ACGME Common PIF 2011 Resident Duty Hours Questions

Below is the new section of the common PIF with examples of completed answers to questions for PD and PC reference

What percentage of residents participated in patient safety programs during the previous academic year?

Answer should be 100% for all:
Year 1 Residents: 100%
Year 2 Residents: 100%
Year 3 Residents: 100%
Year 4 Residents: 100%

What percentage of residents participated in interdisciplinary clinical quality improvement programs to improve health outcomes?

Answer should be 100% for all:
Year 1 Residents: 100%
Year 2 Residents: 100%
Year 3 Residents: 100%
Year 4 Residents: 100%

How often do clinical care needs (in terms of volume and/or complexity of cases) exceed residents’ ability to provide appropriate and quality care?

Answer should be “Never” for all - “rarely” may be acceptable

Year 1 Residents
☐ Extremely Often ☐ Very Often ☐ Sometimes ☐ Rarely ☒ Never

Year 2 Residents:
☐ Extremely Often ☐ Very Often ☐ Sometimes ☐ Rarely ☒ Never

Year 3 Residents:
☐ Extremely Often ☐ Very Often ☐ Sometimes ☐ Rarely ☒ Never

Year 4 Residents:
☐ Extremely Often ☐ Very Often ☐ Sometimes ☐ Rarely ☒ Never

Briefly describe your back up system when clinical care needs exceed the residents’ ability.

Detail the program’s plan (such as a Jeopardy System) and include the faculty roles in covering and supervising the residents.

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Briefly describe how clinical assignments are designed to minimize the number of transitions in patient care.

**Examples:**
1. Lengthen rotations to 2-3 month blocks
2. Take call at the on-service site
3. Night float-
   a. assigned to same patients, same ward
   b. covers same services
4. Structured/standard Handoffs

How do the program and the sponsoring institution ensure that hand-over processes facilitate both continuity of care and patient safety? Please select **up to 3** mechanisms:

- * Electronic hand-over form (a stand alone or part of an electronic medical record system) **Ideal**
  - or
  - □ Paper hand-over form
- * □ Direct (in person) faculty supervision of handovers **Ideal**
  - □ Indirect (via phone or other electronic means) faculty supervision of handovers
  - □ Senior Resident supervision of junior residents
  - □ Hand-over education program (lecture-based)
  - □ Hand-over tutorial (web-based or self-directed)
- * □ Scheduled face-to-face handoff meetings **Ideal**
  - □ Other

Specify. **Provide detail regarding your program’s handover process**

Indicate the ways that your program will educate residents to recognize the signs of fatigue and sleep deprivation. **Check all that apply.**
* **typical/common education**
  * □ Didactics/Lecture*
  * □ Computer based learning modules*
  * □ Grand rounds*
  - □ Small group seminars or discussion
  - □ Simulated patient encounters

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On-the-job training

One-on-one experiences with faculty and attending

Other

Specify. Provide detail on how your program educates residents. Include the learning modules thru SAKAI and the mandatory GME-Today online modules on core competencies in: a) Professionalism (with a module on Physician Impairment: Recognition & Intervention), b) Patient Care, c) Interpersonal and Communication Skills (with a module addressing Transitions of Care), d) Systems-Based Practice, e) Practice-Based Learning and Improvement, for all new incoming residents and fellows.

Indicate which sites have the following facilities and amenities available to residents when they are on call. Respond for each column and check all that apply.

<table>
<thead>
<tr>
<th>Primary Hospital</th>
<th>At all Hospital-call Locations</th>
<th>At some Hospital-call Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Sleeping Rooms</td>
<td>□ Sleeping Rooms</td>
<td>□ Sleeping Rooms</td>
</tr>
<tr>
<td>□ Sleeping Rooms segregated by gender</td>
<td>□ Sleeping Rooms segregated by gender</td>
<td>□ Sleeping Rooms segregated by gender</td>
</tr>
<tr>
<td>□ Shower/bath</td>
<td>□ Shower/bath</td>
<td>□ Shower/bath</td>
</tr>
<tr>
<td>□ Secure areas (lockers or rooms that can be locked)</td>
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<td>□ Secure areas (lockers or rooms that can be locked)</td>
</tr>
<tr>
<td>□ 24-hour food service (cafeteria)</td>
<td>□ 24-hour food service (cafeteria)</td>
<td>□ 24-hour food service (cafeteria)</td>
</tr>
<tr>
<td>□ 24-hour food availability (vending machines)</td>
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<td>□ 24-hour food availability (vending machines)</td>
</tr>
</tbody>
</table>

Which of the following transportation options does the program or institution offer residents who may be too fatigued to safely return home? Check the one most frequently used option.

□ Money for taxi

□ Money for public transportation

□ One-way transportation service (such as a dedicated facility bus service)

□ Transportation service which includes option to return to the hospital or facility the next day

□ Reliance on other staff or residents to provide transport

□ No transport service provided

☑ Other Available sleep facilities

Specify. Sleep facilities will be provided by each hospital for those residents and fellows who feel they are too

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fatigued to safely drive home.

Briefly describe how the program director and faculty evaluate the resident’s abilities to determine progressive authority and responsibility, conditional independence and a supervisory role in patient care. Specify the criteria, and how the process differs by year of training.

Describe program supervision policy

Excluding call from home, what was the LONGEST averaged number of hours on duty per week, inclusive of all in-house call and all moonlighting worked by ANY resident for the most recent 4-week period: Enter 78 or less

Are residents at the PGY-2-level or above permitted to moonlight? Yes or No

(if yes) Under what circumstances? Describe program’s moonlighting policy which must be in compliance with Institutional moonlighting policy.

On average, will residents have 1 full day of 7 free from educational and clinical responsibilities? YES

Excluding call from home, what was the LONGEST CONTINUOUS duty shift (in hours) worked by ANY resident at the PGY-2-level or above during the most recent 4-week period? 24 hours or less

Do residents have an adequate rest period between daily duty periods and after in-house call (appropriate for their level of training as defined by the specialty specific requirements)? YES

Enter hours to all that apply (at least)

<table>
<thead>
<tr>
<th></th>
<th>Minimum hours free between duty periods</th>
<th>Minimum hours free after 24-hours of in-house duty</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginners (including PGY 1 residents)</td>
<td>10</td>
<td></td>
<td></td>
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<tr>
<td>Intermediate (as defined in the specialty specific requirements)</td>
<td>10</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Final Years (as defined in the specialty specific requirements)</td>
<td>10</td>
<td>14</td>
<td></td>
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</tbody>
</table>

Provide an explanation for any instances where the hours free between duty periods are less than 8 hours: N/A

What is the maximum number of consecutive nights of night float assigned to any resident in the program? 6 or less

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On average, how many days per week of in-house call (excluding home call and night float) were residents at the PGY-2-level and above assigned for the most recent 4-week period? **3 or less**

Briefly describe what settings the program uses in the education of residents and how these experiences prepare residents for independent practice in the specialty: **State as relevant to your program**

Briefly describe residents’ use of electronic medical records and how this contributes to their education and preparation for independent practice in their specialty: **State as relevant to your program and if all hospitals have**

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