

## **RADIOLOGY DEPARTMENT RESIDENT DUTY HOURS AND THE WORKING ENVIRONMENT POLICY**

Providing trainees with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and trainee well-being. The Radiology Residency Training Program will ensure that the learning objectives of the program are not compromised by excessive reliance on trainees to fulfill service obligations. Didactic and clinical education must have priority in the allotment of trainees' time and energies. Duty hour assignments must recognize that faculty and trainees collectively have responsibility for the safety and welfare of patients. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. The duty hour policy applies to all participating hospitals where training of radiology trainees occurs.

### **1. Duty Hours**

- a. 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. Duty hours do not include reading and preparation time spent away from the duty site.
- b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Trainees 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.
- d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

### **2. On-Call Activities**

The objective of on-call activities is to provide trainees with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work-day when trainees are required to be immediately available in the assigned institution.

- a. In-house call must occur no more frequently than every third night, averaged over a four-week period.

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- b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Trainees 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 as defined in Specialty and Subspecialty Program Requirements.
- c. No new patients or studies, may be accepted after 24 hours of continuous duty.
- d. At-home call (pager call) is defined as call taken from outside the assigned institution.
  - ◆ The frequency of at-home call 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 each trainee. Trainees taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
  - ◆ When trainees are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
  - ◆ The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

**3. Moonlighting**

- a. Each resident must decide for themselves if they will moonlight during their training program. **The Radiology Department does not require nor insist that a resident moonlight.**
- b. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- c. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements (See IUSM Moonlighting Policy).
- d. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s),

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i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

**4. Oversight**

a. The Radiology Department has written policies and procedures consistent with the ACGME Institutional and Program Requirements for trainee duty hours and the working environment. These policies must be distributed to the trainees and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service. The Radiology Department in concert with other training programs will provide information to the Office of House Staff Affairs as cited by paragraph b of this policy. This monitoring of Duty Hours would include duty at all institutions that participate in the training of.

b. The Radiology Department Training programs will be submit to the Office of House Staff Affairs the following information:

- A quarterly summary document of the results of the program's monitoring activity for a four-week period consisting of a single rotation during that quarter.
- A copy of the program's duty hour's policy and an example of the method used to monitor the duty hours must be attached to the summary document.
- An affirmation by the resident that they have seen the program's duty hour's policy must be contained in each program's duty hours monitoring method.
- The summary document must include an explanation of how any non-compliance will be immediately remedied.
- COGME will be presented with a report of all programs' duty hours summary documents.
- If the Radiology Program director does not sufficiently and adequately address, in the summary document, all non-compliance issues must appear before COGME with a plan of action to come into immediate compliance.
- Any issues of non-compliance that are due to excessive service demands and that have not been successfully addressed by the

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program in cooperation with the affiliated hospital will be referred to the COGME Task Force on Duty Hours for resolution.

- The Duty Hours Task Force will report back to COGME on its activities and the status of the non-compliance issue.
  
- b. Faculty and trainees will be educated on an annual basis to recognize the signs of fatigue and adopt and apply policies to prevent and counteract its potential negative effects.
  
- c. Trainees who have observed violations and non-compliance with the duty hour regulations should report the violations to the Teacher/Learner Advocacy Committee (TLAC). This committee will follow its standard procedures in investigating the allegations and report their findings to the Director of Graduate Medical Education.
  
- d. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

**5. Duty Hours Exception**

The Committee on Graduate Medical Education (COGME) may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. The Program Director will follow the IUSM Policy for Granting Duty Hours Exceptions, and submit requests as appropriate.