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## **Department of Internal Medicine, Division of Endocrinology Policy on Supervision and Assignment of Duty Hours for Fellow Associates in Thyroid Cancer**

### **1.1 Policy on Fellow Associates in Thyroid Cancer Supervision and Assignment**

Fellow Associates in Thyroid Cancer are not scheduled for any duties outside of 8 – 5PM on Monday through Friday. Their duties relate to out patient clinics and in-patient week day consult service. At this stage of their career they are Board Certified in Internal Medicine and Board Eligible in Endocrinology and their clinical activities in general Endocrinology and Internal Medicine are therefore not directly supervised by faculty. Their advanced clinical training in Thyroid Cancer (section 1.5), during the times noted above, continues to be under the direction of a faculty member (see 1.5.2 below).

### **1.2 Policy on Duty Hours**

Given that their clinical responsibilities are limited to Monday – Friday, 8AM – 5PM, it would be highly unusual for a Fellow Associate in Thyroid Cancer to ever have a conflict with the work hours guidelines set by UIHC and the Residency Review Committee of Endocrinology (see 1.3 – 1.5 below). Fellow Associates in Thyroid Cancer do not generally take any night/weekend call. However, the UIHC/RRC duty hour guidelines (below) apply to all Endocrinology fellows, including Fellow Associates.

The Division of Endocrinology follows the Department of Internal Medicine General Policy for Resident Supervision and Duty Hours with specific Divisional guidelines noted herein.

### **1.3 Supervision and Duty Hours Policy of the Department of Internal Medicine**

The Department of Internal Medicine at The University of Iowa Hospitals and Clinics (UIHC) ensures that their residency program provides appropriate supervision for all residents, as well as a duty hour schedule and a work environment, that is consistent with proper patient care, the educational needs of residents, and the applicable Program Requirements. On-call requirements are essential for an optimal educational environment and to ensure continuity of patient care. The number of residents and faculty are monitored to prevent excessive frequency and length of on-call duty. The scheduling of on-call duty considers that clinical events do take place at any time. Safe, effective patient care, and a good learning environment require adequate periods of rest.

The frequency of on-call duty for residents should be, on average no more than every fourth night. Residents are required to spend on the average, at least one full day out of seven away from program duties. Hours actually worked by residents must not exceed 80 hours per week when averaged over four weeks. The program director will ensure adequate backup if sudden and unexpected patient care needs creates fatigue sufficient to jeopardize patient care during or following on-call periods.

Resident duty hours and on-call time periods must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. The educational goals of the program and learning objectives of residents are not to be compromised by excessive reliance on residents to fulfill institutional service obligations. However, duty hours reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. The program is monitored to ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.

#### **1.4 Specific requirements concerning duty hours are:**

1. **80-HOUR LIMIT:** The duty hours of any resident shall not exceed 80 hours per week, when averaged over a 4-week period. Any time spent in the UIHC or at another institution for clinical and academic purposes, related to the residency or fellowship program, both inpatient and outpatient, shall count toward the 80-hour maximum. Additionally, the 80-hour maximum shall include, but not be limited to, time spent for in-house moonlighting, administrative duties related to patient care, the transfer of patient care, in-house call, scheduled academic activities such as conferences, and any time the resident spends on site after being called in to the hospital. Not included in the 80-hour maximum is time spent outside of UIHC or other institutions related to the program's academic purposes, preparation time, reading time, home call, or research.

**EXCEPTION:** The UIHC, through its Graduate Medical Education Committee (GMEC) has established a policy and procedures for GME programs to petition for an exception to the 80-hour limit. If approved by the GMEC, the Program Director must also obtain approval from the appropriate Residency Review Committee (RRC) before the 80-hour limit is exceeded. If this exception is granted, at no time shall the average number of duty hours exceed 88 hours per week, when averaged over a 4-week period.

2. **IN-HOUSE CALL:** In-house call, when averaged over a 4-week period shall not occur more frequently than one night in four.

3. **DAY OFF:** Each resident shall have at least one day in every seven away from clinical duties, when averaged over a 4-week period. This day off shall not include home call nor shall the resident be required to carry a pager.

4. **10-HOUR REST PERIOD:** Each resident shall have a 10-hour rest period between duty periods. Although the resident may take home call during this rest period, the requirement to return to the hospital during this time shall not be excessive.

5. **CONTINUOUS ON-SITE DUTY:** Generally, residents shall not have continuous on-site duty that exceeds 24 hours.

**EXCEPTION: (24 + 6 RULE)** The resident may exceed this 24-hour limit for a maximum of 6 additional hours to attend didactic sessions, to maintain continuity of care, to transfer patient care, or to conduct outpatient COC. In no event shall the resident accept a new patient (any patient for whom the resident has not previously provided care) during this 6-hour period.

6. **MOONLIGHTING:** Moonlighting is governed by the UIHC Policy and Procedure Regarding Professional Activity Outside the Training Program by House Staff Physicians and Dentists. The resident must obtain permission from the Program Director prior to the beginning of such

activities. All approved requests must be filed with the House Staff Affairs Office. In-house moonlighting will count toward the 80-hour maximum work week rules as stated in this policy.

