

DEPARTMENT OF PEDIATRICS  
PEDIATRIC RESIDENCY TRAINING PROGRAM POLICIES

*Duty Hours*

Residents rotating on pediatrics will work no more than an average of 80 hours per week over a four week period of time. In addition, each resident will have, averaged over a four week period one day off per week. Also, residents will have 10 hours or more between periods of work.

*Work Hours:*

Rotation	Work Hours	Call Frequency	Days Off	Weekly Average
Inpatient Ward interns	7 am- 6 pm	Every 5 <sup>th</sup> night	4	78 hours
Inpatient Ward Interns	7 am- 5 pm	Every 4 <sup>th</sup> night	4	80 hours
Inpatient Ward Seniors	7 am- 6 pm	Friday or Saturday nights	4	74 hours
Inpatient “Mole” Seniors	6 pm- 7 am 8 am- 8 am Sun	Sunday-Thursday	4	76 hours
PICU residents	7 am- 5 pm	Every 4 <sup>th</sup> night	4	80 hours
NICU residents	7 am- 5 pm	Every 4 <sup>th</sup> night	4	80 hours
ER residents	12 hours shifts	20-21/month	9-10	60-63 hours
Newborn Nursery intern	13 hour shifts	6 per week	4	78 hours
Nightfloat resident	8 am- 5 pm	4 per month	At least 5	56-64 hours
Ambulatory, BD, Cardiology, Adolescent, Medicine Intern	8 am- 5 pm	ER shifts 5 p-10 p (2 per week)	8	55 hours

Post call residents will be able to leave the hospital after rounds and transfer of care of their patients. Necessary work to ensure appropriate continuity of care will be performed by the resident caring for those patients.

The chief resident and the program director will monitor adherence to the required duty hours policy. Residents who fail to comply with the set policies will meet with the program director and if necessary the department chair.

*Implementation of the duty hours policy:*

To reach an 80 hour work week, beginning in July 2003 the following will take place:

- **INPATIENT SERVICE:** PL-3 residents will have one less elective. They will split their teaching rotation into two week blocks and will be the “mole” on the inpatient service in two week blocks. This resident will serve as the supervising senior resident all day Sunday and Monday through Thursday nights 6 pm until 7 am. This individual will provide supervision to the intern, handle admissions, transfers, and bed assignments for patients on the inpatient service. In addition, this resident will provide continuity in patient care. This rotation will count as an inpatient, supervisory rotation.

In addition, the regularly assigned senior residents will take call only on Friday night and Saturdays. If they are on call on Saturday, they will have the Friday preceding off to allow for one day off per week.

- **NICU:** Call for the NICU will go from every 3<sup>rd</sup> night to every 4<sup>th</sup> night. To accomplish this, there will be 4 pediatric and/or medicine pediatric residents assigned to the NICU for 6 months time allowing call to be every fourth night. For the remaining 6 months, the anesthesia resident who has a required rotation in the NICU will be assigned during those months. For these 6 months, there will be 3 pediatrics and/or medicine pediatric residents and one anesthesia resident for a combined total of 4 residents to enable call to be on an every 4<sup>th</sup> night basis. Furthermore, we will increase the level of responsibility of the 4<sup>th</sup> year students completing their sub-internship in the unit.
- **PICU:** Call in the PICU will go from every 3<sup>rd</sup> night to every 4<sup>th</sup> night. To accomplish this, two senior level residents (pediatrics or medicine/pediatrics) will be assigned to cover the unit from the available pool of residents needing to take call. The month will be divided into two even blocks and one resident will take call every 4<sup>th</sup> night in the PICU rotation with the 3 persons regularly assigned to the PICU for the first block and one for the second block. Residents assigned as the 4<sup>th</sup> person will take call only in the PICU and when their block of calls is over, will not have any more assigned call for the month.

This information is in accordance with the LUMC “housestaff handbook”, section II item E.