

UNIVERSITY OF IOWA HOSPITALS AND CLINICS

**POLICY
FOR
RESIDENT SUPERVISION AND DUTY HOURS**

The University of Iowa Hospitals and Clinics (UIHC) ensures that their GME programs provide 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 UIHC requires that residents are appropriately supervised. Residents are supervised by teaching staff in such a way as to ensure that residents assume progressively increasing responsibility according to each resident's level of education, ability and experience. The teaching staff determines the level of responsibility accorded to each resident. On-call schedules for teaching staff are structured to ensure that supervision is readily available to residents on duty. The UIHC, through its Graduate Medical Education Committee (GMEC), its GME staff, and its internal review process, provides institutional oversight to assure that residents are appropriately supervised.

The policies of UIHC regarding supervision and duty hours must apply to all institutions to which a resident rotates. The educational goals and the learning objectives of the program are not to be compromised by excessive reliance on residents to fulfill institutional service obligations. Duty hours do reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. The structuring of schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident.

Specific duty hour requirements are as follows:

1. **WEEKLY LIMIT:** The duty hours of any resident shall not exceed 80 hours per week (or other applicable limit as specified by the appropriate RRC), 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 weekly maximum. Additionally, the weekly maximum shall include 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, research related to the program, and any time the resident spends on-site after being called in to the hospital. Not included in the weekly maximum is time spent outside of UIHC (or outside another institution related to the program's academic purposes) for preparation, reading, home call or external moonlighting.

EXCEPTION: The UIHC, through its Graduate Medical Education Committee (GMEC) has established criteria and procedures for GME programs to petition for an exception to the weekly hour limit. (See the Procedures and Criteria to *Petition the Graduate Medical Education Committee to Exceed the Weekly Rule on Duty Hours by 10%*). If approved by

the GMEC, the Program Director must also obtain approval from the appropriate Residency Review Committee (RRC) before the weekly 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 three.
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 should have a 10-hour rest period between duty periods and after in-house call. Although the resident may take home call during this rest period, the requirement to return to the hospital during this time shall not be so frequent as to preclude rest and reasonable personal time for each resident..
5. **CONTINUOUS ON-site Duty:** Generally, residents shall not have continuous on-site duty that exceeds 24 hours.

EXCEPTION: The resident may exceed this 24-hour limit for a maximum of 6 additional hours to attend didactic activities; to maintain continuity of medical and surgical care; to transfer patient care; or to conduct outpatient clinics. 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 extension 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 of his/her Program Director prior to the beginning of such activities. All approved requests must be filed with the Graduate Medical Education Office. In-house moonlighting will count toward the limits stated in this policy, items 1-5 above.

Each GME training program at the UIHC shall meet the requirements of this policy as well as any applicable standard set by the ACGME, the appropriate RRC, or other accrediting or certifying body. The UIHC requires that each residency Program Director establishes a formal written policy on resident duty hours and supervision to foster resident education and to facilitate patient care. Individual Program Directors at UIHC must submit their policy to the GME Office and also distribute it to the residents and faculty, must monitor resident duty hours with a frequency sufficient to ensure compliance with this policy and the ACGME/RRC rules, and must adjust schedules as necessary to mitigate excessive services demands and/or fatigue that result from either in-house schedules or at-home call. Program Directors must monitor the need for back-up support when patient care responsibilities are unusually difficult or prolonged. Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation so as to counteract the potential negative effects on patient care and learning.

The term "resident" used in this policy shall refer to residents and fellows at all house staff levels.