The issue of limits on duty hours for physicians in graduate medical education programs has become an increasingly visible national issue over the past decade. As an institution, the Ohio State University Medical Center has had longstanding policies on this issue that have followed accreditation standards previously in place for some specialties. Each program must have a program-specific policy on duty hours for their trainees. Effective in July 2003, the ACGME has adopted a uniform set of duty hour requirements for all accredited training programs that are designed to increase housestaff quality of life, improve the educational environment in training programs, and to maintain a safe environment for patient care. These duty hour requirements were subsequently updated in July 2011. Some individual RRC’s may add additional requirements to the ACGME’s Common Requirements in this area that provide clarification or additional direction.

1. Although this institutional duty hours policy is derived from the ACGME duty hours requirements, all training programs overseen by the Graduate Medical Education Committee must, at minimum, follow this policy with regard to duty hours regardless of whether they are accredited by the ACGME, another accrediting body or are not accredited.

2. Although trainees may often have different titles, this policy covers all trainees that are appointed to the Limited Staff category of the Medical Staff of the Ohio State University Hospital. The generic term “trainee” will be used in this document to include these individuals. With rare exceptions, this group includes all interns, residents, and fellows in programs that are overseen by the Graduate Medical Education Committee.

3. The educational goals of the program and learning objectives of trainees must not be compromised by excessive reliance on trainees to fulfill service obligations. Duty hours, however, must reflect the fact that responsibilities for continuity of patient care are not to be automatically discharged at specific times.

4. Trainee duty hours and on-call time periods must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of
care, and the educational and quality of life needs of the trainee. Programs must ensure that trainees are provided appropriate back-up support when patient care responsibilities are especially difficult or prolonged and that patient care is not jeopardized during or following assigned periods of duty.

5. A distinction is to be made between on-call time in the hospital and on-call availability at home vis-à-vis actual hours worked.

6. It is the responsibility of the Program Director and faculty to ensure that duty hours worked by trainees in the program are in accordance with this policy and any other specialty-specific accreditation requirements.

7. It is the responsibility of the Program Director to have a formal, written program policy regarding trainee duty hours that is used within each program. Some RRC’s may develop additional requirements that provide clarification or a more strict definition as compared with the Common Requirements, and Program Directors are responsible for ensuring that any program requirements related to duty hours are reflected in their specific program policy in addition to this institutional policy.

**Specific Duty Hour Requirements:**

1. Duty hours are defined as all clinical and academic activities related to the training program including patient care (both inpatient and outpatient), administrative duties (i.e., completion of paperwork or dictation of charts), the provision for transfer of patient care (i.e., check-in and check-out), time spent in-house while on call, and scheduled academic activities (i.e., required academic conferences). Duty hours also include any research activity that is part of the required curriculum for the training program. Duty hours do not include reading time and preparation time spent when not on duty.

2. Duty must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. The four-week period is typically defined as either a calendar month or a four-week period within one rotation.

3. Trainees must be scheduled for a minimum of one day in seven free from all educational (i.e., didactic conferences) and inpatient or outpatient clinical responsibilities, averaged over a four-week period, inclusive of home call responsibilities. At-home call cannot be assigned on these free days. One day is defined as one continuous 24-hour period.

4. Adequate time for rest and personal activities must be provided. Residents should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods. Residents must have at least 14 hours free of duty after 24 hours of in-house call before the beginning of the next duty period.

5. Residents in their final years of education (as defined by the Review Committee) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
d. This preparation must occur within the context of the 80-hour maximum duty period length, and one day off in seven standards. While it is desirable for residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

e. Circumstances of return to hospital with fewer than eight hours of time away from the hospital by residents in their final years of education must be monitored by the program director.

6. Duty hour of PGY-1 residents must not exceed 16 hours in duration.

1. **In-House Call Activities:** The objective of on-call activities for PGY-2 residents and above, is to provide trainees with educational continuity of patient care experiences throughout a 24-hour period.

2. In-house call is defined as those duty hours beyond the normal workday when trainees are required to be on-site and immediately available in the assigned institution.

3. In-house call must occur no more frequently than every third night when averaged over a four-week period.

4. Continuous on-site duty (i.e., in-house call) must not exceed 24 consecutive hours.

5. It is essential for patient safety and resident education that effective transitions in care occur. Residents may remain on-site for up to an additional four hours after the 24-hour period to accomplish these tasks, which include: transfer the care of patients (i.e., check-in and check-out), perform administrative duties (i.e., completion of paperwork or dictation of charts), and maintain continuity of medical and surgical care for hospitalized patients.

6. No new patients may be accepted by or assigned to the trainee after 24 hours of continuous duty.

7. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

   vi. If this occurs, the resident must hand over the care of all other patients to the team responsible for their continuing care, and

   vii. Document the reasons for remaining to care for the patient in question, and submit that documentation in every circumstance to the program director.
viii. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

**Home Call Activities:**

1. Home call is defined as call taken from outside the assigned institution. A trainee may be expected to return to the assigned institution as needed during home call.

