GUIDELINES FOR ADMITTING ROTATIONS
Internal Medicine Residency
Department of Medicine

Principles: We are committed to meeting the ACGME hours of duty guidelines and to designing a program structure that is configured to provide residents with clinical opportunities where outstanding patient care and education is indistinguishable, as well as reasonable opportunities for rest and personal activities.

Policy:  

Frequency of overnight on-call rotations
Residents on ward rotations will not be scheduled to be on call over-night 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 medicine shifts are bound by the constraint that in-house call not be scheduled more frequently than every fourth night.

Frequency of night shifts
Residents will not be scheduled for more than six (6) consecutive night shifts.

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”).

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 vacation days during a 28 day rotation, s/he will not be required to be on home-call for more than 12 nights of which no more than 3 should be weekend nights.

Interns may not be assigned any home-call responsibilities.
**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. Home-call may not be assigned on these free days. Activities at which resident attendance is required should not be considered “days off”: including but not limited to the R1 Retreat, R2/R3 Career Workshops, ACLS, R3 Board Review Course.

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 calendar 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.

**Number of consecutive hours that residents may be required to work**
We are committed to meeting the ACGME hours of duty guidelines.

“Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education”

Residents will not be have scheduled clinical or educational responsibilities the afternoon following a night 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 clinical responsibilities the first day of a rotation if they have been on an overnight call, on a night shift, or working nights in the ER the last night of the previous rotation.

**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.

**Process:** These guidelines are reviewed annually by the Medicine Residency Advisory Council.