DUTY HOURS

A. 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 include all hours spent in moonlighting activities.** Duty hours do not include reading and preparation time spent away from the duty site.

B. Duty hours must be limited to:
   1. Emergency Medicine rotations: A resident should not work more than 60 scheduled hours per week seeing patients in the emergency department and no more than 72 duty hours per week.
   2. Other rotations: Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

C. 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.

D. Adequate time for rest and personal activities must be provided:
   1. Emergency Medicine rotations: While on duty in the emergency department, residents may not work longer than 12 continuous scheduled hours. There must be at least an equivalent period of continuous time off between scheduled work periods.
   2. Other rotations: There must be at least an 8 hour time period provided between all daily duty periods and after in-house call, and there should be at least a 10 hour time period provided between all daily duty periods and after in-house call in most circumstances.

E. In addition to specific duty hours, residents and faculty need to be cognizant and concerned about fatigue. Any fatigue concerns should be addressed with the supervising attending. Strategic naps are encouraged. House Staff Sleep Quarters are available for naps 24 hours per day.

F. It is everyone’s responsibility to abide and work within the duty hour policy. The Emergency Medicine Residency must develop and maintain realistic schedules and mechanisms for off time coverage and transfer of patient responsibilities to others. Faculty must remain vigilant of the trainees under their supervision and frequently monitor the residents’ activities. Residents must stay within the duty hours and notify chief/senior residents, faculty, and / or the program director if they are having difficulties in meeting daily or weekly duty hour requirements. Residents should notify their program director and/or the Sr. Associate Dean for Graduate Medical Education if their assigned hours are not in compliance with UCLA or ACGME duty hour policy.

G. The Program Director may make a one-time exception for patient safety or educational requirement as per ACGME rules and regulations. For a one time exception to be made the resident must contact the EM Residency Program Director on call prospectively at the time the exception is being requested. The EM Residency Program Director on call will evaluate the circumstances, and may grant or deny the exception.

H. The Emergency Medicine Residency must maintain compliance with the GMEC duty hours monitoring policies including the following requirements: a) The GMEC requires that all program directors monitor and assess compliance for their program and residents; b) The GME Office and the ACGME require completion of a yearly questionnaire on duty hours by each resident annually in the spring; and c) The UCLA GMEC requires an annual Program Director certification of compliance with duty hours.
I. Concerns of duty hour violations should be reported to the Emergency Medicine Residency Program Directors, the Senior Associate Dean for GME or the institutional Compliance Hotline at 800-296-7188.

J. Continuous on-site duty (admitting, inpatient call, etc.) for PGY1 residents must not exceed 16 consecutive hours with no additional hours for non-Emergency Medicine rotations. While on duty in the emergency department, residents may not work longer than 12 continuous scheduled hours.

K. Continuous on-site duty (admitting, inpatient call, etc.) for PGY2 – 4 residents must not exceed 24 consecutive hours for non-Emergency Medicine rotations. Residents may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements. Therefore, the total day may be up to 28 hours. While on duty in the emergency department, residents may not work longer than 12 continuous scheduled hours.

L. David Geffen School of Medicine and the Emergency Medicine Residency Program abide by the ACGME duty hour rule (http://www.acgme.org).

ON CALL ACTIVITIES

This applies to residents at the PGY 2 level and above.

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, (admitting, inpatient call, etc.), must not exceed 24 consecutive hours. Residents may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements. Therefore, the total day may be up to 28 hours.

C. No new patients, as defined in the Common and Emergency Medicine Program Requirements, may be accepted after 24 hours of continuous in house duty.

D. At-home call (pager call) is defined as call taken from outside the assigned institution.

   1. 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.

   2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit, averaged over 4 weeks.

   3. 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.

MONITORING RESIDENT DUTY HOURS

To strengthen residency compliance practices with duty hour requirements, the following procedures have been implemented.

A. It is the responsibility of the Program Director to ensure compliance with duty hour requirements.

B. The Program Director shall monitor residents’ duty hours on each rotation utilizing the feature available on Verinform.
C. The Program Director shall review the residents' hours no less than quarterly.

D. Resident duty hours must be logged on all rotations where compliance is a potential concern.

E. The Program Director shall provide a written report annually to the GMEC with the following components:
   1. Confirmation of the adequacy of resident compliance with logging duty hours.
   2. Identification of all areas of non-compliance
   3. An action plan for non-compliant areas
   4. A report on implementation of corrective action and results achieved on previously identified areas of non-compliance

F. The GME Office will review the Program Director's annual report and the results of the ACGME online survey for duty hours. Written Program Director response on any noncompliant items will be required. The survey and the Program Director response will be reviewed at GMEC meetings and action will be mandated as appropriate.

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