

VI. Resident Duty Hours in the Learning and Working Environment

D. Duty Hours

Common Program Requirement:

- D. Duty Hours (the terms in this section are defined in the ACGME Glossary and apply to all programs)*
Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- 1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.*
 - 2. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.*
 - 3. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.*

- **Documentation for duty hour requirements:** The Common PIF contains 6 duty hour questions. (See PIF questions below.) For programs having four or more residents, residents report their perceptions on compliance with the common duty hour requirements by responding to several survey questions. (See survey questions below.) The aggregated results of the Resident Survey are available to program directors and DIOs through ADS if 70% of the residents/fellows complete the survey. Programs can use this information to determine if compliance problems suggested by the data are confirmed by the residents, and can also use the data to pinpoint compliance problems and to address them before their next ACGME site visit.

VI. Resident Duty Hours in the Learning and Working Environment
D. Duty Hours

ADS (PIF) Questions:

RESIDENT DUTY HOURS

For the previous four week period:	Response:
Excluding call from home, what was the average number of hours on duty per week per resident for the last four week rotation(s)?	
On average, how many days per week of in-house call (excluding home call and night float) were residents assigned for their last four week rotation(s)?	
Excluding call from home, what was the longest shift (in hours) worked by any resident during the last four week rotation(s)? (This is not the maximum hours per week)	
On average, do residents have 1 full day out of 7 free from educational and clinical responsibilities (If no, explain below)?	
Do residents have a 10 hour period between daily duty periods and after in-house call (If no, explain below)?	
Do residents have appropriate duty hours when rotating on other clinical services, in accordance with the ACGME-approved program requirements (If no, explain below)?	

Resident Survey Questions:

20. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Have you met this requirement?

21. Residents/fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. Have you met this requirement?

22. There should be a 10-hour time period provided between all daily duty periods and after in-house call. Have you met this requirement?

29. If you noted any issues with duty hours in the section above, would you say that those issues occurred mostly on rotations to other services outside your specialty?

VI. Resident Duty Hours in the Learning and Working Environment

D. Duty Hours

30. Averaged over your last 4-week rotation, excluding call from home, how many hours per week were you on duty?

32. How many times in the previous 3 months did you get fewer than 10 hours off duty between duty shifts?

- **Note on determining compliance:** In the accreditation process, the ACGME uses a substantial compliance model that emphasizes continuous improvement by institutions and programs for compliance with all ACGME standards, and promotion of good learning, resident well-being and safe patient care. Programs and sponsoring institutions should examine any data suggesting non-compliance in order to determine underlying causes. Site visitors will interview residents in order to verify and clarify all questions where the responses suggested non-compliance as well as any negative comments in the comment section of the survey. The ACGME does not specify what, if any, systems programs or institutions might use for monitoring.