

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

### E. On-call Activities

#### Common Program Requirement:

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1. *In-house call must occur no more frequently than every third night, averaged over a four-week period.*
2. *Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. 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 of medical and surgical care.*
3. *No new patients may be accepted after 24 hours of continuous duty.*
4. *At-home call (or pager call)*
  - a) *The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.*
  - b) *Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.*
  - c) *When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.*

#### Explanation:

On-call duty is defined as a continuous duty period between the evening hours of the prior day and the next morning, generally scheduled in conjunction with a day of patient care duties prior to the call period. Call may be taken in-house or from home. At-home call (pager call) may be overnight or may be for a longer period, such as a weekend. Assignment of at-home call must be appropriate to the service intensity and frequency of being called, and it should not be used for high intensity settings. At-home call also needs to be compliant with the requirement that one day out of seven must be free from all program assignments and duties. Regular duty shifts, such as those worked in the ICU, on Emergency Medicine rotations and during “night float,” used instead of in-house call to reduce the continuous duty period are exempt from the requirement that call be scheduled no more frequently than every third night.

The activity that drives the 24-hour limit is “continuous duty.” If a resident spends 12 hours in the hospital caring for patients, performing surgery, or attending conferences, followed by 12 hours on-call, he/she has spent 24 hours of “continuous duty” time. The resident now has up to 6 additional hours during which their activities are limited to participation in didactic activities, transferring care of patients, conducting continuity outpatient clinics, and maintaining continuity of medical and surgical care as defined by their specialty’s Program Requirements.

## **VI. Resident Duty Hours in the Learning and Working Environment**

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The goal of the added hours at the end of the on-call period is to promote didactic learning and continuity of care, including ambulatory and surgical continuity. The Review Committees have developed clarifying language for activities that are permitted during the six hours after the end of the 24-hour continuous duty period. (See summary document: [http://www.acgme.org/acWebsite/dutyHours/dh\\_specificDutyHours.pdf](http://www.acgme.org/acWebsite/dutyHours/dh_specificDutyHours.pdf).) Additional questions related to on-call activities are addressed in the Duty Hour FAQ: [http://www.acgme.org/acWebsite/dutyHours/dh\\_faqs.pdf](http://www.acgme.org/acWebsite/dutyHours/dh_faqs.pdf).