

- 7.6 The OPTI shall be notified, unless contraindicated by an individual situation, and asked to provide an assessment of the allegations to the AOA within thirty (30) days.
- 7.7 If the complaint warrants further investigation AOA will notify the complainant, in writing, that the complaint has been accepted for further investigation. AOA will also notify the complainant in writing if a complaint has not been accepted for further investigation.
- 7.8 If AOA ascertains that a complainant has instituted litigation against the program, institution or OPTI concerning the complaint, no action shall be taken while the matter is subjudice.
- 7.9 If AOA determines that a complaint warrants investigation, a further review will be initiated within 30 days by the COPT, together with the OPTI's assessment. The COPT will consult other education council leadership where appropriate, and may take any of the following actions based on the findings of the investigation:
 - a. No action;
 - b. Determine whether a focused visit is warranted and will refer to PTRC or COPTI;
 - c. Monitoring for a one year period followed by a focused site review;
 - d. Modify the current term of program approval, including probationary status;
 - e. Denial of continuing approval of the program, with a closure date;
 - f. Denial of eligibility of program or institutional leadership;
 - g. Other sanctions as deemed appropriate by the COPT;
- 7.10 AOA must maintain documentation of the disposition of complaints.

G. Trainee Duty Hours Policy

Situations in which trainees work an excessive numbers of hours can lead to errors in judgment and clinical decision-making, and negatively impact the physical and mental well-being of trainees. These errors can impact on patient safety, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness.

- 7.1 The training institution, DME, and program directors must make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities.
 - a. The institutional policy must be reported in the house staff manual and available for review at all program site reviews.
 - b. Evidence of review of resident duty hours by the medical education committee (MEC) must occur quarterly.
- 7.2 The trainee shall not be assigned to work physically on duty in excess of 80 hours per week averaged over a 4-week period, inclusive of in-house night call and any allowed moonlighting. No exceptions to this policy shall be permitted.
- 7.3 The trainee shall not work in excess of 24 consecutive hours.
 - a. Allowances for already initiated clinical care, transfer of care, educational debriefing and formal didactic activities may occur, but shall not exceed 4 additional hours and

must be reported by the resident/fellow in writing with rationale to the DME/program director and reviewed by the MEC for monitoring individual residents and program. These allowances are not permitted for OGME-1 trainees.

- b. Trainees shall not assume responsibility for a new patient or any new clinical activity after working 24 hours.
- 7.4 The trainee shall have 48-hour periods off on alternate weeks, or at least one 24-hour period off each week and shall have no call responsibility during that time. **At-home call cannot be assigned on these free days.**
- 7.5 Upon conclusion of a 20-24 hour duty shift, trainees shall have a minimum of 12 hours off before being required to be on duty or on call again.
 - a. Upon completing a duty period of at least 12 but less than 20 hours, a minimum period of 10 hours off must be provided.
- 7.6 All off-duty time must be totally free from clinical, **or assigned classroom** educational activity.
- 7.7 Rotations in which a trainee is assigned to Emergency Department duty shall ensure that trainees work no longer than 12 hour shifts with no more than 30 additional minutes allowed for transfer of care and shall be required to report in writing to the DME/program director for review by the MEC, only any time exceeding the 30 additional minutes, for monitoring individual trainees and program.
- 7.8 In cases where a trainee is engaged in patient responsibility which cannot be interrupted at the duty hour limits, additional coverage shall be assigned as soon as possible by the attending staff to relieve the trainee involved. Patient care responsibility is not precluded by the duty hours policy.
- 7.9 The trainee shall not be assigned to in-hospital call more often than every third night averaged over any consecutive four-week period. Home call is not subject to this policy, however it must satisfy the requirement for time off. Any time spent returning to the hospital must be included in the 80 hour maximum limit.
- 7.10 At the trainee's request, the training institution must provide comfortable sleep facilities **or provide another mechanism for a resident to return home (e.g. cab fare)** to trainees who are too fatigued at shift conclusion to safely drive.

H. Moonlighting Policy for Trainees

- 7.1 Any professional clinical activity (moonlighting) performed outside of an official residency/fellowship program will only be conducted with the permission of the program administration (DME/program director) and must not interfere with the resident's/fellow's didactic or clinical performance.
 - a. A written request by the resident/fellow must be approved or disapproved by the program director and DME and be filed in the institution's trainee file.
 - b. This policy must be published in the institution's house staff manual. Failure to report and receive approval by the program may be grounds for terminating a resident's/fellow's contract.