

# SIU Quincy Family Medicine Duty Hour Policy

The SIU Quincy Family Medicine Residency Program recognizes that resident education is maximized by a balance between patient care, programmatic education, and self-study. Additionally, for resident well-being, adequate time must be provided for rest and attention to personal needs. 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, 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. The program utilizes the definitions of duty hours as stated on the [acgme.org](http://acgme.org) site.

- Duty hours are limited to 80 hours per week averaged over four weeks, including all moonlighting and time at the hospital during at home call. There is no In house call.
- Residents have an average of one day in seven free from all educational and clinical responsibilities. Usually two weekends off for each four week block. During the Emergency Medicine block residents receive one day off each week.
- Residents maximum scheduled work period is 14 hours. See home call below.
- For at home call, time in the hospital (actively engaged in patient care) counts toward the eighty hour limit. At home call is not subject to every third night limitation but the resident must be off one day every week averaged over four weeks. The resident may return to the hospital to care for new or established patients. This time is included in the eighty hour limit but does not initiate a new "off duty" period.

Duty hours will be monitored in the following ways:

- Routine review at Director and Chief Resident Conferences.
- Regular evaluation in New Innovations.
- The chief resident will review/investigate any reported concerns from New Innovations and/or [Duty Hour Incident Form](#) and report programmatic issues to the faculty. Program changes will be made if needed.
- Institutional evaluation.
- As needed if signs of resident fatigue are noted.

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