
The Work Smart Toolkit

To Improve
Patient Safety,
Medical Training
& Resident Well-being



The Work Smart Toolkit

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Introduction: The Work Smart Toolkit

Where There is a Will, There's a Way!

Acting on the Evidence Produces Best Practices that
Improve Patient Safety, Medical Training & Resident Well-Being

Bringing about change in a hospital or residency program is tough. How often we hear: “It’s always been like this” or “We tried to change that, but it didn’t work,” or “It’s not worth butting heads, just put up with it – next year will be better.”

What distinguishes the ‘Work Smart’ best practices that follow is that innovative program directors embraced the old adage ‘where there is a will there’s a way.’ They decided to act on the evidence and embark on residency program re-design – and they succeeded! The diversity of these best practices is striking. These are programs in family medicine, internal medicine, ob-gyn, pediatrics, psychiatry and general surgery. They are located in large academic medical centers and smaller community-based hospitals from Maine to California. Some are CIR hospitals, some are not.

Are they *exactly* like your residency program? That’s doubtful. But some of the solutions they’ve found are certainly transferrable and the change process they went through can provide you and your program with valuable lessons. Why recreate the wheel when you have access to important advice just an email or a telephone call away?

So, if your program director tells you that tackling resident work hours and training improvements for *all* residents is just impossible, don’t take no for an answer. Get together with some or all of your fellow residents, identify supportive attending/s, and do your homework. Use the Work Smart Toolkit to guide you and you’ll be on your way to making meaningful change in your hospital.

The Work Smart Toolkit includes:

- A checklist to help ensure successful work re-design implementation
- 20 best practices from residency programs across the country—with specific details and residency program contact information
- A list of additional resources to get started

Please contact us at info@cirseiu.org if you have questions or concerns, and please send in additional best practices to include in the Toolkit!

Checklist: Tips for Work Smart Residency Re-Design

- Aim to improve resident training and patient care for ALL PGY levels.**
- Involve residents from all PGY levels in the work redesign process from the very beginning.**
- Seek out best practices.** Learn from medical education innovators who have successfully redesigned their programs. Don't be afraid to look at best practices outside of your specialty.
- Analyze the work flow.** Medical education innovators have realized that successful reform is not just about manipulating schedules. Think about how to eliminate or minimize inefficiencies that add to the burden of work and unnecessary time spent in the hospital, e.g. unnecessary interruptions caused by useless pages, waiting for labs, searching for paperwork, and delayed rounds or start times.
- If the redesign promises to add more work to an already heavy rotation – think again!** Analyze the case load – is it just too much to do, even if the service is run efficiently? Could the work be done by someone other than a resident?
- Integrate learning and time for reflection** into all aspects of training, e.g., is there a better way to organize conference time to ensure night float participation? Successful work redesign is about maximizing the training experience for residents.
- Remember NOT to schedule up to the limit**, e.g. if you are shooting for a maximum 16 hour shift, schedule for 12-14 hours so that residents can choose to stay later to care for a sick patient or to gain an unusual training experience without going over the shift limit.
- Focus on improving the quality of all hand-overs and emphasize working in teams.**
- Make a business case for the redesign plan**—if additional resources are necessary upfront, show your program and/or the hospital how it will result in improved efficiency, e.g. faster discharges and shorter length of stay, higher patient satisfaction rates, improved training, and fewer ACGME citations for deficiencies. If your program director is resistant to change, look for other allies – attending mentors, the GME Director, or even risk management.
- Don't expect to get it right the first time.** Pilot your redesign well before July 2011 so you can begin to work out the inevitable kinks. A successful re-design often requires adjustments and more than one year to accomplish. Change is tough – don't lose resolve at the first sign of problems.

Best Practices

The programs below have engaged in work redesign to ensure patient safety, quality medical training, and resident well-being for ALL PGY levels

Department	Programs	24-hour Call Shifts on the Wards?
Family Medicine	Beth Israel Medical Center	Yes, only for senior residents
Internal Medicine	Coney Island Hospital	None
	Harlem Hospital	Yes, only on weekends
	Kings County Hospital Center	None
	St. Luke's-Roosevelt Hospital Center	None
	Summa Health System	None
	Tulane Medical Center	None
	Virginia Mason Medical Center	None
	Hennepin County Medical Center	Yes, only for the interns
	Metropolitan Hospital Center	Yes, only on weekends
	Woodhull Medical and Mental Health Center	Yes, only on weekends
Obstetrics and Gynecology	Santa Clara Valley Medical Center	None
	University of Cincinnati	Yes, only on weekends
	Weill Cornell Medical College	Yes, only on weekends
Pediatrics	UMDNJ – New Jersey Medical School	None
Psychiatry	St. Luke's Roosevelt	None
	Stanford Hospital and Clinics	None
Surgery	Bronx Lebanon Hospital	Yes, only on weekends for senior residents
	Maine Medical Center	Yes, only on weekends
	University of Chicago Medical Center	Yes, only on weekends

