Department of Otolaryngology-Head & Neck
Virginia Commonwealth University Health System
Policies and procedures for Resident Duty Hours

The policies and procedures for resident duty hours used by the Department of Otolaryngology – Head and Neck Surgery adhere to the general policies and procedures set forth in the Housestaff Duty Hours Policy approved by the Graduate Medical Education Committee of Virginia Commonwealth University, and are in strict compliance with Program Requirements regarding resident duty hours established by the Accreditation Council for Graduate Medical Education for 2017. The specific policies and procedures for limitation and monitoring of resident duty hours used within the Department of Otolaryngology – Head and Neck Surgery are detailed in the following paragraphs.

I. Resident Duty Hours

1. Maximum Hours of Work per Week

Duty hours are limited to 80 hours per week, averaged over a four week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting (PGY-1 residents are not permitted to moonlight).

2. Mandatory Time Free of Duty

Residents will be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call will not be assigned on these free days.

3. Maximum Duty Period Length

Duty periods of all residents will not exceed a maximum of 24 hours of continuous scheduled clinical assignments. 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. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and /or resident education. Additional patient care responsibilities must not be assigned during this time.

Note: Residents who have appropriately handed off patients following the conclusion of their scheduled work periods have the flexibility to voluntarily remain at work in unusual circumstances, if in their judgment, these circumstances benefit patient care or education. These circumstances might include to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family, or to attend unique educational events. Such additional time must be counted toward the 80-hour limit and will be tracked by the Program Coordinator and Director.

4. Minimum Time Off between Scheduled Duty Periods

a)All residents must have at least 14 hours free of clinical work after 24 hours of clinical assignments.

b) Residents should have 8 hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay for the care of their patients or return to the hospital with fewer than 8 hours free of clinical experience and education. This must occur within the context of the 80-hour and one day off in 7 requirements.

II. Resident On-Call Activities.

1. All call shifts will be taken as "home" or "pager" call, and will last from 7 PM to 7 AM. Only time spent in the hospital by residents on at-home call or clinical work done from home will be counted towards the 80-hour maximum weekly hour limit.

a) Residents whose home call duties, including being called in for in-hospital work or repeated pages throughout the call shift, should be adequately rested without evidence of fatigue before starting their next scheduled duty period. If not, the resident will be excused from duty no more than 24 hours after the start of their previous duty period. The resident may remain on-site for no longer than an additional four hours for reasons outlined above in "Maximum Duty Period Length."

b). Each night there will be two residents assigned to take call, who must remain continuously accessible by pager and/or cellphone. The first call resident (generally PGY-2 or 3) is responsible for coverage of the VCUHS service, VAMC service, Emergency Department and inpatient consults. The second call resident (generally PGY-4 or 5) will provide backup support and supervision for the first call resident. As such, the second call resident will provide guidance (via telephone or through direct involvement in patient care) to the first call resident when requested, and will also be available to assist in the evaluation and management of patients when necessary due to patient complexity, acuity, or volume (i.e. more than one patient needing medical attention at one time).

c).. Call shifts will be no more frequent than every third night, averaged over any 4-week period.

i. First call shifts will not be assigned on successive days, nor will first call be assigned on an every other night basis for more than 2 call nights (ie on-off-on-off-on is not acceptable, while on-off-on-off-off is acceptable). Rare exceptions may be made to allow for coverage of resident leaves.

ii. Second call shifts may be assigned on consecutive night only for Friday – Sunday nights only, unless special circumstances (multiple resident absences for major conferences or vacations) exist.

d). Monthly call schedule will be made by the administrative chief resident, and will be submitted to the Residency Program Director by the 20th day of the previous month for review and approval. Any changes to the final submitted call schedule must also be approved by the Program Director.

III. Monitoring Duty Hours and Resident Fatigue

1. It will be the responsibility of all faculty and residents in the Department of Otolaryngology – Head and Neck Surgery to monitor residents for fatigue. Residents demonstrating signs of fatigue after on call duty will be reported to the Program Director, and will be relieved from clinical duty. All such occurrences of resident fatigue and relief from clinical duties will be recorded by the Program Administrator, and reviewed by the Program Director on at least a semiannual basis.

2. To better allow for recognition of excessive resident fatigue, all faculty and residents will complete the Sleep, Alertness, and Fatigue Education in Residency (SAFER) program created by the American Academy of Sleep Medicine at least every 2 years.

3. All residents will be required to keep an accurate log indicating their daily duty hours, as defined above. This log will be maintained in the New Innovations Residency Software Suite, and should be updated by all residents at a minimum of semi-monthly. Accuracy and completeness of duty hour logs will be monitored monthly by the Program Coordinator.

4. It will be the resident's responsibility to report any impending violation of duty hour policy, such that any necessary schedule and call coverage changes may be made to assure compliance with Departmental, VCUHS, and ACGME Duty Hour Policies.

5. It is the responsibility of the resident to report any occurrences of prolonged work hours such as exceeding the 24 hours of continuous in-house duty as outlined in section 3 above, or returning to hospital activities with fewer than eight hours away from the hospital. This must be done by completing and returning to the Program Coordinator or Program Director a Duty Hour Exception Report within one week of the occurrence.

6. Failure to comply with any aspects of the above policy on Resident Duty Hours will be considered a serious breech of professionalism, and will result in disciplinary action and possible suspension from clinical duties.

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