

Department of Obstetrics and Gynecology
The Sloane Hospital for Women at Columbia University

Resident Duty Hours and Monitoring of Stress and Fatigue

Duty Hours

It is the policy of the department of Obstetrics and Gynecology and of NewYork-Presbyterian Hospital to comply with the New York State 405 Regulations and the ACGME policy on work/duty hours for residents and fellows. The following are the *minimum* standards that programs must follow.

According to the RRC Requirements (July 1, 2003):

“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 of 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.

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

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.

Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between daily duty periods and after in-house call.

On-Call Activities: The objective of in-house call activities is to provide residents with continuity of patient care experiences throughout a 24-hour 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.

- a. In-house call must occur no more frequently than every third night, averaged over a four week period.*
- b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer of care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.*
- c. No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the resident has not previously provided care.*

Each program must have written policies and procedures consistent with the Institutional and program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure and appropriate balance between education and service.

Back up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

The Program Director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the Program Director and the faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent counteract the potential negative effects.”

Plan for Supervision of Resident Duty Hours:

Oversight of duty hours will occur at three levels:

1. RRC
2. Institutional
3. Program

At the inception of each academic year, residents receive via e-mail and in print copies of the schedules by week and by rotation. All Chief residents are responsible for notifying the Program Directors if actual duty hours are out of compliance with the requirements, and immediate action is taken by the Program Directors to remedy the issue(s).

In addition, residents are responsible for recording their actual duty hours into the E*Value database. The duty hour logs are reviewed weekly and following each rotation, for all 20 residents, by the Program Coordinator, the Program Directors, and the Clinical Service Chiefs. When areas of noncompliance are identified, again, immediate steps are taken to rectify the situation. NewYork-Presbyterian Hospital’s office of Graduate Medical Education, the GME Committee, Medical Board, and the Board of Trustees receive periodic reports on work hour compliance as part of the Quality Assurance process.

Only surgical programs can utilize an exception to the 24 hour rule, and only under the following conditions: the resident in question documents four to five hours of sleep; the duty shift is followed by a period of sixteen consecutive hours free from duty; and the maximum shift is thirty hours from start to end of call. Prior to utilizing this exception, written permission must be granted by the Office of Graduate Medical Education.

Work in the Emergency Department is limited to twelve consecutive hours followed by a minimum of twelve hours free from duty.

A period of at least ten hours free from duty must be provided between all daily duty periods and following all in-house call.

Every resident must have at least 24 hours free from duty during each seven day period.

In-house call cannot be more frequent than every third night.

Stress and Fatigue

In compliance with NYPH, New York State Department of Health, and ACGME program requirements, it is required that all residents be monitored for signs of fatigue.

It is the responsibility of the Program Directors and/or their designee to monitor the call and rotation schedules to ensure residents are receiving sufficient time for rest, in compliance with the above-mentioned duty hour regulations. In addition, the program's professionalism standards emphasize that honest self-evaluation of stress and fatigue, as well as other forms of impairment, is critical to the professionalism component of the Educational Objectives as set forth by CREOG.

Monitoring Strategy

- Every resident's level of stress and fatigue is evaluated every six months during the semi-annual evaluation process.
- The Program Directors meet with the Chief Residents and with the junior classes and Interns on alternate months to evaluate levels of stress and address any issues brought to their attention.
- Linda Mullen, MD/PhD, also meets with the Chief Residents and with the junior classes and Interns on alternate months to evaluate levels of resident stress and to address any issues brought to her attention.
- All residents are encouraged to regularly report high levels of stress and/or fatigue to the Chair, Program Directors and/or designee. All meetings regarding these issues are strictly confidential.

In accordance with NYPH policies, when a resident is determined by the Program Directors, Chair, or designee to be too fatigued and/or stressed to adequately perform her/his clinical duties, the program Directors and Administrative Chief Residents will arrange for the resident in question to be temporarily relieved from all call and clinical responsibilities.