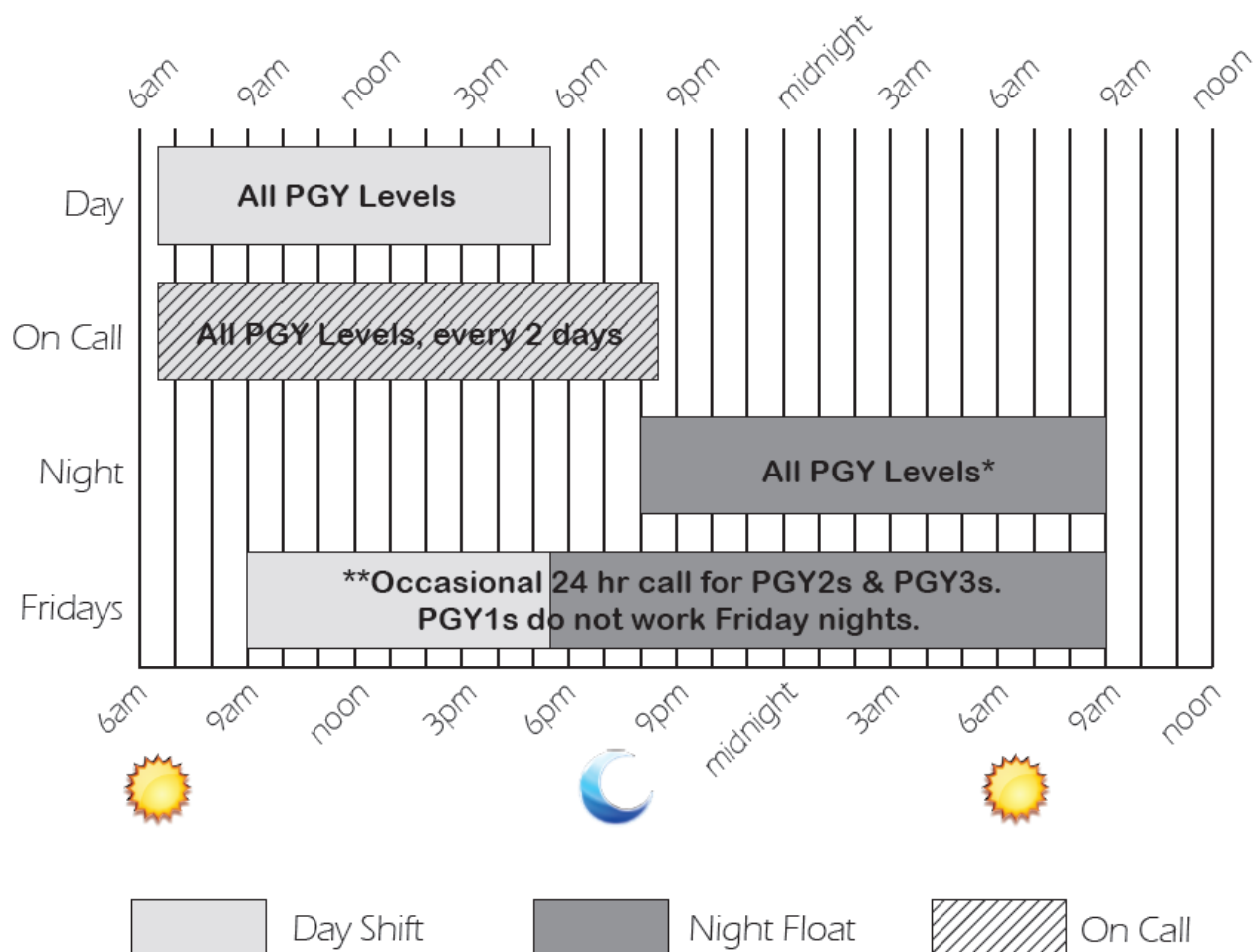
FAMILY MEDICINE

Beth Israel Medical Center – Family Medicine Residency Program	
Background information:	Beth Israel Medical Center is located in New York City, NY. Residents in the Beth Israel Medical Center Family Medicine program do not rotate to other hospitals. Beth Israel has an academic affiliation with Albert Einstein College of Medicine. The hospital has 1160 beds.
Size of Program:	24 Residents: <ul style="list-style-type: none"> • PGY1 - 8 • PGY2 - 8 • PGY3 – 6 • Chiefs – 2
Patient Volume:	Max of 25 patients per service.
<u>In-patient ward service</u>	
Day Schedule:	11 hour day shifts from 6:30am to 5:30pm or 14 hour on call shifts from 6:30am to 8:30pm.
Night Schedule:	13 hour night shifts from 8pm to 9am.
Schedule Description:	During the day, residents are on day-call every 2 days. A night float system is utilized 6 days a week. Residents work the night float shift for 2 weeks at a time. Interns get Friday nights off, PGY2s get Friday and Saturday nights off, and third years have no officially scheduled night float. Coverage of the nights off happens by the second and/or third years.
Weekend Schedule:	Same as the weekday shifts except when a PGY2 or PGY3 resident rotates during the day on Fridays and covers the night shift (working a full 24-hour shift).
24-hour Call:	Yes, only on Fridays for PGY2s and PGY3s.
Contact Information:	Andreas Cohrssen, MD Program Director acohrssen@institute2000.org (212) 206-5255
Website:	http://www.bifp-residency.org/programinfo.htm

Beth Israel Medical Center New York, NY

Family Medicine Residency Program

24 residents total: 8 PGY1s, 8 PGY2s, 6 PGY3s, 2 Chief Residents



* PGY1s do not work Friday nights, but they do work Saturday nights.
PGY2s & PGY3s do not work MOST Friday & Saturday nights, but if they are scheduled for the Friday night shift, it combines with the Friday day shift and becomes a 24-hour call.

** PGY2s average six or seven 24-hour Friday calls yearly.
PGY3s average nine or ten 24-hour Friday calls yearly.
Interns never work a 24-hour call.

INTERNAL MEDICINE

Coney Island Hospital – Internal Medicine Residency Program	
Background information:	Coney Island Hospital is located in Brooklyn, NY. The hospital is part of the NYC Health and Hospitals Corporation. Residents in the Internal Medicine program at Coney do not rotate to other hospitals. Coney Island has an academic affiliation with SUNY Downstate Medical Center College of Medicine. Coney Island has 367 inpatient beds.
Size of Program:	63 Residents: <ul style="list-style-type: none"> • PGY1 – 21 • PGY2 – 20 • PGY3 – 22
<u>In-patient ward service</u>	
Day Schedule:	10 hour day shifts from 7am – 5pm.
Night Schedule:	12 hour night shifts from 8pm – 8am.
Schedule Description:	Night Float system is utilized. Residents are divided into teams. There are 5 residents per team. Three of the 5 residents are interns.
Weekend Schedule:	Regular 5 hour shift from 7am to 12pm. 13 hour on-call shift from 7am to 8pm. 12 hour night float shift from 8pm to 8am.
24-hour Call	None
Contact Information:	Robert Cucco, M D. Program Director robert.cucco@nychhc.org (718) 616-3786
Website:	http://www.coneyislandhospital.com/page2.php?CPID=8

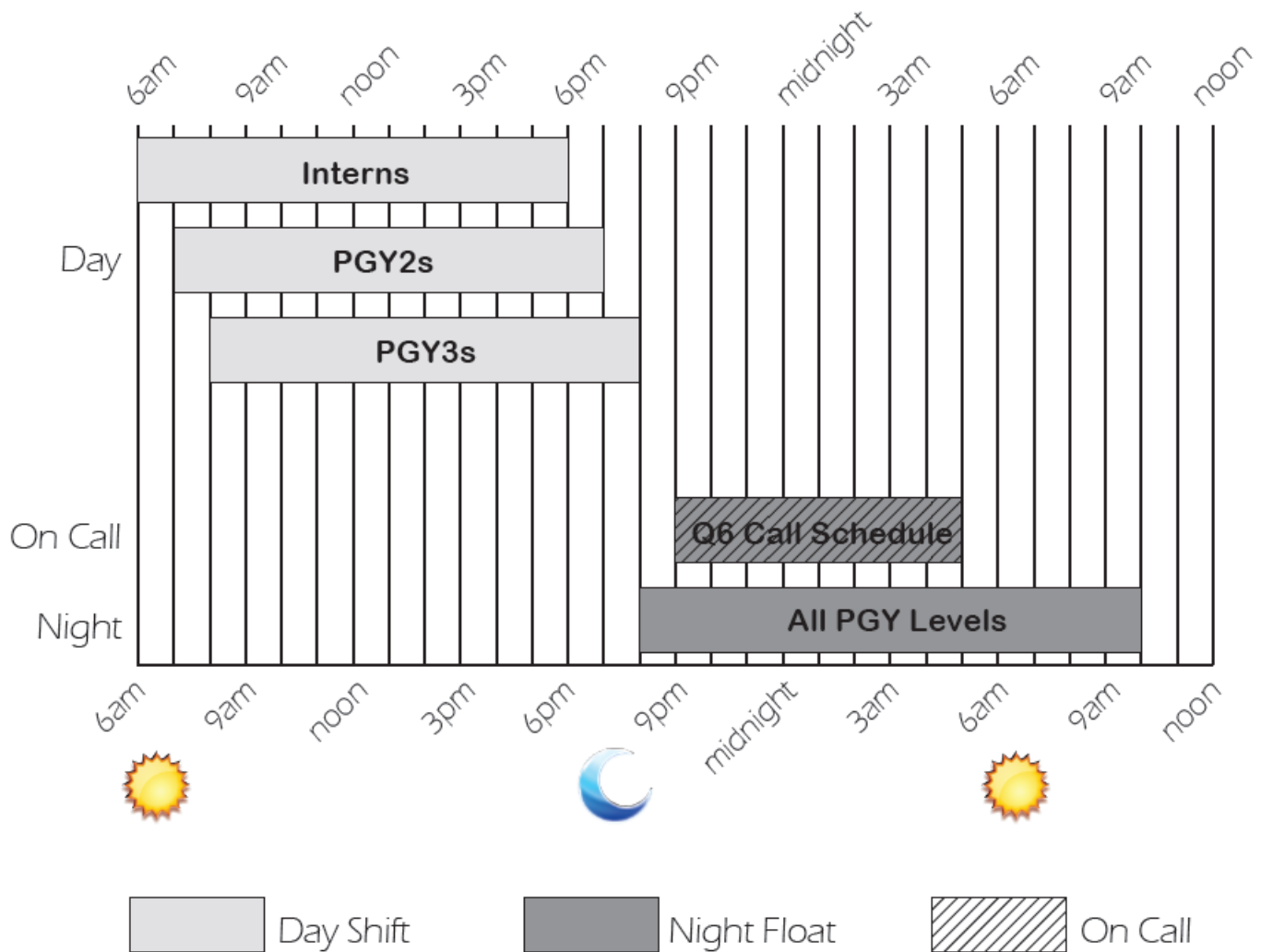
Harlem Hospital Center – Internal Medicine Residency Program	
Background information:	Harlem Hospital Center is located in New York, NY and is part of the NYC Health and Hospitals Corporation. Residents in the Harlem Hospital IM program do not rotate to other hospitals. The hospital is affiliated with the Columbia University College of Physicians and Surgeons. The hospital has 272 beds.
Size of Program:	70 Residents: <ul style="list-style-type: none"> • PGY1 – 24 • PGY 2 – 20 • PGY 3 – 23 • Chiefs – 2
<u>In-patient ward service</u>	
Day Schedule:	9-11 hour day shifts from 6am, 7am, or 8am to 5pm.
Night Schedule:	14 hour night shifts from 8:30pm-10:30am.
Schedule Description:	Night float system is utilized from Sunday to Thursday on the wards. PGY1s are on-call every 4 days while other residents are on call once every four days. On-call hours are the same as standard day and night shifts.
Weekend Schedule:	Same schedule as weekdays.
24-hour Call:	Fri-Sun Call for PGY2s and Fri & Sat Call for PGY1s and PGY2s
Additional Notes:	<p>Harlem Hospital was awarded the 2006 Davies Award of Excellence from the Healthcare Information and Management Systems Society (HIMSS) for their innovative electronic medical system.</p> <p>All patient notes, consultation records, medication prescriptions, procedures and orders as well as documentation by all healthcare workers including nursing, dietary, respiratory therapy, and social work are completed online. There are also wireless computer carts available to allow charting of information at the bedside.</p>
Contact Information:	Raji Ayinla, MD Program Director, Internal Medicine Raji.ayinla@nychhc.org (212) 939-1423
Website:	http://www.columbia.edu/cu/HarlemMedicine/index.html

