

POLICY ON DUTY HOURS IN THE LEARNING AND WORK ENVIRONMENT**Department of Obstetrics and Gynecology****Duty Hours**

Resident duty hours must balance the establishment of a sound academic and clinical education with concerns for patient safety and resident well-being. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. The duty hour policy applies to all participating hospitals where training of residents occurs.

The ACGME requirements regarding resident duty hours are as follows:

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. Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.
5. On-call Activities: The objective of on-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 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.

d. At-home call (pager call) is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

All residents are required to log their work hours in the E*value web-based system on a regular basis. All duty hours will be monitored by the Residency Coordinator and Program Directors after each rotation. The residency program is required to submit reports regarding duty hour compliance to the Graduate Medical Education Committee of New York Presbyterian Hospital on a monthly basis.

Well Being and Physician Impairment

Residency Training can be exceptionally stressful in the life of a new physician, creating All residents and faculty members will receive ongoing education regarding sleep alertness and fatigue. This information may be provided in departmental Grand Rounds presentations, within individual division meetings or in resident didactic lectures.

As defined by the RRC Program Requirements (7/1/2007):

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 faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents...Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the political negative effects.

A .Raising Awareness:

1. At the beginning of each academic year, all Housestaff will receive a new Policies and Procedures Manual which includes the updated departmental and hospital policies on physician impairment and stress.
2. During the appointment and re-appointment process, residents must take the online NYPH Organizational Readiness course, which includes a program on physician impairment.
3. All residents will be required to review an educational module regarding the effects of fatigue as presented in the Duke University-sponsored LIFE curriculum: "Learning to Address Impairment and Fatigue to Enhance Patient Safety."
4. Education regarding stress management and the effects of fatigue and burnout will be presented to incoming new residents during Orientation.
5. Our departmental standards for professionalism emphasize honest self-evaluation regarding stress, fatigue, and other forms of impairment as a cornerstone of professional behavior.

B. Opportunities to Identify Residents who Require Additional Support:

1. Once each month during protected time, the program conducts resident well being sessions. On alternate months, residents meet with the Program Directors or Dr. Linda Mullen, a psychiatrist with special training in stress management and women's mental health. These sessions provide opportunities for all residents to express concerns regarding stress, fatigue, and general mental health.
2. Each resident is assigned a faculty mentor, with whom they are encouraged to meet on a regular basis. Residents have an opportunity to select a new mentor at any point in their training. The role of the faculty advisor/mentor is to monitor the general well-being of their mentees and to provide general career guidance.
3. Each class in the residency program has chosen an assigned faculty mentor who meets with them regularly and provides another opportunity to elicit concerns about fatigue, stress and well-being.
4. The program directors meet individually with each resident semi-annually to assess overall progress and well-being, including levels of stress and fatigue.
5. Whenever any resident, faculty or staff member is concerned about a resident's well-being, including stress and fatigue-related issues, they are encouraged to confidentially contact the residency program directors or the chair at any time.

C. When Concerns are Raised:

When concerns are raised about a member of the Housestaff by another resident, or by a staff or faculty member, the Program Directors meet with the resident in question in order to gather additional information and to better assess the situation. If it is determined, after meeting with the resident, that intervention is necessary, this may include:

1. Ongoing monitoring and assessment of the resident by the Program Directors and the resident's mentor
2. Encouragement of the resident to confidentially consult a psychologist for additional support
3. Consultation of the Education Committee and the design of an individualized remediation program

4. A psychological assessment by Occupational Health
5. A medical assessment by Occupational Health
6. A Period of Intensive Academic Focus (see NYPH Policy)

D. Resources:

1. Occupational Health:

Main Number: (212) 305-7590

Psychiatry – Laurel Mayer: (212) 543-5741

Leave

A member of the Housestaff may request a leave of absence (LOA) for one of three reasons:

1. Personal illness
2. To care for a family member who is ill
3. Other valid personal reasons

A leave of absence is defined as an excused absence from work for an approved reason. An LOA can be used for a maximum of no more than 26 weeks of an academic year (July 1 – June 30). The LOA must be requested as soon as the need for leave is known, even if the exact date(s) of leave are not yet defined. The LOA will not be unreasonably denied as long as they are consistent with applicable laws and the operating needs of the program.

A. LOA for a Personal Medical Disability

1. Employees may request an LOA for a serious health condition which will render the resident unable to perform her/his essential functions.
2. Employees requesting leave for an illness or disability may request up to 26 weeks of leave.

For further details regarding LOAs and benefits paid, please refer to the NYPH Graduate Medical Education Policy and Procedure Manual, Policy #006.

B. Maternity Leave

1. A pregnant resident is eligible for up to six weeks of paid maternity leave following a vaginal delivery, and up to eight weeks of paid leave after a Cesarean section.
2. Unpaid leave time may continue to the total 12 week maximum as specified by state and federal law. Health insurance contributions continue for 12 weeks.
3. Once a resident realizes she is pregnant, she must notify the Program Directors as soon as possible, but no later than the 16th week of gestation, in order to modify the rotation schedule if necessary.

4. If a pregnant resident encounters complications or illness requiring time off from work, then the guidelines of NYPH's GME Policy #006 apply.
5. Paid paternity, or partner, leave can be taken for a maximum of two weeks as unused vacation or educational leave time. The resident should notify the Program Directors as soon as possible but no later than the 16th week of gestation in order to modify the rotation schedule if necessary.

C. ABOG Eligibility

In order to complete a residency program in obstetrics and gynecology on time, residents may take off no more than 20 weeks total during their four years of training, with additional limits:

1. No more than 8 weeks during PGY 1-3, including vacations,
2. No more than 6 weeks during the Chief year, also including vacation. A chief resident who takes four weeks of vacation may not miss more than two additional weeks for other reasons, including job interviews, family, and medical leave.

Depending on the resident's academic performance, satisfactorily meeting the ACGME competencies, and circumstances regarding the residents' LOA, the resident may be deemed competent to practice independently and thus may receive a certificate of completion at the time of graduation in June of her/his Chief year. However, the resident may not be eligible to sit for the ABOG Written Exam in June of her/his Chief year unless LOAs in excess of the limits specified are made up.

Portions of this document adapted with permission from the Policies and Procedures Manual for the Residency program in Obstetrics and Gynecology at the University of California – San Francisco.

