PROGRAM IN ORAL MAXILLOFACIAL SURGERY
RESIDENCY & FELLOWSHIP
DUTY HOURS IN THE PROFESSIONAL LEARNING
AND WORKING ENVIRONMENT

Purpose:
To establish a policy for the ORAL MAXILLOFACIAL SURGERY program that helps promote appropriate duty hours, education and work environment, and facilitates quality patient care and safety while supporting the physical and emotional well-being of the specialty or subspecialty resident. The Learning and Work Environment emphasizes a commitment to the well-being of the students, residents, faculty members, and all members of the health care team; excellence in the safety and quality of care rendered to patients by residents today as well as in each resident's future practice.

Scope:
This policy applies to the Department of ORAL MAXILLOFACIAL SURGERY training program. All information contained in this policy shall be the absolute criteria for resident duty hours. Other general information can be found at the University of Maryland Medical Center's (UMMC) institutional policy on Resident Duty Hours in the Learning and Working Environment (GMS-P),, also referred to as Duty Hours available at URL
http://www.umm.edu/professionals/gme.

Definitions:

Duty hours are defined as all clinical and academic activities related to the program, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, clinical work done from home and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Supervising physician is a physician, either faculty member or more senior resident, designated by the program director as the supervisor of a more junior resident. Such designation is based on the demonstrated medical and supervisory capabilities of the supervising physician.

Resident refers to those specialty and subspecialty trainees (fellows) enrolled in ACGME-accredited or equivalency accredited programs (e.g., CODA; ACFAS, AAST, ASHP, UCNS)

Program refers to the educational program accredited by the ACGME, or through an equivalent accrediting body (e.g., CODA, ASHP, ACFAS, AAST, UCNS), and which is sponsored by the University of Maryland Medical Center.

Program director refers to the single program leader recognized by the accrediting body and sponsoring institution with responsibility for assuring full compliance with this policy.

Responsibilities/Requirements

Professionalism, Personal Responsibility, Patient Safety and Oversight

The program director and sponsoring institution ensure a culture of professionalism exists through faculty modeling to support patient safety and personal responsibility by assuring that residents and faculty members demonstrate an understanding and acceptance of the following:

- Assure the safety and welfare of patients entrusted to their care.
- Provide patient and family-centered care.
- Assure they are fit for duty, are well rested and, fit to provide care for their patients
- Manage their time before, during and after clinical assignments.
- Recognize impairment, including illness and fatigue, in themselves and others.
- Assure lifelong learning through modeling of the joy of curiosity, problem-solving, intellectual rigor and discovery.
- Monitor their patient care performance improvement indicators; and
- Assure honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

Promotion of Well-Being and Mitigating Fatigue

With the goal of promoting well-being and fatigue mitigation, the program director and sponsoring institution:

- Make efforts to enhance the meaning that each resident finds in the experiences of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships,
- Provide attention to scheduling, work intensity and work compression that impacts Resident well-being,
- Evaluate workplace safety data and addressing the safety of residents and faculty members
- Develop policies and programs that encourage optimal resident and faculty member well-being, including but not limited to, providing Residents with the opportunities to attend medical, mental health and dental care appointments, including those scheduled during their working hours,
- Assure attention is given to Resident and Faculty Member burnout, depression and substance abuse, including, but not limited to, self-screening tools and other resources outlined in the Institutional Commitment for Graduate Medical Education policy GMS-B (Section 4.6);
- Assure Faculty Members and Residents are educated to recognize the signs of fatigue and sleep deprivation
- Assure Faculty members are educated in alertness management and fatigue mitigation process
- Encourage Residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning
- Ensure the availability of adequate sleep facilities and/or safe transportation (e.g., reimburse for rides, access to UMMC security shuttle, UMB security escort services, public transportation) are provided by UMMC for Residents who may be too fatigued to safely return home,
- Ensure a process for continuity of patient care in the event that a Resident may be unable to perform his/her patient care responsibilities due to excessive fatigue.

Assuring Appropriate Clinical Responsibilities, Teamwork and Transitions of Care

Program policies and protocols document that residents are given appropriate supervision, clinical workload, and support services in accordance with the institutional policies, Institutional Commitment for Graduate Medical Education (GMS-B), Resident Supervision (GMS-H), and Hand-Offs and Transitions of Care (GMS-X). Programs and the sponsoring institution assure an environment of care exists that maximizes communication and opportunities to work as a member of an effective interprofessional team as appropriate to the delivery of care in the specialty/subspecialty program as well as within the larger health system as defined by the specialty/subspecialty Residency Committee. The program director and UMMC GMEC provide oversight to assure that the transition of care is effective, structured, and facilitate both continuity of care and patient safety.

Clinical Experience and Education

Programs, in partnership with UMMC, design effective program structure that is configured to provide residents with educational and clinical experience opportunities as well as reasonable opportunities for rest and personal activities. The program director has responsibility for approval of duty schedules for residents enrolled in their program and for assuring adherence to program and institutional requirements during implementation of these approved schedules as well as adherence to the following:

Maximum Hours of Clinical and Educational Work Per Week

- Clinical and educational work hours are limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call and educational activities, clinical work done from home (e.g., use of EMR or taking calls from home), and all moonlighting (internal and external). Exclusions to the 80-hour limit for clinical work from home include reading done in preparation for the following days' cases, studying, and research done from home.

