

Title:	<b>Duty Hours and Fatigue</b>	Index Number:	<b>OBSGYN-Residency Program-006</b>		
Scope of application:	<b>Housestaff</b>	Original:	Last Review:	Next Review:	
		<b>19.05.2015</b>	<b>08.04.2019</b>	<b>08.04.2022</b>	

## 1. Policy

- 1.1. This policy addresses housestaff duty hours and signs of fatigue.



## 2. Definitions

- 2.1. *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 related to patient care, the provision for transfer of patient care, time spent in-house during call activities and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- 2.2. *One day* is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.
- 2.3. *In-house call* is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.
- 2.4. A *new patient* is defined as any patient for whom the resident has not previously provided care.

## 3. Duty Hours

- 3.1. The residency program follows the ACGME-I Duty Hour Requirements.
- 3.2. Duty hours are monitored by the residents logging weekly (every Monday) to MyEvaluations. This is mandatory by the GME Office and will be strictly enforced.
- 3.3. Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- 3.4. Residents are provided with one day (in seven) free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.
- 3.5. A 10-hour time period for rest and personal activities are provided between all daily duty periods, and after in-house calls.
- 3.6. On-call activities are designed to provide residents with continuity of patient care experiences throughout a 24-hour period.
- 3.7. In-house call occurs no more frequently than every third night, averaged over a four-week period.
- 3.8. The maximum of 24-hour continuous call, followed by up to 6 hours for transfer of care, maintenance of continuity of medical and surgical care, outpatient continuity clinic and educational activities is strictly implemented.
- 3.9. No new patients are accepted after 24 hours of continuous duty, except in outpatient continuity clinics.
- 3.10. The Residency Program Director and Administrative Chief Resident will be monitoring the duty hours of each resident in order to ensure an appropriate balance between education and service.
- 3.11. Back-up support systems are provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
- 3.12. Faculty and house staff are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

**4. Signatures**

Reviewed and Concurred by	Name	Signature	Date
Professor and Chairperson, Department of Obstetrics and Gynecology	Anwar Nassar, MD		April 8, 2019
Associate Professor and Residency Program Director, Department of Obstetrics and Gynecology	Fadi Mirza, MD, FACOG		April 8, 2019