Kings County Hospital Center – Internal Medicine Residency Program	
Background information:	Kings County Hospital is located in Brooklyn, NY. It is part of the New York City Health and Hospitals Corporation (HHC). Kings County Hospital Center’s IM residents rotate to Kings County Hospital, University Hospital of Brooklyn, and the Brooklyn VA Medical Center. Kings County has an academic affiliation with SUNY Downstate Medical Center. The hospital has 744 beds.
Size of Program:	59 Residents Paid by Kings County: <ul style="list-style-type: none"> • PGY1 – 15 • PGY2 – 20 • PGY3 – 19 • Chiefs – 5
<u>In-patient ward service</u> Schedule Description	12-14 hour day shifts. Interns start a day shift at 6am, PGY2s at 7am, and PGY3s at 8am. Interns: 6am-6pm (Sign-out after shift) PGY2s:7am-7pm (Sign-out after shift) PGY3s:8am-8pm (Sign-out after shift) Long call is from 3pm-11pm. 12-14 hour night shifts from 8pm-10am. Night float system is utilized every night. Residents are on call once every six days.
Weekend Schedule:	Same as the weekdays.
24-hour Call:	None
Contact Information:	Jeanne Macrae, MD, FACP Program Director Jeanne.macrae@downstate.edu
Website:	(718) 270-1566 http://www.downstate.edu/medweb/

Kings County Hospital Center Brooklyn, NY

Internal Medicine Residency Program

59 residents total: 15 PGY1s, 20 PGY2s, 19 PGY3s, 5 Chief Residents



No 24-hour call.

Weekday and weekend schedules are the same.

Hospital won CIR's 2006-2007 HHC Best Practice Award of \$20,000 with innovative scheduling that reduces work hours for all PGY levels.

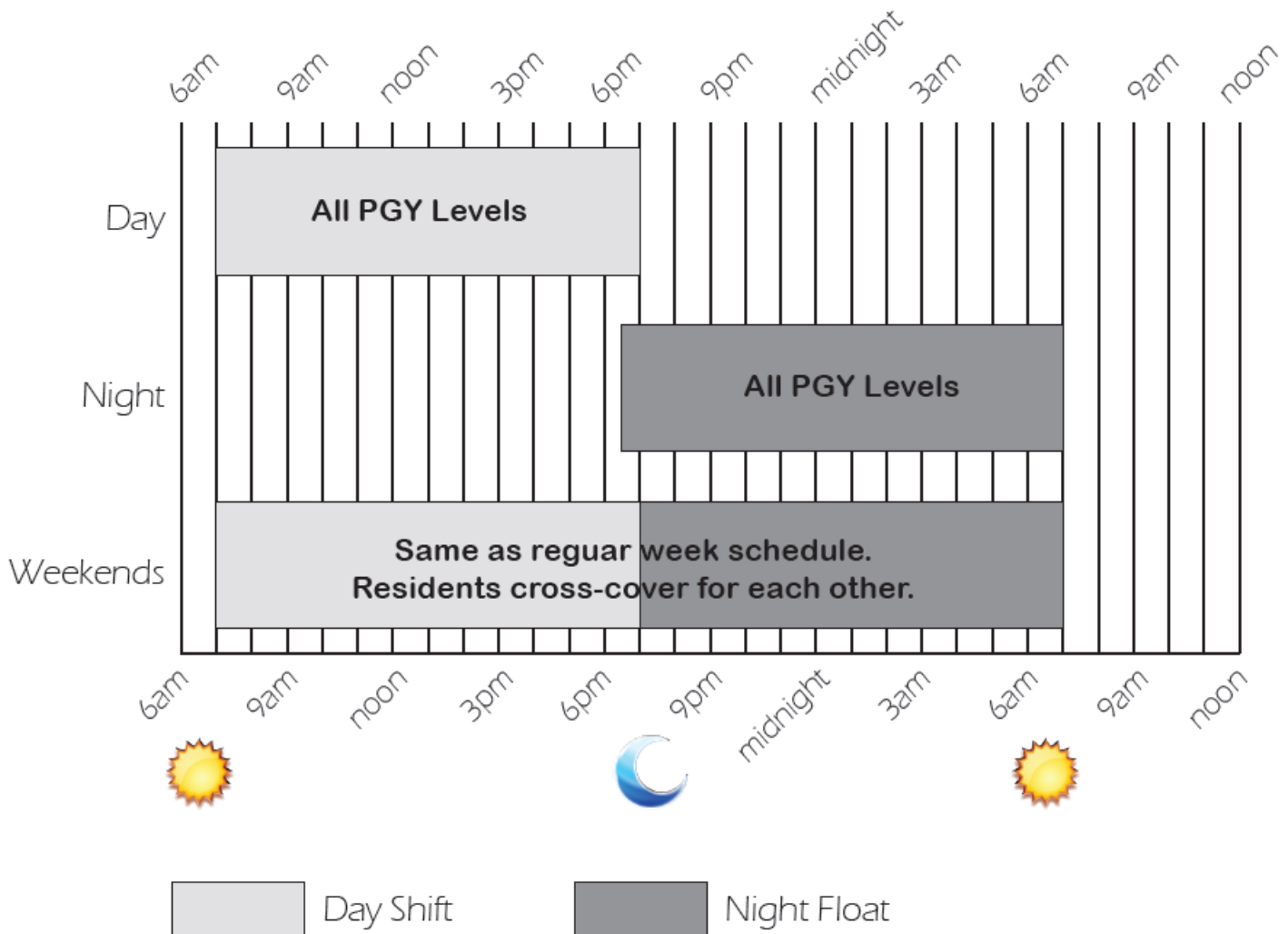
Summa Health System – Internal Medicine Residency Program	
Background information:	The Summa Health System consists of six major hospitals including the Summa Akron City Hospital, Summa St. Thomas Hospital, Summa Western Reserve Hospital, Summa Barberton Hospital, Robinson Memorial Hospital, and the Summa Wadsworth-Rittman Hospital. All the hospitals are located within Ohio. The innovative Internal Medicine residency program is located within the Akron City Hospital. Akron City Hospital is academically affiliated with both the Ohio State University College of Medicine and Public Health and the Northeastern Ohio Universities College of Medicine. Akron City hospital has 658 in-patient beds.
Size of Program:	53 Residents: <ul style="list-style-type: none"> • PGY1 – 14 • PGY 2 – 16 • PGY 3 – 18 • Prelims – 5
<u>In-patient ward service</u>	
Day Schedule:	12 hour day shifts from 7am-7pm.
Night Schedule:	12 ½ hour night float shifts from 6:30pm-7am (Sign-out occurs after the shift).
Schedule Description:	Night float system is utilized.
Weekend Schedule:	On Saturdays, residents cross-cover for each other.
24-hour Call:	None
Additional Notes:	Residents utilize electronic medical records for sign-outs. Face-to-face sign-outs are required by the program. One of only 17 programs in the United States to be awarded a special 10-year accreditation from the ACGME and acceptance into the Educational Innovations Project (EIP).
Contact Information:	David Sweet, M.D. Program Director (330) 375-3318
Website:	http://meded.summahealth.org/common/templates/contentindex.asp?ID=19307

Summa Health System

Akron, OH

Internal Medicine Residency Program

53 residents total: 14 PGY1s, 16 PGY2s, 18 PGY3s, 5 Prelims



No 24-hour call.