2. The frequency of home call is not subject to the every third night limitation (#3 in the section above). However, trainees on home call must be provided with one day in seven free of all educational and clinical responsibilities when averaged over a four-week period. For example, if a trainee may be assigned home call responsibilities for a seven-day period, but the trainee still must be provided with four days off during the course of the four-week block.

3. When a trainee is called into the assigned institution while on home call, the hours the trainee spends in-house are to be counted toward the 80-hour work limit. 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.”

4. Time spent at the institution while on home call must not be excessive or so frequent or taxing as to preclude rest and reasonable personal time for each trainee or to approximate in-house call. The program director and the faculty must monitor the demands of home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

**Moonlighting:**

1. Moonlighting is defined for the purposes of this policy as clinical work done outside the scope of a training program’s required duties and responsibilities by a trainee.

2. The program director has the responsibility to ensure that moonlighting does not interfere with the ability of each trainee to achieve the goals and objectives of their educational program.

3. Moonlighting which occurs at any inpatient or outpatient site must be counted toward the 80-hour weekly limit on duty hours.

4. All moonlighting hours must be routinely reported to the program director in order to ensure that time spent moonlighting is not adversely impacting the trainee’s progress in the educational program. The form and frequency of this reporting should be done in accordance with each program’s moonlighting policy.
5. Program directors may establish moonlighting policies specific to their program that are more restrictive than this institutional policy. Any more restrictive policies should be developed with a sound educational basis to benefit the trainee and the program.

6. For additional policies regarding moonlighting that are not related to duty hours, please refer to the institutional moonlighting policy entitled “Trainee and Fellow Moonlighting Policy.”

7. PGY-1 residents are not permitted to moonlight.

**Monitoring of Duty Hours:**

1. As part of each program’s duty hour policy, program directors should designate which rotations will have a reasonable risk of potentially not meeting the duty hour requirements in this policy. On rotations meeting this standard, actual duty hours should be monitored for all trainees assigned to those rotations. The system used to document these duty hours is subject to determination by the program director. Typically, any rotation with in-house call responsibilities will meet this standard but other rotations with significant inpatient duty hours combined with home call may also need to be monitored. Trainees assigned to rotations not meeting this standard will not have to have hours continuously monitored.

2. Program directors as well as the GME Office are responsible for ensuring that duty hours are being monitored and that this policy is being adhered to on all off-service rotations and at affiliated training sites. If an issue arises related to duty hours on one of these rotations that cannot be solved by the program director and the rotation leadership, then the GME Office should be notified.

3. Actual hours spent at the assigned institution for trainees on home call should be monitored routinely by program directors to ensure that home call rotations do not regularly exceed the 80 hours per week standard and to ensure that home call responsibilities do not become excessive. Documentation of this monitoring of time spent at the institution on home call should be done by program directors for use in internal reviews or RRC site visits.

4. One day in seven free of clinical and educational responsibilities must be monitored and documented for all trainees in all programs. It is recommended that this be monitored and documented by trainees at the end of each month by whatever format the program stipulates.

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

6. The GME Committee or the GME Office may request to review the documentation of duty hours for any program.
7. Monitoring of duty hours by the GME Committee will be done through the following means:

- Internal reviews of training programs
- Annual OSUMC Duty Hours Survey (currently done in November each year)
- Random program-level duty hours surveys done through eValue
- Anonymous Duty Hours Violation Reporting website
- Communication with the members of the Residents Advisory Council
- Results of RRC accreditation site visits

8. Trainees must comply with requests from the program director to report duty hours as required by the program’s duty hours policy. Reporting should be done by the method chosen by the program director. If a resident does not report duty hours as required by the program’s policy, the program director may take the following actions:
   a. First occurrence: provide a warning in writing to the trainee
   b. Second occurrence: provide a second warning in writing to the trainee
   c. Subsequent occurrence: the program director may discipline the resident by one or more of the following actions:
      i. Formally place the trainee on probation
      ii. Pull the trainee from service until the duty hours documentation is complete
      iii. Hold the trainee’s raise related to advancing PGY year
      iv. Hold the trainee’s meal pass funding
      v. Other disciplinary actions as proposed by the program and approved by the GME Office
   d. Written warnings and discipline may be documented in the trainee’s file as a deficiency in professionalism

**Duty Hours Exceptions:**

1. Programs may request exceptions for up to 8 additional hours per week beyond the 80-hour limit when averaged over four weeks. These requests must be approved by the GME Committee prior to being forwarded to the RRC for final approval. For programs that are not ACGME-accredited, approval by the GME Committee will be sufficient.

2. The proposal must include the educational rationale for an increase in the 80-hour per week limit. Service needs alone are not a sufficient reason for approval of the increase.

3. For any program, the proposal must include the information required by the ACGME in the document entitled “RRC Procedures for Granting Duty Hour Exceptions.” This information should include which specific rotations and the specific PGY-levels of trainees for whom this increase is being requested. A blanket increase for all rotations or all trainees within a program will not be approved.

4. For ACGME-accredited programs, the exception will be approved only until the time of the next RRC site visit according to the ACGME guidelines.