EMORY UNIVERSITY SCHOOL OF MEDICINE
DEPARTMENT OF PSYCHIATRY
AND BEHAVIORAL SCIENCES
DUTY HOUR POLICY
2013-2014

Duty Hours and Work Environment

In compliance with the GME Committee policies on duty hours/ work environment and moonlighting and, considering that the care of the patient and educational clinical duties are of the highest priority, the following guidelines apply:

Resident Duty Hours

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

Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Time spent by residents in internal and external moonlighting must be counted towards the 80-hour Maximum Weekly Hour Limit. PGY-1 residents are not permitted to moonlight.

Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Duty Period Length

1. Duty periods of PGY-1 residents must not exceed 16 hours in duration.
2. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
    (a) It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
    (b) Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
    (c) In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue 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.

Minimum Time Off between Scheduled Duty Periods

1. PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
2. Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
3. Residents in the 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.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float.

Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every third night, averaged over 4 weeks.

At-Home Call

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. 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".

The resident is expected to be on duty during normal working hours, as established by each rotation, Monday through Friday. Additional duty hours include on-call duties. Night, weekend and holiday call schedules are formulated by the chief resident and depend on the specific educational rotation. Residents must be available by telephone or pager while on-call. Specific call schedules and responsibilities are delineated in the written goals/objectives of each rotation, which are reviewed with the resident at the beginning of the rotation.

Supervision

The Psychiatry Residency Review Committee of the ACGME has put into place the following requirement:

PGY-1 residents may progress to being supervised indirectly with direct supervision available only after demonstrating competence in:

1. the ability and willingness to ask for help when indicated;
2. gathering an appropriate history;
3. the ability to perform an emergent psychiatric assessment; and,
4. presenting patient findings and data accurately to a supervisor who has not seen the patient.

As with all ACGME requirements, it is up to the individual program to do what it deems appropriate to meet these requirements. The program will be evaluating and checking off when a PGY 1 is ready for indirect supervision, with a supervisor on site or off-site. PGY 2s, 3s, and 4s will also be evaluated and deemed ready to supervise a PGY 1 resident.

On- Call Activities

The goal of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period.

In-House Call

- Occurs no more frequently than every third night, averaged over a four-week period.
- On psychiatry rotations, in-house call will occur no more frequently than every fourth night, averaged over a four week period.
- Does not exceed 24 consecutive hours of continuous on-site duty. However, 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 care.
- No new patients, defined as any patient not on the resident's service prior to the present 24-hour continuous duty period, may be accepted after 24 hours of continuous duty.

At-Home Call (pager call)

- The frequency of at-home call is not subject to the every third night limitation.
- Residents taking at-home call are provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period.
- When residents are called into the hospital from home, the hours spent in-house are counted toward the 80-hour, limit.
- The Program Director and the teaching faculty will monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

The resident is expected to be on duty during normal working hours, as established by each rotation, Monday through Friday. Additional duty hours include on-call duties. Night, weekend and holiday call schedules are formulated by the chief resident and depend on the specific educational rotation. Residents must be available by telephone or pager while on-call. Specific call schedules and responsibilities are delineated in the written goals/objectives of each rotation, which are reviewed with the resident at the beginning of the rotation.