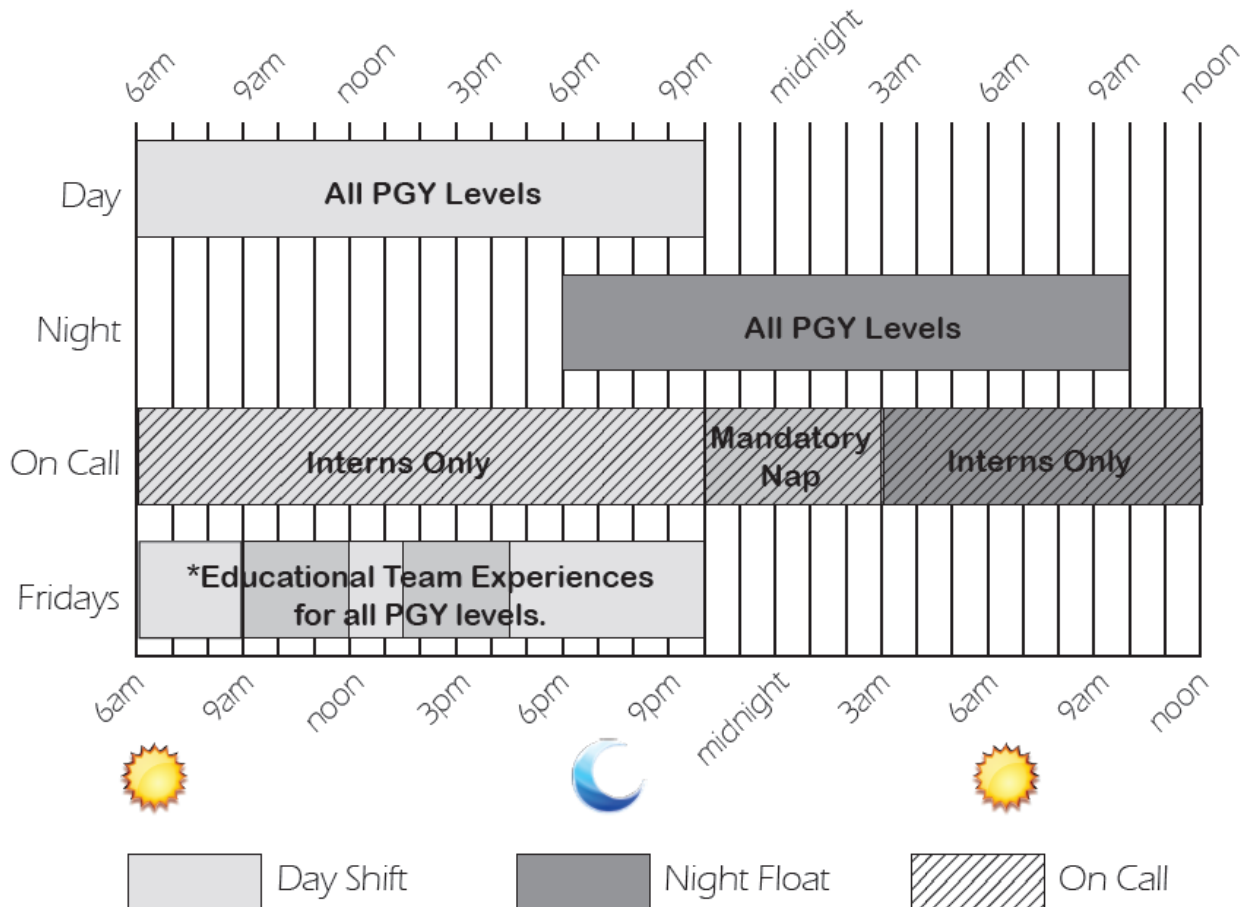
One of 17 programs to be awarded a special 10-year accreditation from the ACGME and acceptance into the Educational Innovations Project (EIP).

Tulane Medical Center – Internal Medicine Residency Program	
Background information:	Tulane Medical Center is located in New Orleans, LA. Residents in the Internal Medicine program rotate to Tulane Hospital, Charity Hospital, and the nearby VA medical center. Tulane has an academic affiliation with Tulane University School of Medicine. Tulane Medical Center has 235 inpatient beds.
Size of Program:	130 Residents: <ul style="list-style-type: none"> • PGY1 - 50 • PGY2 - 40 • PGY3 – 40
<u>In-patient ward service</u>	
Day Schedule:	Residents work no more than 16-hour night/day shifts. Interns on-call work a 30-hour shift with a 5 hour nap in the hospital between hours 16 and 22.
Night Schedule:	Night float system is utilized.
Schedule Description:	<p>A resident's year is divided into 10 5-week blocks (the remaining 2 weeks of the 52-week year are the winter holiday weeks).</p> <p>The first four weeks of a block are devoted to wards, electives, or ICU/ER rotations. The last week of the block is devoted solely to ambulatory clinics.</p> <p>There are five firms, or teams of residents, in the Tulane system and each firm shifts blocks on a staggered basis. This means that one firm will always be on their "+1 week of clinics" while the other four firms will be on their "4 week block rotations."</p>
Weekend Schedule:	Same as weekday schedule.
24-hour Call:	None
Additional Notes:	The first IOM compliant program in the United States. Noon conferences have been eliminated and replaced with a protected 3-hour educational team experience. On Friday mornings, after rounding without attendings, residents and interns develop treatment plans at 8:30am. At 9am, residents hand in their pagers to their attendings and start their educational team experience. While the residents meet, interns and attendings carry out the treatment plans. At 12pm, residents, interns, and attendings meet to discuss patient care. From 1:30pm to 4:30pm, interns take part in their educational team experience while the residents and attendings take care of the patients.
Contact Information:	Jeff Wiese, MD Program Director jwiese@tulane.edu (504) 988-7809
Website:	http://www.tulanemedicine.com/programinfo/nightfloat.html

Tulane Medical Center New Orleans, LA

Internal Medicine Residency Program

130 residents total: 50 PGY1s, 40 PGY2s, 40 PGY3s



[Excluding the Friday shift, this schedule mock-up was created based on reported DURATION of shift hours, rather than exact times.]

- * 6am-9am: Interns, PGY2s and PGY3s (without their attendings) round in the morning and develop treatment plans for their patients.
- 9am-12pm: PGY2s & PGY3s participate in educational team experience while the interns and attendings carry out treatment plans for patients.
- 12pm-1:30pm: Residents, interns, and attendings meet to discuss patient care.
- 1:30pm-4:30pm: Interns participate in educational team experience while PGY2s, PGY3s and attendings take care of patients.

The resident's year is divided into 10 five-week blocks consisting of one week for ambulatory clinics and four weeks for wards, electives, and ICU/ER rotations. The final two weeks are the winter holiday weeks.

First IOM compliant program in the US. Noon conferences have been eliminated and replaced with a protected 3-hour team experience each Friday.

