

Policies and Procedures

Section: School of Medicine		NO.				
Chapter: Department of Podiatry Residency Program	Issued: 10/29/2019	<i>REV. A</i>	<i>REV. B</i>	<i>REV. C</i>		
Policy: <i>Clinical and Education Work Hours</i>		<i>Page 1 of 4</i>				

PURPOSE

GME Programs, in partnership with Creighton University, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

SCOPE

This policy applies to all Creighton University **Podiatric Medicine and Surgery with Reconstructive Rearfoot/Ankle Program (CU PMSR/RRA)**

POLICY

The following leave is outlined below, along with a link to access Creighton University policy.

Moonlighting

Creighton University Podiatry Residents are not allowed to moonlight.

DEFINITIONS:

Clinical and Educational Hours (Duty Hours)

Duty hours are defined as all clinical and educational or academic activities related to the 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. Work from Home must be included in the 80-hour limit. Types of work from home that must be counted include using an electronic health record and taking calls from home. A resident's decision 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. Duty hours do *not* include research or studying done at home, ie: educational activities such as reading and preparation time spent away from the duty site,

1. *Duty hours* must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. *Day Off:* Residents must be provided with one day in seven free from all educational and clinical responsibilities. This must be one continuous 24-hour period completely free from all administrative, clinical and educational activities. Home call cannot occur on a day off. 1 in 7 days off can be averaged over a four-week period, inclusive of call.

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3. *Work Hour Flexibility:* Exceptions are allowed to provide residents with some control over their schedules by providing the flexibility to voluntarily remain to care for a single severely ill or unstable patient, for humanistic attention to the needs of a patient of family or to attend unique educational event. There is no exception to the 80-hour work week, and the resident must not stay if fatigued. It is important to note that a resident may remain or return only if the decision is made voluntarily. Residents must not be scheduled beyond work period restrictions or required to stay by an attending or more senior resident/fellow.

Clinical and educational assignments must be assigned while recognizing that faculty and residents collectively have responsibility for the safety and welfare of patients. The ACGME common program requirements recognize that residents may choose to work beyond their scheduled time or to return to the clinical site during a time off period to care for a patient. The requirements preserve the flexibility for residents to make those choices as long as residents recognize the responsibility to work rested and fit for duty.

4. *Time off Between scheduled clinical work and educational periods:* Adequate time for rest and personal activities must be provided.

- Residents must have 8 hours off between scheduled work and education periods.
- Residents must have at least 14 hours free of clinical work and education after a 24 hour in house call.

If the resident has a short rest period, they are to make arrangements with chief resident to come in late or leave early the next day.

4. Any resident who feels that they are fatigued or are not able to stay within duty hour regulation, or for any reason cannot carry out their duties should contact the chief resident of their service and barring a chief resident the administrative chief resident whose responsibility it is to provide coverage for the resident. All such incidents must be reported to the program coordinator and program director. See the resident fatigue policy.

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5. No changes can be made unilaterally for call without the permission of the Program Director whose responsibility it is to determine that such a change does not result in duty hour violation for that resident or any other resident.

On-call Activities

1. In-house call must occur no more frequently than every third night, averaged over a four-week period. This is usual or typical of first year call.
2. Any continuous on-site duty, including in-house call, should not exceed 24 consecutive hours. Residents may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients and maintain continuity of medical and surgical care. These additional 4 hours cannot include ambulatory work or new patients.
3. No new patients may be accepted after 24 hours of continuous duty.
4. Post 24 hours call interim must satisfy the minimum 14 hours off duty rest period
5. At-home call
 - o Must not be so frequent as to preclude rest and reasonable personal time for each resident.
 - o Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
 - o When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - o Does not require a rest period after assignment.

Logging Duty Hour Rules and Repercussions

1. Residents are expected to honestly log hours on a daily basis to stay within the ACGME 80-hour regulations.
2. Duty Hours are to be logged no later than Sunday for the previous week.
 - a. The PD, in coordination with the program coordinator , will closely review schedules and assignments to assure they allow residents to stay compliant with duty hour regulations.

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- b. The residency coordinator will run a duty hour report every Friday morning. During this time, the coordinator will review hours logged to discover any cases where hours might have been logged incorrectly.
- c. The PD will review weekly, Friday mornings, and address any non-compliance. A plan will be formed and implemented with all noncompliant residents.
- d. Residents will randomly be checked on to be sure they are leaving the hospital when they are supposed to, and that they are logging their hours honestly.
- e. If a resident is found to be dishonest when logging duty hours, that resident will be immediately placed on probation.
- f. If, at this point, a resident is unable to stay within these duty hour rules, averaged over a rolling 4-week period, that resident will be placed under review. During this time, they will meet with the PD to create a plan to become and stay compliant.
- g. All Duty Hour violations must have the justification listed.

REFERENCES

<https://www.acgme.org/>

For additional information regarding the Graduate Medical Education policies, please see their policies at the following link:

<https://medschool.creighton.edu/sites/medschool.creighton.edu/files/Leave-Policy.pdf>

AMENDMENTS OR TERMINATION OF THIS POLICY

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

The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.