CONEMAUGH VALLEY MEMORIAL HOSPITAL
GENERAL SURGERY
SURGICAL RESIDENT DUTY HOUR POLICY

The MMC Institutional Policy regarding duty hours is adhered to by the Department of Surgery. The following guidelines are specific to the General Surgery Training Program.

1. General Surgery resident duty hours must not exceed 80 hours per week averaged over 4 weeks. 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.

2. In-house call must occur no more frequently than every third night, averaged over a 4-week period. Residents must not be scheduled for more than six consecutive nights of night float responsibility.

3. General Surgery resident assignments must not exceed 24 hours maximum continuous on-site duty with up to 4 additional hours permitted for patient transfer and other activities defined in RRC requirements. There must be no new patients assigned after 24 hours of continuous duty.

4. General Surgery resident time spent in the hospital during at-home call must be counted toward the 80 hours. At-home call, defined as call taken from outside the assigned institution by pager or phone, 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 residents.

5. All General Surgery residents, including those assigned at-home call, 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.

6. Duty hours will be monitored by the resident and the program director, to ensure that duty hour limitations are not exceeded. The program has several processes to monitor resident duty hours including New Innovations as well as the AMION software. Institutional mechanisms are in place for monitoring duty hours which include the internal review process, quarterly and monthly time studies completed by the residents on New Innovations, and weekly Directors Rounds.

7. The Program Director has developed and implemented policies to prevent and counteract the effects of resident fatigue and stress. General Surgery Faculty and residents will be constantly on guard for signs of stress and fatigue - and will take appropriate action whenever needed.

   - All General Surgery Residents will be observed for signs of fatigue, agitation, depression and other signs of stress on a daily basis by all attending staff who come in contact with them. Dialogue between attending physicians and residents is encouraged, and attending surgeons are empowered to seek means to relieve excessive stress, such as sending residents out of the operating room or home as needed.

   - General Surgery Residents are encouraged to seek appropriate support systems as needed and

are told during orientation that they are encouraged to contact the Program Director, Associate Program Director or Department Chairman at any time to discuss issues of importance to them.

- Chief residents are instructed to assure appropriate time out of the hospital and to use appropriate judgment to minimize stress in the working environment for the junior residents.

8. The Program Director must ensure that General Surgery residents are provided appropriate backup support when patient care responsibilities are particularly difficult or prolonged. This will be the responsibility of the chief resident and attending surgeon of their service. If they are unable to provide an acceptable solution, the issue will be raised to the Program Director level. If, for any reason the resident does not wish to discuss the issue with the Program Director, they can speak with either the Chairman of Surgery or the Chief Medical Officer for the organization.

9. General Surgery Residents must at all times have appropriate support and supervision in accordance with current published ACGME, institutional and program requirements and the GME Policy on Resident Supervision.

10. Moonlighting is not allowed in the MMC Surgical Residency Program.

11. PGY-1 residents must have eight hours, but should have 10 hours, off for rest and personal activities between duty periods. Residents in their final years must have eight hours free of duty between scheduled duty periods. All residents must have 14 hours off duty following a 24 hour call. Residents in the final years of education (as defined by the Review Committee) should have eight hours free of duty between scheduled duty periods, but there may be circumstances (as defined by the Review Committee) 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. This should be monitored by the Program Director.

12. Duty periods of PGY-1 residents must not exceed 16 hours duration. Resident assignments at the PGY 2 level and above must not exceed 24 hours maximum continuous on-site duty with up to 4 additional hours permitted for patient transfer and other activities defined in RRC requirements. There must be no new patients assigned after 24 hours of continuous duty. 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. This should be justified by needed continuity of care in a critically ill patient, academic importance of an event or humanistic attention to the needs of a patient or family. The resident must hand over care of all other patients to the team responsible for continuity of care and then document the reasons for remaining This documentation should be submitted to the Program Director for every instance of overage. The Program Director must review each submission of additional service and track both individual resident and program-wide episodes.

13. Night float rotations must not exceed two months in duration, four months of night float per PGY level, and 15 months for the entire program.