St. Luke's-Roosevelt Hospital Center – Internal Medicine Residency Program	
Background information:	St. Luke's-Roosevelt Hospital Center is a combination of St. Luke's Hospital and Roosevelt Hospital. Both hospitals are located in New York, NY. Residents rotate to both hospitals during their residency. St. Luke's-Roosevelt Hospital Center has an academic affiliation with Columbia University College of Physicians and Surgeons. The two hospitals combined have 1,076 inpatient beds - 702 beds at St. Luke's Hospital and 374 at Roosevelt Hospital.
Size of Program:	154 Residents: <ul style="list-style-type: none"> • PGY1 – 45 • PGY 2 – 45 • PGY 3 – 45 • Prelims – 19
<u>In-patient ward service</u>	
Day Schedule:	Standard day shift is 9 hours from 7am – 4pm. (Residents get off at 4pm to complete admissions and sign out to the next resident). Long call shift is a 13½-hour shift from 7am – 8:30pm.
Night Schedule:	Night shifts are 10½ hours long from 8:30pm to 7am.
Schedule Description:	Night float system is utilized. Residents work night float for 6 days a week, 4 weeks a year. Night float coverage consists of a team of 2 interns and one resident covering the entire general medical floors. Two senior residents cover the medical consult service and ICU screening service.
Weekend Schedule:	Cross coverage of patients exists for residents during the weekends to compensate for reduced staffing levels. Shift hours are the same. A night float system is utilized during the weekends.
24-hour Call:	None
Additional Notes:	Changes to the schedule have resulted in more frequent rest periods for residents.
Contact Information:	Ethan Fried, M.D. Program Director EDFried@chpnet.org
Website:	http://www.slrmed.org/

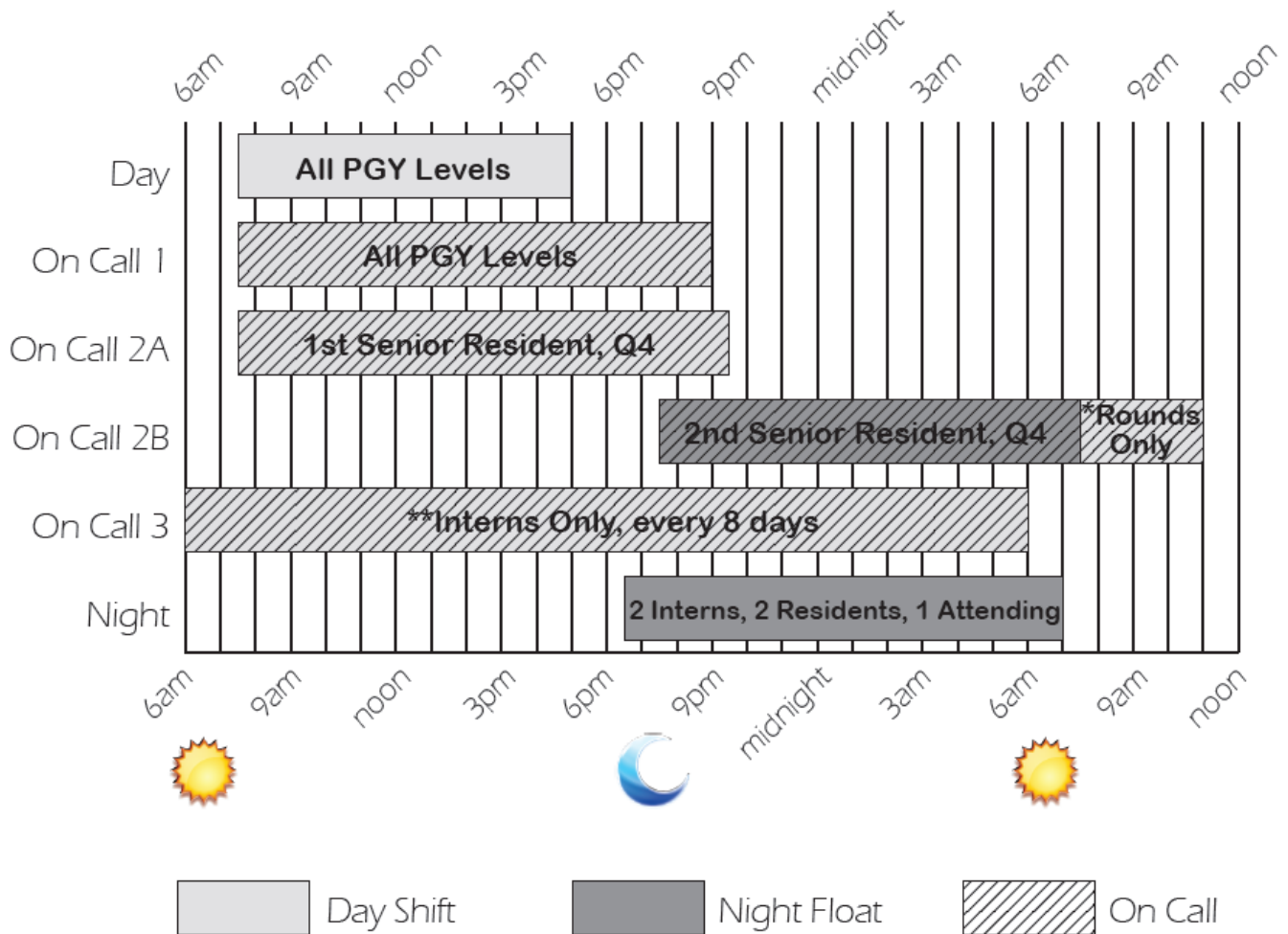
Virginia Mason Medical Center – Internal Medicine Residency Program	
Background information:	Virginia Mason Medical Center is located in Seattle, WA. The medical center's IM residents do not rotate to other hospitals during their ward rotation. The hospital has an academic affiliation with the University of Washington School of Medicine. The hospital has 336 beds.
Size of Program:	53 Residents: <ul style="list-style-type: none"> • PGY1 – 14 • PGY 2 – 16 • PGY 3 – 18 • Prelims – 5
<u>In-patient ward service</u>	
Day Schedule:	12-hour day shifts from 7am-7pm.
Night Schedule:	12 ½-hour night float shifts from 6:30pm-7am (sign-out occurs after the shift).
Schedule Description:	Night float system is utilized.
Weekend Schedule:	Shifts are the same during the weekends. Residents cross cover for each other.
24-hour Call:	None
Additional Notes:	<p>Virginia Mason utilizes a hospitalist service which provides 24-hour teaching coverage for all ward patients. Hospitalists also provide care independently for those patients deemed inappropriate for resident learning and for those patients admitted in excess of teaching service capacity.</p> <p>Virginia Mason is one of only 17 programs in the United States to be awarded a special 10-year accreditation from the ACGME and acceptance into the Educational Innovations Project (EIP).</p>
Contact Information:	Alvin S. Calderon, MD, PhD Program Director, Internal Medicine alvin.calderon@vmmc.org (206) 583-6364
Website:	https://www.virginiamason.org/home/body.cfm?id=838

Hennepin County Medical Center (HCMC) – Internal Medicine Residency Program	
Background information:	Hennepin County Medical is located in Minneapolis, MN. Hennepin County Medical Center's IM residents do not rotate to other hospitals. Hennepin has an academic affiliation with the University of Minnesota Medical School. The hospital has 422 beds.
Size of Program:	67 Residents: <ul style="list-style-type: none"> • PGY1 - 21 • PGY2 - 22 • PGY3 - 22 • Chiefs – 2
<u>In-patient ward service</u>	
Day Schedule:	9½-hour shifts from 7:30am-5pm or 13½ hour shifts from 7:30am-9pm when on long call.
Night Schedule:	12½-hour night shifts from 6:30pm-7am.
Schedule Description:	Night float system is utilized. Residents are split into four teams. Each team has 2 interns and 2 PGY2 or PGY3 residents. Each resident team is led by an attending physician. All residents are assigned day shifts. Every 4 th day, the senior residents split the call shift so one resident takes admissions from 7:30am to 9:30pm and a second resident takes admissions from 7:30pm until 7:30am. The resident who works overnight leaves the next day after rounds at 11am. Interns work a 24-hour call shift every 8 days.
Weekend Schedule:	Same schedule as the weekdays.
24-hour Call:	Yes, for the interns.
Additional Notes:	One of only 17 programs in the United States to be awarded a special 10-year accreditation from the ACGME and acceptance into the Educational Innovations Project (EIP)
Contact Information:	Anne Pereira, M.D. Program Director, Internal Medicine anne.pereira@hcmc.org
Website:	http://www.hcmc.org/education/residency/internal_med/internalmedRES.htm

Hennepin County Medical Center Minneapolis, MN

Internal Medicine Residency Program

67 residents total: 21 PGY1s, 22 PGY2s, 22 PGY3s, 2 Chief Residents



* 2nd Senior Resident admits patients only through 7:30am, then rounds until 11:00am.

