

## *Policies and Procedures*

<i>Section:</i> <b>School of Medicine (Phoenix)</b>		<i>NO.</i>				
<i>Chapter:</i> <b>Psychiatry Residency</b>	<i>Issued:</i> <i>12/17/17</i>	<i>REV. A</i> <i>4/10/2020</i>	<i>REV. B</i> <i>10/15/2020</i>	<i>REV. C</i>	<i>REV. D</i>	<i>REV. E</i>
<i>Policy: Clinical and Education Work Hours</i>		<i>Page 1 of 3</i>				

### **PURPOSE**

In accord with CU policy, each Creighton University School of Medicine (Phoenix) residency program must have written policies and procedures consistent with the Institutional and Program Requirements of the ACGME for resident work hours and the working environment. These policies must be distributed to the residents and the faculty.

### **SCOPE**

This policy applies to all residents in the Creighton University School of Medicine (Phoenix) Psychiatry Residency Program.

### **POLICY**

In order to protect the health and safety of residents and patients, total resident work hours will be limited to those described in the ACGME Common Program Requirements and the Psychiatry RRC Program Requirements. The Psychiatry Residency Program will track resident work hours, including all moonlighting and volunteering hours, and report the results to GME on a regular basis. Residents are required to cooperate and assist with work hour tracking.

### Procedure

***Clinical and Educational Work Hours:*** Clinical and educational work hours are inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. It does not include educational activities, research or studying done at home.

***Work from Home:*** Types of work from home that must be counted include using an electronic health record and taking calls from home. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours. Resident decisions to leave the hospital before their clinical work has been completed and to finish that work later from home should be made in consultation with the resident's supervisor. In such circumstances, residents should be mindful of their professional responsibility to complete work in a timely manner and to maintain patient confidentiality.

1. Work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities, work from home, and all moonlighting and volunteering.
2. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
3. Adequate time for rest and personal activities must be provided between all daily work hours and after in-house call.
4. In-house call, defined as those work hours beyond the normal workday when residents are required to be immediately available in the assigned institution, must occur no more frequently than every fourth night, averaged over a four-week period.

*In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.*

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5. All residents must not remain on continuous duty for more than 24 consecutive hours, except that they may remain on duty for up to 4 additional hours to participate in didactic activities and/or to transfer care of patients. All residents should have 8 hours free of duty between scheduled duty periods and must have 14 hours duty free after 24 hours of duty.
  - a. All residents are encouraged to engage in strategic napping or other alertness management techniques, especially after 16 hours of continuous duty and especially between 10PM and 8AM. Naps taken before the start of an overnight shift are also useful and are less likely to be interrupted than naps taken during the shift.
  - b. Napping shall occur in the resident call room at times when there are no pressing clinical issues on going or after the resident has signed out to another health care provider.
  - c. Should a significant clinical issue arise, residents are expected to interrupt napping in order to provide needed patient care. At those times residents must be aware of “sleep inertia” and exercise additional caution.
6. All residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted by any residents after 24 hours of continuous duty.
7. In unusual circumstances, a resident may remain beyond their scheduled shift to continue to provide care to a single patient. These policies apply:
  - a. The extension of the work hour period must be initiated voluntarily by the resident – never assigned, or suggested, by a faculty member or senior resident;
  - b. The resident must appropriately hand over the care of all other patients to the team responsible for their continuing care;
  - c. Possible justifications for this extension of the work hour period include:
    - i. Resident involved in managing acute clinical situation with patient
    - ii. Unique learning situation
    - iii. Other humanitarian causes as determined by resident
  - d. When a resident chooses to stay beyond the scheduled shift, causing a work hour violation, New Innovations will prompt the resident to give a justification. Resident will enter a justification within 24 hours after being notified of the work hour violation.
  - e. The program director must review each submission of additional service and the justification, approve or disapprove the justification or ask for more information, and track both individual resident and program-wide episodes of additional duty.
8. PGY 2-4 residents may take call at home as is clinically and administratively appropriate.
  - a. Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-fourth-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
  - b. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

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- c. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.
9. Work hours will be tracked through weekly entry of hours by residents into New Innovations and is reported to the CU Alliance GME office.
10. Residents have a professional duty and are required to cooperate in tracking work hours, including reporting all internal and external moonlighting and volunteer hours.

### **REFERENCES**

Creighton University GME Policy link:

[https://medschool.creighton.edu/sites/medschool.creighton.edu/files/gme\\_work\\_hours\\_policy\\_2019.pdf](https://medschool.creighton.edu/sites/medschool.creighton.edu/files/gme_work_hours_policy_2019.pdf)

### **AMENDMENTS OR TERMINATION OF THIS POLICY**

Creighton University reserves the right to modify, amend or terminate this policy at any time.

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