**Brigham and Women’s Hospital**

**General Surgery Residency Program**

**2019-2020 Resident Work Hours Policy**

The following provisions apply to general surgery residents sponsored by the Brigham and Women’s Hospital Surgery Residency Program and accredited by the Accreditation Council for Graduate Medical Education (ACGME). Further, they apply to residents in this program assigned to any other institution or clinical site as part of their surgical residency program.

*Note: ACGME requirements refer to “clinical experience and education hours” rather than using prior terminology of “work hours”. For simplicity, this policy will use the phrase “work hours” to refer to “clinical experience and education hours” as defined below.*

* Resident work hours are herein defined as time spent at the worksite performing clinical and/or academic activities required by the resident's GME training program, including:
* patient care activities, both inpatient and ambulatory, whether scheduled or not (i.e., includes time spent in the hospital when a resident is called in from home)
* administrative activities that are related to patient care
* in-hospital “on call”, regardless of what the resident activities are during such periods
* scheduled academic activities (i.e., conferences and other didactics).
* clinical work from home

(Exclusions: beeper call from home and/or academic preparatory work that is or could be done offsite.)

* Residents should report a pattern of excessive work hours and/or clinical workload to the program director and/or department chief. If appropriate changes in the program or individual resident's schedules are not implemented on a timely basis, residents should so inform the Partners Health Care Director or an Associate Director of Graduate Medical Education.
* The residency program endorses the work hour and on-call limits defined by the ACGME (paraphrased below in italics), with additional clarifications and extensions as noted:
* *Residents must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and education activities, clinical work done from home, and all moonlighting.*
* *Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.*
* Up to 4 hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.
* *In rare circumstances, after handing off all other responsibilities, a trainee, on his/her own initiative, may elect to remain or return to the clinical site to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or, to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit.*
* *Trainees must be scheduled for a minimum of one day in seven free of clinical work and/or required educational activities [when average over four weeks]. At-home call cannot be assigned on these free days. A day off is defined as a continuous 24-our period free from assigned educational and clinical responsibilities, including at-home or off-site beeper call, rounds and conferences.*
* The Department of Surgery must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
* *Trainees should have 8 hours off between scheduled clinical work and educational periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than 8 hours free. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.*
* *Residents must have at least 14 hours off after 24 hours of in-house call.*
* *Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.*
* *Residents must be schedule for in-house call no more frequently than every 3rd night [when averaged over a four-week period].*
* Time spend on patient care activities by residents on at-home call must count towards to 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation but must satisfy the requirement for one-day-in-seven free, when averaged over 4 weeks.
* Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour max weekly limit.
* In addition to the above, the Department of Surgery further requires that assigned clinical responsibilities (including at-home-call) must not be so frequent or taxing as to preclude adequate rest and reasonable personal time for each resident. In this regard, the program director should carefully monitor the frequency of extended shifts, moonlighting activity and instances of urgent or emergent patient care requiring the resident's return to the worksite during periods of call from home.
* The program director shall ensure that training regarding the symptoms of fatigue and their effects on performance is provided to faculty and residents.
* The program must provide alternative coverage for a resident's clinical responsibilities if the resident is too fatigued to continue his/her assigned clinical responsibilities. *See also: 2019-2020 Resident Personal Wellness Time and Sickness Policy*
* Residents must promptly notify a supervising physician if they are concerned that fatigue is impairing their performance. (Unless otherwise specified by the program, residents should notify the supervising physician as outlined in the program’s Resident Supervision Policy for cases of illness arising during a work shift.)
* The program director should monitor and assess the demands of at-home call (if applicable) and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.
* Program Directors shall monitor and assess the demands of at-home call [if applicable] and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.
* The program will communicate this work hour policy and resident relief policies to all members of faculty and trainees.
* The program director will define a schedule for monitoring resident work hours. In the Department of Surgery, residents are required to document their work hours accurately and completely daily. The program director reviews the data weekly with the goal of ensuring compliance with this and the program's work hours policies, adjust schedules as necessary to mitigate excessive service demands and/or fatigue and report their findings and responses to the GME Office and/or the Graduate Medical Education Committee upon request. For any violations noted, the resident will be asked to review their work hours for the period in question and explain any logging errors or violations. If there is a true violation, the resident will be provided coverage on their service and sent home for the appropriate time period to provide adequate rest.