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**THORACIC SURGERY RESIDENCY PROGRAM**

**DUTY HOUR CALL POLICY AND FATIGUE MANAGEMENT POLICY**

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

Programs must ensure that residents are provided backup support when patient care responsibilities are especially difficult or prolonged. Resident duty hours and on-call schedules 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 needs of the resident.

Duty hours do not include reading and preparation time spent away from the duty site.

* Maximum Duty Hours: Duty Hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Exceptions (for up to an additional 10%) will require LUMC GME and RRC approval.
* Moonlighting: Moonlighting shall be at the discretion of the training program but must be compliant with the institutional policy on Resident Moonlighting and must not interfere with the ability of the resident to achieve the goals and objectives of the training program.
* Time spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly duty hour limit. Reporting of hours must be by time card, New Innovations or certification by the institution/division in which the individual moonlights.
* Duty hours are limited to 80-hours per week, averaged over a four-week period, inclusive of all in-house call activities.
* Residents are 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.
* An 8-hour time period for rest and personal activities is provided between all daily duty periods and after in-house call.

Thoracic Surgery duty hours are logged in New Innovations in September/October and February/March every year.

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 extension 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. Under those circumstances, the resident must:

1. Appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question and submit that documentation to the program director.
2. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

Residents exceeding their duty hours will be excused from duties and reminded to return to his or her duties only after having at least 8 continuous hours outside the hospital. In the unlikely event that duty hours exceed these limitations more than twice in any given four week time period, the incident must be reported to the rotation supervisor and program director so that the efficiency of the service can be improved. The program will recommend extra monitoring periods in the event of multiple violations.

Residents must utilize the fatigue mitigation processes for residents in order to manage the potential negative effects of fatigue on patient care and learning, such as strategic naps and back-up schedules. 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. Justifications for such extension 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.

Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. 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 that 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. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director. Hours residents spend in-house are counted toward the 80-hour limit. Episodes requiring a return to the hospital to provide call does not initiate a new “offduty period” that is extraneous to their educational program.

When necessary, Way to Go Taxi Service is available for CV Surgery Fellows. Access the online taxi voucher system through the portal. Way to Go Taxi service provides hospital-site-to-home pre-paid taxi services in the event that the resident feels too fatigued to drive home. Vouchers are available through the institution’s portal system.

Thoracic and Cardiovascular Surgery Residency Program must educate faculty members and residents to recognize the signs of fatigue and sleep deprivation, along with alertness management and fatigue mitigation.

Taken from Resident Handbook

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