Mandatory Time Free of Clinical Work and Education

- UMMC, as the Sponsoring Institution, in partnership with its programs assure an effective program structure exists to provide residents with educational and clinical opportunities, as well as reasonable opportunities for rest and personal activities to assure personal well-being.
- Residents should have eight hours off between scheduled clinical work and education periods. It is understood that there may be circumstances where the eight-hour minimum may not be met when residents choose to stay and care for a patient, or return to the hospital with fewer than eight hours free; however, these circumstances must not prevent compliance with the one day in seven free
- Residents must be scheduled for a minimum of one day in seven free of clinical work and required education, when averaged over four weeks. At home call cannot be assigned on these free days.
- Residents are required to have at least 14 hours free of clinical work and educational activities after 24 hours of in-house call.

Maximum Clinical Work and Education Period Length

- Clinical and educational work periods for residents will 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; and
- Additional patient care responsibilities will not be assigned to a Resident during this time.

Clinical and Educational Work Hours Exceptions

In rare circumstances, after handing off all other responsibilities, a Resident voluntarily and on their own initiative, may elect to remain on or return to the clinical site in the following circumstances:

- To continue to provide care to a single severely ill or unstable patient.
- To provide humanistic attention to the needs of a patient or family; or
- To attend unique educational events.
- These additional hours of care or education will be counted toward the 80-hour weekly limit

A Review Committee may grant **rotation-specific** exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.

In preparing a request for an exception, the program director will follow the clinical and educational workhour exception policy from the ACGME Manual of Policies and Procedures and the institutional policy, Review and Approval of ACGME Residency Review Committee and Other Accrediting Body Documents by DIO, ADIO, and GMEC (GMS-R). Before submitting a request for an exception to the GMEC, the program director will confirm that the requested Review Committee and the program requirements will allow exceptions. Prior to submitting the request to the Review Committee, the program director will obtain approval from the UMMC's (Sponsoring Institution's) GMEC and DIO.

Moonlighting

- Document compliance with the institutional policy Extracurricular Employment/Moonlighting (GMS-I)
- Assure moonlighting does not interfere with the ability of the Resident to achieve the goals and objectives of the educational program and does not interfere with the Resident's fitness for work, nor compromise patient safety.
- Assure time spent by Residents in internal and external moonlight will be counted toward the 80-hour maximum weekly limit; and
- Assure PGY-1 Residents will not be permitted to moonlight.

In-House Night Float

- Night Float assignments occur with the context of the 80-hour and one–day-off in seven requirements, and as further specified by the specialty or subspecialty programs' Residency Committee for maximum number of consecutive weeks and maximum number of months.

Maximum In-House On-Call Frequency

- Residents will be permitted to be on-call, however, they must not be scheduled for in-house call more frequent than every 3rd night, when averaged over a 4-week period.

At-Home Call

- Time spent on patient care activities by residents on at-home call will be counted towards the 80-hour maximum weekly limit. The frequency of at-home call is not subject to every 3rd night limitation, but must satisfy the requirements for one day in seven free of clinical work and education, when averaged over 4-weeks;
- At home call will not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- Residents will be permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of in-hospital patient care will be included in the 80-hour maximum weekly limit.

Monitoring of Resident Duty Hours by the Program Director and UMMC's GMEC

- The program director and UMMC's GMEC provide oversight to assure that hand-over processes are effective, structured, and facilitate both continuity of care and patient safety.

- The program director for an ACGME accredited/recognized program reports their duty hours compliance at least annually through the ACGME Web Accredited Data System as part of the ACGME Annual Update. Residents enrolled in an ACGME accredited/recognized program periodically complete a Resident Survey through the ACGME website. Resident survey data is presented to the UMMC's GMEC for those programs where compliance does not meet the approved GMEC threshold for any questions related to resident duty hours, and the program director is required to provide the UMMC GMEC with a corrective action plan where non-compliance is indicated.
- Each program director reviews program compliance quarterly with resident duty hour tracking and monitoring in a web-based system. The program director completes and signs a Duty Hours Attestations Statement quarterly each academic year. The program director identifies the corrective action plan if any areas of non-compliance or concern are identified on the Attestation Statement. A summary report that documents compliance with completing the Attestation Statement, as well as areas of concern identified on the Statement and the necessary corrective actions taken to address the area of non-compliance are provided to the GMEC quarterly.
- All program residents and teaching faculty are required to complete the sleep education training program developed and adapted from the SAFER program of the American Academy of Sleep Medicine.
- Special, periodic and focused reviews conducted at the request of the DIO/Chair of the GMEC and GMEC help to identify programs' compliance in providing evidence of formal policies governing resident duty hours, appropriate compliance with resident logging, program director oversight activities, including corrective actions where indicated, and compliance with sleep education training by program residents and teaching faculty. Reports from the special, periodic and focused reviews are presented to the UMMC's GMEC and periodic progress reports from the program director are required when areas of non-compliance, including those related to resident duty hours, are identified.

Quality Improvement and Patient Safety

All physicians share the responsibility for the promotion of patient safety and enhancing the quality of patient care that they deliver and participate in interprofessional quality improvement activities aimed at reducing health care disparities through the UMMC Plan for Improving Organization Performance (the Plan) and the UMMC Patient Safety Program (the Program). The Plan and the Program are detailed in the Institutional Commitment for Graduate Medical Education (GMS-B). Specialty/subspecialty programs assure residents have access to data related to their patient populations, in order to evaluate the success of any improvement efforts that are made.

The specialty/subspecialty programs in cooperation with the sponsoring institution, assure that residents are:

- Able to provide the highest level of clinical care with a focus on safety, individual needs, and the humanity of their patients, and
- Understand the limits of their knowledge as outlined in the Resident Supervision policy (GMS-H) and further detailed in each specialty/subspecialty program's Guidelines for Resident Supervision.

Effective 7/1/2018