

ARMANDO D. MEZA M.D.
ASSOCIATE PROFESSOR OF IM
ASSOCIATE DEAN GME
DESIGNATED INSTITUTIONAL OFFICIAL
TEXAS TECH UNIVERSITY HSC EL PASO
PAUL L FOSTER SCHOOL OF MEDICINE.

PROGRAM DIRECTOR'S TRAINING COURSE



PDTC-11: LEARNING ENVIRONMENT AND DUTY HOURS

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DUTY HOURS



DUTY HOURS

- ✘ 2003 first time developed
- ✘ July 2011 latest version
- ✘ Focused on residents well being and patient safety
- ✘ Potential difficulties:
 - + non compliant schedules
 - + Faculty not complying with the regulations
 - + Service over education
 - + More monitoring

Common Program Requirements

Effective: July 1, 2011

Note: The term “resident” in this document refers to both specialty residents and subspecialty fellows. Once the Common Program Requirements are inserted into each set of specialty and subspecialty requirements, the terms “resident” and “fellow” will be used respectively.

Introduction

Residency is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the resident.

The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept—graded and progressive responsibility—is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

I Institutions

I.A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating sites.

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.

I.B. Participating Sites

I.B.1. There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years.

COMMON PROGRAM REQUIREMENTS (CPR)

- × More appropriate term

- + Other elements include:

- × Transfer of patient care
- × Professionalism
- × Supervision
- × Fatigue
- × Patient safety
- × Performance improvement
- × Team work

DUTY HOURS CPR JULY 2011

- ✘ 80 hours per week averaged over 4 weeks
 - + including in house call
 - + including moonlighting (not allowed for PGY-1's)
 - + including anything mandatory
- ✘ Mandatory free time off duty:
 - + one day a week averaged over 4 weeks
- ✘ Maximum duty length period
 - + PGY-1: 16 hours
 - + PGY-2 and beyond 24+4 + strategic napping
 - ✘ If any exceptions made the PD needs to track them
- ✘ Minimum time off between duty periods
 - + 8-10 hours

DUTY HOURS CPR JULY 2011

- ✘ Night float maximum:
 - + 6 nights in a row
- ✘ PGY-2 and beyond maximum in house call:
 - + No more often than every third night
- ✘ At home call
 - + Time spent in hospital counts toward the 80 hours
 - + one day free for each seven, averaged

CPR: CONTINUED

- ✘ Resident supervision
 - + By faculty or senior resident
 - + Direct
 - + Indirect
 - ✘ Direct supervision immediately available
 - ✘ Direct supervision available
 - + Oversight
 - ✘ After care provided
 - ✘ Not allowed for PGY-1
- ✘ Fatigue
 - + Need to monitor
 - + May use strategic napping, coffee, etc
- ✘ Monitoring compliance: self, indirect, etc

SUMMARY

- ✘ More emphasis on compliance
- ✘ More strict
- ✘ More focused
- ✘ More accountability
- ✘ Can account for significant disciplinary action if not followed with

END OF PRESENTATION
