

GUIDELINES FOR NIGHT AND WEEKEND ROTATIONS

Department of Medicine

2009-2010

NOTE: These guidelines are updated annually.

1. *Frequency of on-call night rotations*

Residents on ward rotations will not be scheduled to be on call in the hospital more often than every fourth night except for: a) special scheduling requests from residents that are mutually agreeable to all parties concerned, including Chief Residents; and b) under unusual circumstances, including illness or leave of a fellow resident, and when no other coverage by a colleague resident can be arranged. On-call may then be every third night, but for no longer than one week.

Neither ER shifts occurring at night nor night float shifts are bound by the constraint that in-house call not be scheduled more frequently than every fourth night.

2. *Back-to-back night call when a resident changes service*

Back-to-back night call in the hospital when a resident changes service will be avoided through coordination of on-call schedules among the affiliated hospitals. When changing services it may be necessary to schedule residents to pick up a new service q3 (rather than q4). If other scheduling conflicts require that a resident be scheduled to switch services q1 or q2, alternative night call coverage will be arranged for that resident following the procedures outlined in the "Resident Backup Coverage Guidelines" ("At Risk Schedule").

3. *Home-Call*

Residents on subspecialty rotations will not be required to be on call for more than half of the nights and weekends they are available during a particular rotation nor should they be assigned a disproportionate number of weekends. Hence if a resident is scheduled for seven days vacation during a 31 day rotation, s/he will not be required to be on home-call for more than 12 nights of which no more than 4 should be weekend nights.

4. *Assignment of clinical or educational duties in one hospital concurrently with on-call assignment overnight in another hospital*

Attendance by residents at their weekly continuity clinics and teaching conferences is considered a high priority of this program. However, on days when residents are on short call or overnight call, attendance at these functions is optional. Additionally, orientation requirements of one rotation cannot impact or exceed hours of duty. When residents are on all other rotations, it is the responsibility of the Chiefs of Service to which those residents are assigned to develop workable plans to insure that the residents' services are appropriately covered while they are absent attending their continuity clinics or conferences.

5. *Specified number of periods of 24 or more consecutive hours off duty per month*

On all rotations, residents must be free of patient care responsibilities for one day in seven when averaged over a four week period. Activities at which resident attendance is required should not be considered "days off": including but not limited to the R1 Retreat*, R2/R3 Career Workshop, ACLS, R2 Board Review Course, R3 Retreat, Housestaff Awards Dinner.

Ward team residents and their attending physicians must see that all members of the housestaff team have an opportunity to be off duty for at least four periods of 24 or more consecutive hours each

month and, in general, such off duty periods should constitute a full day (i.e., Friday p.m. through Sunday a.m.), during which the resident is not required to be at the hospital. These periods need not be confined just to weekends. It is the responsibility of the Chiefs of Service at each of the hospitals to provide guidelines for housestaff and attendings that will accomplish this purpose while at the same time maintain the educational objectives and patient care responsibilities of their individual services.

*Due to the R1 retreat being a two day event, for those on a golden weekend it will count as one day off.

6. *Number of consecutive hours that residents may be required to work*

We are committed to meeting the ACGME hours of duty guidelines: “*Continuous time on duty (call) is limited to 24 hours, with additional time up to 6 hours for inpatient and outpatient continuity, transfer of care, educational debriefing and formal didactic activities.*”

Residents will not be required to have scheduled clinical or educational responsibilities in the afternoons following nights on call. This also applies to residents on the “At-Risk Schedule” who have been called in to provide night-time coverage.

Residents will be excused from all scheduled primary care or subspecialty clinics (morning and afternoon) on the first day of an ambulatory block rotation if they have been on call, on night float, or working nights in the ER the last night of the previous rotation.

Residents will be excused from all clinical responsibilities the first day of a rotation if they have been on call, on night float, or working nights in the ER the last night of the previous rotation.

7. *Rest periods while on call*

Rest periods while on call should be encouraged but cannot be guaranteed. The patient care demands at each of the affiliated hospitals are unique. It is the responsibility of each of the Chiefs of Service of those hospitals to monitor the working conditions of the housestaff on their services and to develop appropriate strategies for dealing with problems that they identify.