

Title:	Residents Duty Hours Policy and Procedure (Including Procedures for Exceptions in Residents Duty Hours)	Index Number: FM-GMEC-002
Scope of application:	All Graduate Medical Education (GME) Programs	Original Date: 17.11.2005 Reviewed on: 15.01.2024 Next Review Date: 15.01.2027

1. Purpose

The purpose of this Policy is to support the physical and emotional well-being of the residents in programs sponsored by the American University of Beirut ("AUB"), promote an educational environment, and facilitate patient care. These procedures have been developed to regularly monitor resident duty hours for compliance with this Policy, the ACGME-I institutional, foundational and advanced specialty/subspecialty program requirements.

2. Policy

The resident work schedules in all departments will be compliant with ACGME-I duty hours requirements. Note, some more restrictive work hour requirements have been set by various RCs for an entire specialty or rotation. These more restrictive requirements must then be followed, e.g. Internal Medicine, Emergency Medicine, etc.

2.1. *The foundational ACGME-I requirements pertaining to duty hours are as follows:*

- 2.1.1 *Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the 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.*
- 2.1.2 *The duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.*
- 2.1.3 *Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of in-house call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative duties.*
- 2.1.4 *Adequate time for rest and personal activities must be provided. This should consist of an 8-hour time period provided between all daily duty periods, and 14-hour period after 24 hours of in-house call.*
- 2.1.5 *In-house call must occur no more frequently than every third night, averaged over a 4-week period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.*

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- 2.1.6 *Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. No new patient may be accepted after 24 continuous hours on duty. A new patient is defined as any patient for whom the resident has not previously provided care.*
- 2.1.7 *At-home call (or pager call) is defined as a call taken from outside the assigned institution.*
- 2.1.8 *The frequency of at-home call is not subject to the every-third night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.*
- 2.1.9 *When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.*
- 2.1.10 *The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.*
- 2.2. Each Program sponsored by AUB shall develop and implement appropriate duty hour policies, compliant with the ACGME-I Foundational Requirements as well as each Program's ACGME-I advanced specialty/subspecialty program requirements. The more restrictive work hour requirements (whether it is the Program/advanced specialty/subspecialty program requirements) shall be followed.

3. Scope

This policy applies to all residents and fellows ("residents") participating in a graduate medical education training program sponsored by AUB.

4. Responsibilities

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

5. Procedure

- 5.1. The Program Directors are responsible for monitoring resident working hours with oversight from the Graduate Medical Education Committee ("GMEC"). Each Program must conduct surveys as described below and document to the GMEC that the Program is in compliance. The Program shall conduct surveys accounting for the work hours residents spend at all training sites, including internal moonlighting activities, if permitted by the resident's Program. In addition, each Chairperson/Program Director shall report at the GMEC meetings regarding any

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issues relating to resident work hours in each Program. The Program Directors must complete a Summary Form (see Addendum 1) and submit it to the GMEC indicating areas of compliance, or noncompliance with a plan of correction.

- 5.2. In order to provide appropriate responses to non-compliance with duty hours requirements, complaints from residents shall be brought to the Program Director, Chairperson/Chief, or GME Office. Upon receipt of a complaint, a thorough investigation will be conducted and corrective measures implemented, as appropriate.
- 5.3. 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 RC.
 - 5.3.1. All requests for duty hours exceptions shall be made in writing by the Departmental Chairperson and Program Director and submitted to the GMEC.
 - 5.3.2. The requesting Program must be in good standing (i.e., without a warning or a proposed or confirmed adverse action) with the ACGME-I and respective RC.
 - 5.3.3. Requests shall include information on resident fatigue including faculty development activities regarding the effects of resident fatigue and sleep deprivation; patient safety that describes how the Program will monitor, evaluate, and ensure patient safety with extended resident work hours; the educational rationale for the request in relation to the Program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested; the Program's moonlighting policies for the periods in question; and the impact on the call schedules during the times specified for the exception.
 - 5.3.4. The GMEC will review each request and provide a documented written statement of approval or denial of the request.
 - 5.3.5. Approval will only be given for exceptional situations.

6. Controls

The GME Office will periodically review resident work schedules to ensure compliance with this policy. GMEC will review all information submitted by Program Directors regarding duty hours and report to the University Board of Trustees annually or more frequently as necessary.

7. Signatures

Reviewed and Approved by	Name	Signature	Date
Assistant Dean for Graduate Medical Education (GME) & Chair of Graduate Medical Education Committee (GMEC)	Salah Zeineldine, MD		05.02.2024
Executive Associate Dean for Medical Education	Kamal Badr, MD		05.02.2024

ADDENDUM 1: SUMMARY FORM

Resident Work Hours

Program Compliance Survey

Department Name: _____

Month/Quarter: _____

Reviewed by Program Director: _____

Print Name: _____

Signature: _____

GENERAL INFORMATION

1. Provide the dates of the two-week period that you used to track resident work hours.

2. What documentation do you have as back-up for the survey (e.g., my evaluation reports, sign-in sheets, time-sheets, schedules.)

3. Did you track all residents and rotators on your service during this two-week period? (circle appropriate response)

YES NO

if no, explain

(e.g., no rotators on service)

4. Did you track all residents rotating at other training sites (e.g. participating institutions) during this two-week period? (circle appropriate response)

YES NO

if no, explain

(e.g., no rotators at other training sites)

FINDINGS

(circle appropriate response including accounting for internal moonlighting activities)

1. Did residents work 80 hours or less per week?	<input type="radio"/> YES	<input type="radio"/> NO
2. Were residents assigned work periods of 24 (+6) hours or less?	<input type="radio"/> YES	<input type="radio"/> NO
3. Did residents have at least 8 hours free between all scheduled clinical work and education periods?	<input type="radio"/> YES	<input type="radio"/> NO
4. Did residents have at least 14 hours free after 24 hours of in-house call?	<input type="radio"/> YES	<input type="radio"/> NO
5. Did residents have at least one 24-hour period of non-working time per week?	<input type="radio"/> YES	<input type="radio"/> NO
6. Did in-house call occur no more frequently than every third night?	<input type="radio"/> YES	<input type="radio"/> NO

If the answer to any of the above questions was **NO**, please submit the plan of correction to be implemented (please use the back of this form or attach additional sheets as necessary).

RETURN COMPLETED COMPLIANCE SUMMARY FORMS TO GME Office.