University of California
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UCSF

Department of Surgery
Resident Education Office

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DEPARTMENT OF SURGERY
WORKHOURS POLICY/FATIGUE MONITORING

A.   Definitions

1.   Work hours are defined as that time spent in all clinical and academic activities related to the training program. This includes all aspects of patient care in both the inpatient and outpatient settings, as well as all procedural activities in the operating room. It also includes time spent in the administrative aspects of patient care, the time spent transferring patient care (rounds), time spent in-house during assigned call and time spent in scheduled academic conferences such as Grand Rounds, Basic Science Conference and the scheduled Surgical Skills Lab sessions. Time spent reading and studying off-site and practicing in the Skills Lab outside of scheduled training sessions is not included in duty hours.
2.   In-house call is defined as that interval when the resident is required to be immediately available in the assigned institution.
3.   Call from home is defined as that interval when the resident is required to be available to return to the assigned institution within a reasonable period of time, but does not need to remain in the assigned institution.
4.   A day is defined as a continuous 24-hour period.
5.   A new patient is defined as one who has not previously received care from the surgery department.
6.   These definitions apply to all of the integrated and affiliated sites participating in the UCSF General Surgery Residency Training Program.

B.   Policy
1.   Residents will work no more than 80 hours per week, averaged over a 4-week interval.
2.   Residents will have 1 day in 7 free of all educational and clinical responsibilities, averaged over a 4-week interval.
3.   Residents will be assigned to in-house call no more often than every third night, averaged over a 4-week interval.
4.   Interns will not work more than 16 consecutive hours.
5.   Following a 24-hour work session, residents will work no more than 4 additional hours. Activities during the additional 4 hours may include didactic activities, maintaining continuity of patient care, transferring patient care, operating on patients—including the first operation of the day or an operation on a patient admitted during the 24-hour tour of duty.
6.   The resident may not have primary responsibility for the care of any new patient during this additional 4- hour interval.
7.   Call taken from home is NOT subject to the every third night limitation. However when residents taking call from home return to the hospital for some indicated clinical activity, the hours spent in that clinical activity will count in the 80-hour limit. Additionally the frequency of call from home shall NOT prevent reasonable rest and personal time and shall NOT prevent 1 day in 7 free from all educational and clinical responsibilities (see B.2. above).
8.   Residents should have a 10-hour time period between assigned work sessions, and MUST have an 8 hour interval between shifts.
9.   In unusual circumstances, residents may stay beyond these limits to care for a single patient. <u>All</u> such exceptions must be reported to the Program Director.
10.   Residents in the clinical years of the UCSF General Surgery Residency Training Program MAY NOT moonlight. Residents in the laboratory years MAY moonlight.

Revised March 2013

C.   Workhours Monitoring

1.   All residents will enter their work hours daily in the E*Value Workhours Database. Residents who fail to enter their hours for the prior day by 9:00am the following morning will be relieved of duty.

2.   Each service will develop a system for weekly workhours monitoring that includes the following elements:

   a. Review of the workhours data sent to the Residency Office WEEKLY for those services/rotations with incomplete compliance, MONTHLY for those services/rotations with complete compliance.

   b. Identify the member of the service/rotation administrative staff who is responsible for this process and who will be communicating the data to the Residency Office weekly or monthly.

3.   Intermediate-level residents should have 10 hours free of duty, and must have eight hours between scheduled duty periods.

4.   Intermediate-level residents must have at least 14 hours free of duty after 24 hours of in-house duty.

5.   Failure to submit a timely report will result in the residents being relieved of duty from that service until the report is received.

6.   Falsification of data will result in immediate termination of all resident assignments to that service/rotation.

D.   Stress and Fatigue Monitoring

1.   The faculty and residents will be instructed in the signs of fatigue by annual review of the American Academy of Sleep Medicine "Sleep, Alertness and Fatigue Education in Residency (SAFER) module: http://www.surgery.ucsf.edu/res/PUBLIC/Fatigue_Module_2010.pdf.

2.   The residents are in close contact with faculty during each day, allowing the faculty to assess the resident for signs of fatigue by direct observation.

3.   If resident fatigue is present and action is needed, the resident will be sent home or sent to sleep and resume clinical duties when rested.

E.   Policy Deviations

1.   Deviations from the workhours policy are to be reported to the Residency Office, any faculty member, the faculty mentor for any involved resident, any of the resident members of the Departmental Resident Council, any member (faculty or resident) of the Departmental Education Committee, the Program Director, or the Chair.

2.   In addition deviations can be reported to any member of the institutional Graduate Medical Education Committee (resident member or faculty member), to the Graduate Medical Education office or to the UCSF Duty Hours Compliance Officer. Reporting to the GME Office can be totally anonymous if desired by calling 502-9400.

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Resident Print Name   Resident Signature   Date

2014 – 2015 YEAR