** Intern call shift is 24 hours, though specific start and stop times are unknown.

Weekday and weekend schedules are the same.

One of 17 programs to be awarded a special 10-year accreditation from the ACGME and acceptance into the Educational Innovations Project (EIP).

Metropolitan Hospital Center – Internal Medicine Residency Program	
Background information:	Metropolitan Hospital is located in New York City, NY. Metropolitan Hospital Center is part of the NYC Health & Hospitals Corporation. Residents in the Internal Medicine program do not rotate to other hospitals. Metropolitan has an academic affiliation with New York Medical College. It has 607 inpatient beds.
Size of Program:	66 Residents: <ul style="list-style-type: none"> • PGY 1 – 29 • PGY 2 – 19 • PGY 3 – 16 • PGY 4 – 2 (Chiefs)
<u>In-patient ward service</u>	
Day Schedule:	14-hour weekday schedule from 7am-9pm with sign-outs occurring after 9pm.
Night Schedule:	12-hour weekday night float from 9pm-9am PGY1s and PGY2s serve 1 month of night float.
Schedule Description:	Night float system is utilized.
Weekend Schedule:	24-hour call on Saturdays 7am to Sunday 7am and a 12-hour shift from Sunday 7am-7pm.
24-hour Call:	Yes
Additional Notes:	Five medical teams are in charge of the wards. Each team consists of a supervisory attending physician, a PGY2 or PGY3 resident, two PGY1 interns, and 3 medical students. The attending physician, who works with the same ward team for a month, conducts attending rounds 6 days a week and teaching rounds at least 3 days a week. The attending is available on-call by pager 24 hours a day. Each team has an average daily census of 15 to 20 patients. All house officers are on-call for admissions every fourth night, from 7am-9pm. After 9pm, the night float team takes all admissions.
Contact Information:	Shobhana A Chaudhari, MD Program Director shobhana_chaudhari@nymc.edu (212) 423-6771
Website:	http://www.nymc.edu/metres/index.htm

Woodhull Medical and Mental Health Center – Internal Medicine Residency Program	
Background information:	Woodhull Medical Center is located in Brooklyn, NY. The hospital is part of the New York City Health and Hospitals Corporation (HHC). Woodhull Medical Center's IM residents do not rotate to other hospitals. Woodhull has an academic affiliation with SUNY Downstate Medical Center College of Medicine. The hospital has 346 beds.
Size of Program:	56 Residents: <ul style="list-style-type: none"> • PGY1 - 22 • PGY2 - 16 • PGY3 - 17 • PGY4 - 1
<u>In-patient ward service</u>	
Day Schedule:	PGY1s work 10-hour shifts from 6:30am to 4:30pm when not on call, PGY2s and PGY3s work 9 ½-hour shifts from 7:00am to 4:30pm when not on call. On call for wards: 13-hour shifts from 7am to 8pm then night float takes over. Residents are on call every 4 th night. If call falls on Saturday, the call shift is overnight and a full 24-hour shift.
Night Schedule:	12-hour shifts from 8pm-8am Sunday-Friday.
Schedule Description:	8am to 9am from Monday to Friday is reserved for morning report.
Weekend Schedule:	24-hour call on Saturdays and Sundays.
24-hour Call:	Yes, on Saturdays and Sundays.
Contact Information:	Gregorio Hidalgo, MD Program Director gregorio.hidalgo@woodhullhc.nychh.org (718) 963-5808
Website:	http://www.nyc.gov/html/hhc/downloads/pdf/gme_internal%20medicine2005-1.pdf

OB/GYN

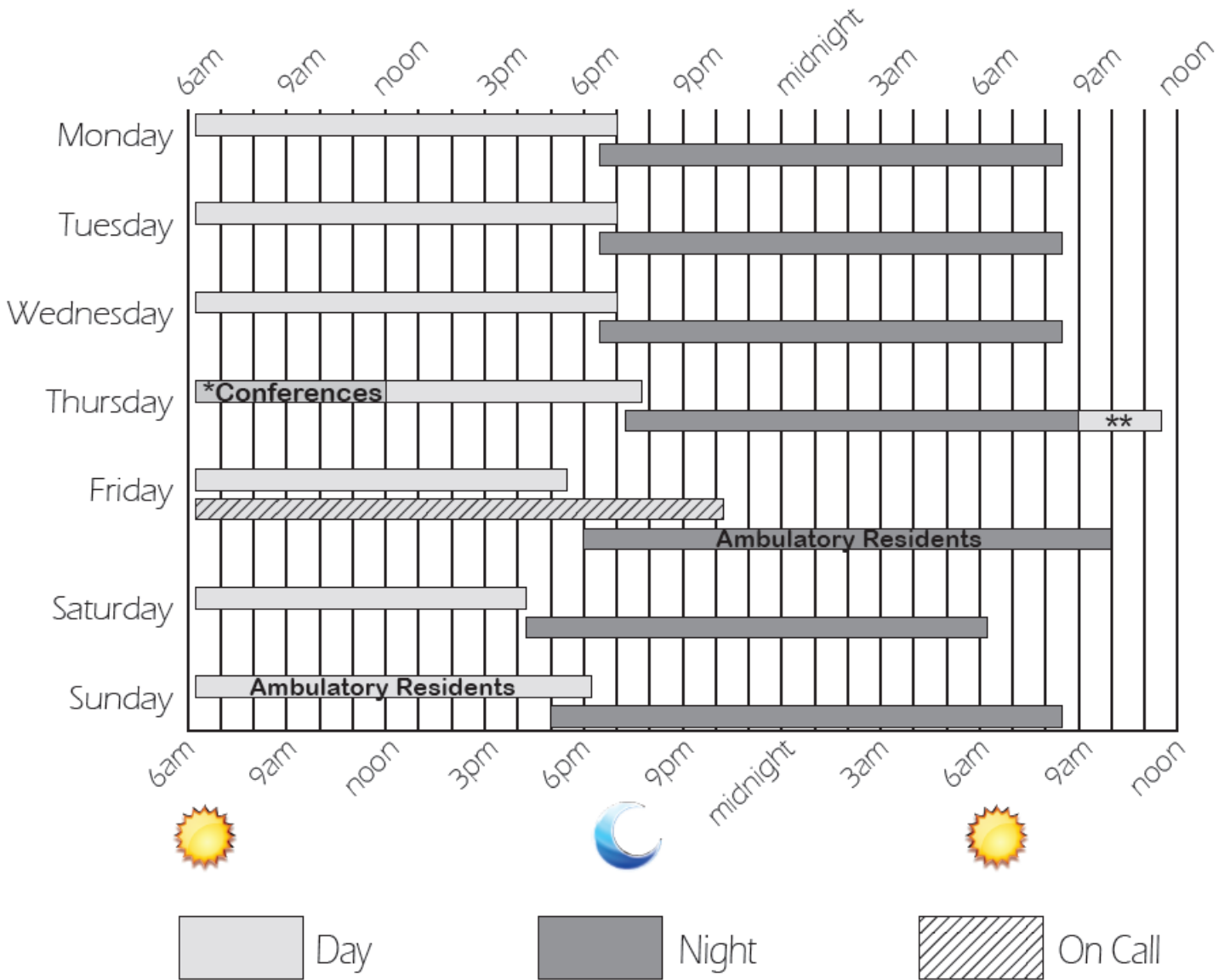
Santa Clara Valley Medical Center – OB/GYN Residency Program	
Background information:	Santa Clara is located in San Jose, CA. Residents in the OB/GYN program do not rotate to other hospitals. Santa Clara has an academic affiliation with Stanford University. The hospital has 574 beds.
Size of Program	15 Residents: <ul style="list-style-type: none"> • PGY1 – 4 • PGY2 – 4 • PGY3 – 4 • PGY4 – 3
Patient Volume:	According to the American Hospital Association, there were 5,000 deliveries in 2009.
<u>In-patient service</u>	
Day Schedule:	Approx. 13-hour day shifts from 6:15am to 7pm from Monday to Wednesday. 13 ½-hour day shifts from 6:15am to 7:45pm on Thursdays. Approx. 11-hour day shifts from 6:15am to 5:30pm on Fridays or a 15-hour shift to 9:15pm when on call.
Night Schedule:	Residents utilize a night float system. Night float occurs on Sundays from 5pm to 9am, M-W from 6:30pm-8:30am, and Thursdays from 7pm to 9am (or until 11am with continuity clinic twice a month). No night float Friday to Saturday.
Schedule Description:	Four residents are on an OB team. The schedule above is a typical week for an OB team resident. Residents get 1 day off per week (typically Saturday).
Weekend Schedule:	A Friday night team works 16 hours. Saturday night and day teams work 10-14 hour shifts. A Sunday day team works a 10-13 hour shift.
24-hour Call:	None
Additional Notes:	Thursday mornings are comprised of conferences including grand rounds, pre-op/post-op conference, OB case conference, pathology conference, didactic lectures, and journal club conferences.
Contact Information:	Roger Spencer, MD Program Director roger.spencer@hhs.co.santa-clara.ca.us (408) 885-5550
Website:	http://www.sccgov.org/portal/site/scvmc/