7. SUPERVISION: The University of Iowa provides institutional oversight to assure that residents are appropriately supervised. Residents are supervised by teaching staff in such a way that our residents assume progressively increasing responsibility according to their level of education, ability, and experience. On-call schedules for teaching staff are structured to ensure that supervision is readily available to residents on duty. The teaching staff will determine the level of responsibility accorded to each resident.

### **1.5 Division of Endocrinology Supervision and Duty Hours Policy relating to Fellow Associates in Thyroid Cancer (in addition to Departmental policy above).**

1. Program guidelines for assigning Fellow Associates working hours.

To meet the requirements of the Program Curriculum for Thyroid Cancer, Fellow Associates will be assigned to:

*Thyroid Cancer Clinics:* A weekly clinic seeing patients with thyroid cancer or thyroid nodules. Three clinics per month will take place in the Otolaryngology Clinic where new patients are evaluated and follow up surveillance takes place for those who have undergone treatment for thyroid cancer. One clinic per month will take place in the Endocrinology Clinic where the fellow will continue follow up of patient's with thyroid cancer or nodules managed during first two years of their general endocrinology fellowship.

*Nuclear Medicine:* Fellow Associate will participate in the reading of imaging studies of thyroid cancer patients with emphasis on radioactive iodine studies. The fellow will furthermore participate in the therapeutic administration of radioactive iodine to patients with thyroid disease (minimum 20 cases) and thyroid cancer (minimum 15 cases).

*Pathology:* The fellow will spend 2 weeks in the cytopathology lab learning the technique of fine needle aspirations. The fellow will do fine needle aspirations during this time and for the rest of the training year with the goal of doing a minimum of 10 fine needle aspiration of palpable nodules or cervical lymph nodes. The fellow will review a minimum of 50 slides of fine needle aspirations of thyroid nodules and surgical specimens from 30 thyroidectomies with a teaching faculty member in the Department of Pathology.

*Ultrasonography:* The fellow will attend a course in ultrasound and ultrasound guided fine needle aspiration of the thyroid and be competent in these procedures by the end of the training year. Experience in ultrasound will be obtained in the thyroid cancer clinic. The fellow will perform a minimum of 50 ultrasonograms of the thyroid gland and a minimum of 20 ultrasound guided fine needle aspirations.

*Didactics:* The fellow will be expected to attend the following conferences: (1) weekly case conferences in the Division of Endocrinology where the fellow will present cases related to thyroid nodules/thyroid cancer twice during each semester, (2) weekly Grand Rounds of the Endocrine Division where the fellow will present a topic once during each semester, (3) weekly journal club/research seminar where the fellow will be responsible for a presentation once each semester on topics related to thyroid cancer, (4) bi-weekly Otolaryngology and Pathology conferences when thyroid cancer cases/topics are covered.

Furthermore the Fellow Associate in Thyroid Cancer will take part in the following *academic activity:* The fellow will participate in research, basic or clinical, or the compilation and

description of clinical series in the field of thyroid cancer, with the goal of presenting results at a national or international meeting or publishing an article in a peer reviewed medical journal.

Additionally, the Fellow Associate in Thyroid Cancer will have the following unsupervised general Endocrinology and Internal Medicine experiences:

- Two half-day Endocrinology clinics per week throughout the one year training period.
- Two half-day Internal Medicine Acute Care Clinics per week throughout the training period.
- In patient Diabetes Management Consult Service (a total of 6 months over entire training period). This service will be shared with another Fellow Associate.

2. Description of the level of supervision which faculty physicians exercise over Fellow Associates in Thyroid Cancer, including a description of how it is ensured that Fellow Associates in Thyroid Cancer are always supervised during training.

All clinic patients related to training in Thyroid Cancer are staffed by an attending who is assigned to all clinics. Furthermore there is an attending physician assigned to supervise the Fellow Associates training in the Departments of Pathology and Nuclear Medicine. The attending discusses all patients (or patient scans or biopsies as appropriate) with the fellow and is responsible for seeing all patients or finalizing all therapies or reports. There are no more than two fellows per attending at Thyroid Cancer Clinics. The fellow can reach the attending by pager 24 hours per day.

3. Description of Program's policy on duty hours.

See Departmental Policy

4. Maximum hours to be worked

See Departmental Policy

5. Description of how the Program ensures adequate backup, if necessary:

There is always an attending endocrinology staff physician on call (24 hours per day).

6. Explanation of how Program ensures compliance of duty hours:

The fellowship coordinator, program director, and attending clinic faculty physician monitor duty hours. Also, the resident is advised to report any time they must leave home to come to the hospital from home while on call (a situation that is not expected to arise with Fellow Associates in Thyroid Cancer).

7. Explanation of how the Program monitors/tracks compliance of duty hours.

The Division Coordinator develops and maintains the Oracle scheduling database that tracks and documents the schedule for the entire Endocrine Division, including the Fellow Associates in Thyroid Cancer. Each month, the Division Coordinator will print and distribute to each Fellow Associate an individualized report of their schedule for that month. The Fellow will be responsible for reviewing and confirming or indicating revision to his/her reported schedule and returning it to the Division Coordinator who will review it, make any needed corrections to the Oracle database and file the reports.

8. Explanation of how policy is communicated to Fellows:

Fellows will receive a written copy of this policy at the beginning of their training, and can make a request for a copy at any time throughout the training period.