of trainees on adherence to duty hours is conducted.

   a. Reviews show that potential for duty hours violations only exist on the NICU, NICU night shift, ward night shift, newborn nursery, nursery night shift, CNMC PICU, Fairfax PICU, and inpatient ward. All other rotations have had duty hours not exceeding 60 hours, with more than 6 days off per 28 day block, and times between duty periods exceeding 15 hours.

2. Residents are required to submit their duty hours weekly during inpatient rotations using the e-value software.

3. Duty-hour violations are automatically emailed to the Program Director and Residency leadership team.

4. The Chief Resident is responsible for:

   a. Training residents on the use of the e-value duty hours tracking system
   b. Constructing call schedules in accordance with program duty hours regulations for all rotations, both inpatient and outpatient.
   c. Monitoring reported duty hours and reporting to the Program Director and the Faculty monthly at the Education Committee Meeting and as needed. These are recorded in the meeting minutes.

5. The Program Director is responsible for:

   a. Providing training to residents and faculty about duty hour regulations and the effect of fatigue and incapacitation on medical provider performance
   b. Monitoring duty hour compliance by schedulers and residents
   c. Investigating duty hour violations
   d. Ensuring that duty hour violation and fatigue assessment memos are received by the NCC Duty Hours Subcommittee
   e. Responding to requests for information from the NCC Duty Hours Subcommittee

<u>Safe Transitions of Care in Situation Involving a Fatigued or Incapacitated Residents</u>

1. In cases where an intern or resident is incapacitated due to fatigue, illness, or any other reason, the supervising resident and/or faculty has the responsibility to arrange for the safety and well-being of the trainee and the patients under their care.

a. For incapacitated residents who have not completed their assigned inpatient duties, the supervising resident, and/or fellow, and/or faculty member will activate the back-up duty system. The Chief Resident manages the Backup Duty System and publishes schedules with the residents who are assigned inpatient backup duty for weekdays, weekends and holidays. For weekday and weeknight regular duty inpatient shifts, the Chief Resident will assign a resident from those on elective rotations. In the case of backup residents who are also incapacitated, the Chief Resident will assign duties to any available residents on outpatient rotations in discussion with the Program Director and the Chiefs of Service.
b. The supervising resident, fellow or faculty will assume the incapacitated resident's duties until the backup resident reports for duty and has received an adequate hand-off.
c. The supervising faculty member will arrange transportation through the Command Duty Office or the Program Director for residents deemed too incapacitated to drive, bike, or walk home safely.