Santa Clara Valley Medical Center

San Jose, CA

Obstetrics & Gynecology Residency Program

15 residents total: 4 PGY1s, 4 PGY2s, 4 PGY3s, 3 PGY4s



* Morning conferences including grand rounds, pre-op/post-op conference, OB case conference, pathology conference, didactic lectures & journal club conferences.

** Continuity clinic twice a month on Thursdays.

The OB/GYN program instituted a block schedule, which includes a vacation block comprised of three weeks vacation and one research week; residents have the ability to “swap” vacation weeks with one another so that they can space out their vacations throughout the year.

University of Cincinnati Academic Health Center – OB/GYN Residency Program	
Background information:	The University of Cincinnati Academic Health Center is located in Cincinnati, OH. Residents in the OB/GYN program provide service to patients in 3 major hospitals - the University Hospital, Christ Hospital, and the Cincinnati Children's Hospital Medical Center. Residents complete their gynecology rotation at both University Hospital and Christ Hospital. Both hospitals are academically affiliated with the University of Cincinnati College of Medicine. The University Hospital of Cincinnati has 695 beds while Christ Hospital has 689 beds.
Size of Program	28 Residents: <ul style="list-style-type: none"> • PGY1 – 7 • PGY2 – 7 • PGY3 – 7 • PGY4 – 7
Patient Volume:	According to the American Hospital Association, there were 2,627 deliveries in 2009.
<u>In-patient service</u>	
Day Schedule:	12-hour shifts from 6am to 6pm (Sign-out occurs at 6pm).
Night Schedule:	Night float with 12-hour shifts from 6pm to 6am (Sign-out occurs at 6am). No weekday night call.
Schedule Description:	Off-service residents work weekends.
Weekend Schedule:	Weekend call provided by off-service residents. Weekend schedule requires one 12-hour shift and a 24-hour shift on Saturday from 6am to Sunday 6am, followed by one or two weekends entirely free.
24-hour Call:	Yes, only on the weekends by off-service residents.
Additional Notes:	The schedule applies to residents working at both University Hospital and Christ Hospital.
Contact Information:	Arthur T. Ollendorff, M.D. Program Director arthur.ollendorff@uc.edu (513) 558-2860
Website:	http://www.med.uc.edu/obgyn/education/curriculum.cfm

Weill Cornell Medical College – OB/GYN Residency Program	
Background information:	Weill Cornell Medical College is located in New York, NY. Residents do rotations in both New York-Presbyterian/Weill Cornell Medical Center and the New York Hospital Medical Center of Queens. The New York-Presbyterian Hospital (Cornell Campus) has an academic affiliation with Weill Cornell Medical College. The inpatient teaching program has 68 beds.
Size of Program	25 Residents: <ul style="list-style-type: none"> • PGY1 – 7 • PGY2 – 6 • PGY3 – 6 • PGY4 – 6
Patient Volume:	There were 5150 deliveries in the year 2007. Twenty percent of the deliveries were clinic patients. Of the remaining private deliveries, about 30% were cesarean sections; all done by the Residents.
<u>In-patient service*</u>	
Day Schedule:	12-hour shifts from 7am to 7pm.
Night Schedule:	14-hour shifts from 6pm to 8am.
Schedule Description:	In a year, PGY1s do eight weeks of night float and PGY2s to PGY4s do 9 weeks of night float. *All information was taken from the Weill Cornell Medical website College OB/GYN residency program website.
Weekend Schedule:	Weekend calls consist of a 12-hour overnight shift on Friday, a 24-hour Saturday shift, and a 12-hour day shift on Sunday.
24-hour Call:	Yes, on Saturdays.
Additional Notes:	The night float team consists of a Chief, a PGY3 in obstetrics, a PGY2 in oncology, and a PGY1 in gynecology.
Contact Information:	Barry D. Shaktman, M.D. Program Director bds2003@med.cornell.edu (212) 746-3237
Website:	http://www.cornellobgyn.org/education_training/residency_training_program_rotations.html

PEDIATRICS

UMDNJ - New Jersey Medical School – Pediatric Residency Program	
Background information:	The UMDNJ - New Jersey Medical School – Pediatric Residency Program is based in University Hospital. University Hospital is located in Newark, NJ. Residents also rotate to Hackensack University Medical Center. University Hospital and Hackensack University Medical Center both have a academic affiliation with UMDNJ New Jersey Medical School.
Size of Program:	46 Residents: <ul style="list-style-type: none"> • PGY1 - 15 • PGY2 - 17 • PGY3 – 14
Patient Volume:	University Hospital has 134 pediatric beds.
<u>In-patient service</u>	
Day Schedule:	14-hour day shifts from 7am-9pm.
Night Schedule:	14-hour night shifts from 7:30am-9:30pm Sun-Thurs or Fri.
Schedule Description:	Residents have a mandatory 4-hour “nap” break if assigned a night shift immediately following a day shift.
Weekend Schedule:	13-hour shifts from 8am to 9pm. 13½-hour shifts from 7:30pm to 9am. Day team or elective residents cover the weekend shifts.
24-hour Call:	None
Additional Notes:	Night float system is used in all inpatient services. PL-1 has an average of 4 weeks of night float duty, PL-2 has an average of 6 weeks of night float duty, and PL-3 has an average of 4 weeks of night float duty. Duty hours average 66 hours per week for first-year residents, 63 hours per week for second-year residents, and 60 hours per week for third-year residents.
Contact Information:	Susan G. Mautone, M.D. Program Director mautonsu@umdnj.edu (973) 972-7160
Website:	http://njms.umdnj.edu/departments/pediatrics/residency.cfm

