

**The New York University School of Medicine Department of Ophthalmology**  
**Duty Hours Policy for Residents**

Applies to: Residents in the NYU School of Medicine Department of Ophthalmology. Refer to the NYU School of Medicine Duty Hours Policy for Residents for more details regarding duty hour policies

**I. Preamble**

New York State has longstanding regulations restricting Resident Duty Hours. Effective July 1, 2003, the Accreditation Council for Graduate Medical Education ("ACGME") adopted similar Duty Hour limitations.

The Department of Ophthalmology adheres to the regulations and policies of the NYU School of Medicine Duty Hours Policy for Residents

In this document, all references to Residents are limited to trainees in the Department of Ophthalmology

**II. Definitions**

A. ACGME - Accreditation Council for Graduate Medical Education

B. Call

1. At-Home Call (or pager call) is call taken from outside the assigned institution;
2. In-House Call is comprised of Duty Hours beyond the normal workday, when Residents are required to be immediately available in the assigned institution.  
(Does not apply to the Department of Ophthalmology, as all call is At-Home Call)

C. Director - Director of Residency Training

D. Duty Hours - Include all clinical and academic activities of the Resident; i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, transfer of patient care, time spent in-house on-call, scheduled academic activities such as conferences, and any moonlighting activities. Duty Hours do not include reading and preparation time spent away from the duty site.

E. NYU - New York University School of Medicine

**III. Policy**

A. Regulations. New York Codes, Rules and Regulations (NYCRR), Title 10, Section 504.4, and ACGME Final Requirements, "Resident Duty Hours Language," promulgate Duty Hour restrictions in order that the working conditions and hours of Residents promote the provision of quality medical care. The regulations establish the following limits on Resident Duty Hours:

1. Duty Hour Limitations.

- A. The scheduled work week shall not exceed an average of 80 Duty Hours per week, averaged over a 4-week period, and inclusive of all time spent in-house while on call.
- B. Continuous on-site duty, including time spent in-house while on call, must not exceed 24 consecutive Duty Hours. Residents may remain on duty for up to 3 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. Adequate time for rest and personal activities must be provided to Residents. In determining limits on Resident Duty Hours, as set forth in subparagraphs (a) and (b) of this section, the Director of Residency Training shall require that scheduled on-duty assignments be separated by not less than 10 non-Duty Hours. Residents shall have at least one 24-hour period free from all clinical, educational, and administrative activities per 7 days.

2. Prohibition. Residents who have worked the maximum number of Duty Hours permitted in subparagraphs (a) through (c) of this paragraph shall be prohibited from working additional hours as physicians providing professional patient care services.

3. Exceptions. The Graduate Medical Education Committee and the Department of Ophthalmology will neither entertain nor endorse requests for exceptions to this policy

B. Additional Restrictions. In addition, the ACGME also requires:

1. Supervision of Residents.

- A. All patient care must be supervised by qualified faculty. The Director must ensure, direct, and document adequate supervision of Residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
- B. Faculty schedules must be structured to provide Residents with continuous supervision and consultation.
- C. Faculty and Residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. On-Call Activities. The objective of on-call activities is to provide Residents with continuity of patient care experiences throughout a 24-hour period.

- A. All call at all institutions covered by Residents in the Department of Ophthalmology is At-Home Call. There will be no exceptions to this policy.
- B. No new patients may be accepted after 24 hours of continuous duty.
- C. 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 Resident. Residents taking At-Home Call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities.
- D. When Residents are called into the hospital from home, the hours the Residents spend in-house are counted toward the 80-Duty Hour limit, as established under Section III.1.A, Policy, of this document.
- E. The Director must monitor the demands of At-Home Call in his/her program and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue on his/her Residents.

### 3. Oversight.

- A. This policy and the written department procedures must be distributed to Residents and faculty. Monitoring of Duty Hours is required with frequency sufficient to ensure compliance and an appropriate balance between education and service. Monitoring is done by using 2 week studies, which are reviewed by the Residency Program Director. These 2 week studies are done annually. The residents are instructed to report any duty hour issues to the Residency Program Director if they occur. Monitoring of resident fatigue and stress is done at the semi-annual reviews.
- B. If a Resident's patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create Resident fatigue sufficient to jeopardize patient care, then the next level resident on backup call will take over that Resident's on call responsibilities for the remainder of that Resident's time on call; thus allowing the first Resident to leave the hospital for his/her requisite 10 non-duty hours. For example, if a first year resident is kept in house for 24 continuous hours before the end of his/her call period, then the second year resident on backup call will take over primary call for the remainder of the first year resident's at-home on call duty. Similarly, if a resident is kept in house for 24 hours and he/she still has regular clinic responsibilities to fulfill the next day, those responsibilities will be divided by the other residents at that facility, so that the on-call resident may leave the hospital in a timely fashion.