PSYCHIATRY

St. Luke's Roosevelt Hospital – Psychiatry Residency Program	
Background information:	St.Luke's-Roosevelt Hospital Center is a combination of St. Luke's Hospital and Roosevelt Hospital. Both hospitals are located in New York, NY. Residents rotate to both hospitals during their residency. St. Luke's-Roosevelt Hospital Center has an academic affiliation with Columbia University College of Physicians and Surgeons. St. Luke's-Roosevelt Hospital Center has 1,076 inpatient beds - 702 beds at St. Luke's Hospital and 374 at Roosevelt Hospital.
Size of Program:	42 Residents: <ul style="list-style-type: none"> • PGY1 – 9 • PGY2 – 11 • PGY3 – 10 • PGY4 – 11 • Chief - 1
Patient Volume:	Psychiatry clinical divisions provided over 2000 inpatient admissions, 20,000 outpatient visits, and 70,000 substance abuse treatment visits.
<u>In-patient service</u>	
Day Schedule:	14-hour day shifts from 8:30am to 10:30pm.
Night Schedule:	14-hour night shifts from 10:30pm to 12:30pm.
Schedule Description:	PGY1 and PGY2 residents both do a month of night float.
Weekend Schedule:	Day schedule: 13-hour day shifts from 8am to 9pm. Night Schedule: 11-hour night shifts from 9pm to 8am.
24-hour Call:	None
Contact Information:	Prameet Singh, MD Program Director psingh@chpnet.org (212) 523-5089
Website:	http://www.wehealny.org/professionals/residency/slr_psychiatry.html

Stanford Hospital and Clinics – Psychiatry Residency Program	
Background information:	Stanford Hospital and Clinics is located in Palo Alto, CA. Residents in the psychiatry program rotate to two major hospitals - the Stanford University Hospital and the Palo Alto Veterans Administration. Stanford Hospital and Clinics has an academic affiliation with Stanford School of Medicine. Hospital has approximately 613 licensed beds.
Size of Program:	47 Residents: <ul style="list-style-type: none"> • PGY1 – 12 • PGY2 – 12 • PGY3 – 12 • PGY4 - 11
Patient Volume:	The Stanford Psychiatry unit has 29 in-patient beds.
<u>In-patient service</u>	
Day Schedule:	Regular 8½-hour day shifts from 8am to 4:30pm Mon-Fri. 5½-hour shifts from 4:30pm to 10pm (Short call shift) Mon-Fri.
Night Schedule:	12-hour night float shifts from 10pm to 10am.
Schedule Description:	Day shifts are followed by an evening call which is followed by the night float shift. Interns are assigned two 2-week night float rotations at the Palo Alto VA Hospital (PAVA), each alternating with two weeks of vacation. PGY2s are assigned to a single one month rotation at either Stanford or PAVA. PGY3s cover two one-week blocks of float at their choice of location. PGY4s do not take call or float.
Weekend Schedule:	Evening call on weekends is 12 hours from 8am to 8pm. Night Float on the weekends is 12 hours from 8pm to 8am.
24-hour Call:	None
Additional Notes:	Call is weighted, with PGY1s taking more call and PGY3s taking the least amount. No call for PGY4s.
Contact Information:	C. Barr Taylor, M.D. Program Director btaylor@stanford.edu (650) 725-5591 or 725-2769
Website:	http://psychiatry.stanford.edu/residents/call_duties.html

GENERAL SURGERY

Bronx Lebanon Hospital – General Surgery Residency Program	
Background information:	Bronx Lebanon Hospital is located in Bronx, NY. Surgical residents do not rotate to other hospitals. The hospital has an academic affiliation with Albert Einstein College of Medicine of Yeshiva University. It has 850 beds.
Size of Program:	26 Residents: <ul style="list-style-type: none"> • PGY1 – 12 • PGY2 – 5 • PGY3 – 3 • PGY4 – 3 • PGY5 – 3 (chiefs)
<u>In-patient service</u>	
Day Schedule:	Residents work no more than 12-hour shifts during the week.
Night Schedule:	Residents work no more than 12-hour night float shifts during the week. Residents are on night float rotation for 6 nights a week for 3 weeks. For 1 week out of the 3, residents are only on night float for 5 nights.
Schedule Description:	4th and 5th year residents do 24-hour calls on Saturday.
Weekend Schedule:	24-hour call on Saturdays for PGY4s and PGY5s.
24-hour Call:	Yes
Additional Notes:	No moonlighting allowed within institution.
Contact Information:	John Morgan Cosgrove, MD FACS Program Director jcosgrove@bronxleb.org (718) 960-1225
Website:	http://blhcsurgery.org/residencyprogram.aspx

Maine Medical Center – General Surgery Residency Program	
Background information:	Maine Medical Center is located in Portland, Maine. Residents do not rotate to other hospitals. Maine Medical Center has an affiliation with the University of Vermont College of Medicine but the affiliation will end in 2011 with the introduction of a Maine-track program at Tufts University School of Medicine. Maine Medical Center has 637 inpatient beds.
Size of Program:	21 Residents: <ul style="list-style-type: none"> • PGY1 – 5 • PGY2 – 4 • PGY3 – 4 • PGY4 – 4 • PGY5 – 4 (chiefs) • Prelim – 1
Patient Volume:	According to the American Hospital Association, there were 11,740 inpatient surgeries in 2009.
<u>In-patient service</u>	
Day Schedule:	13-hour day shifts from 5:30am – 6:30pm.
Night Schedule:	12½-hour shifts from 5:30pm to 6:00am Mon-Thurs.
Schedule Description:	The general surgery residency program at Maine Medical Center utilizes a night float system. Residents are on night float rotation for 3 months per year. Night float is 5 days a week. Night float starts with a 24-hour shift on Sunday. Residents are then scheduled for 13-hour shifts from 5:30 pm to 6:00am Mondays through Thursdays. Night float residents are off after their Thursday morning shift and return for their Sunday morning shift.
Weekend Schedule:	Residents work a long call shift on Fridays and a different group of residents come in for a 24-hour call on Saturday.
24-hour Call:	Yes
Additional Notes:	Maine Medical Center utilizes nurse practitioners to assist during transitional time.
Contact Information:	Michael R Curci, MD Program Director (207) 662-2515 curcim@mmc.org
Website:	http://www.mmc.org/meded_body.cfm?id=1486

University of Chicago Medical Center– General Surgery Residency Program	
Background information:	The University of Chicago is located in Chicago, IL. Residents are based out of the University of Chicago Medical Center but rotate to affiliated hospitals including the John H. Stroger Hospital of Cook County and North Shore University Health System. The University of Chicago Medical Center has an academic affiliation with both the Pritzker School of Medicine and the University of Illinois at Chicago College of Medicine. The University of Chicago Medical Center has 532 beds.
Size of Program:	37 Residents: <ul style="list-style-type: none"> • PGY1 – 8 (2 Prelims) • PGY2 – 11 (2 Prelims) • PGY3 – 8 • PGY4 – 5 • PGY5 – 5 (chiefs)
Patient Volume:	According to the American Hospital Association, there were 12,161 inpatient surgeries in 2009.
<u>In-patient service</u>	
Day Schedule:	12-hour day shifts from 6am to 6pm Monday-Thursday.
Night Schedule:	12-hour night shifts from 6pm to 6am Monday through Thursday.
Schedule Description:	Night float system is utilized. Residents on night float work 5 nights a week on night float with 2 days off (Friday and Saturday).
Weekend Schedule:	26-hour call on Fridays and Saturdays. Friday call from 6am until Sat. 8am. Saturday call from 8am until Sun 10am. 20-hour shifts from 10am Sunday to 6am Monday.
24 Hour Call:	Yes
Contact Information:	Mitchell Posner, M.D. Program Director mposner@surgery.bsd.uchicago.edu (773) 834-4007
Website:	http://surgery.uchicago.edu/specialties/general/education/residency/

RESOURCE LIST

Websites:

- HoursWatch.org - Website featuring the latest scientific evidence on the effects of long work hours on residents, best practices for residency programs, and news about resident work hours reform.
- HCPro.com - HCPro is a leading provider of integrated information, education, training, and consulting products and services in the vital areas of healthcare regulation and compliance.
- ACGME.org - ACGME is the organization responsible for the accreditation of all allopathic residency programs in the United States. The ACGME resident section of the website lists a few innovative approaches to scheduling resident work.

Videos, Powerpoints, and Guides (available on www.hourswatch.org)

- Video of Akron Best Practices (June 2009) – Video documenting how the Summa Health Internal Medicine Residency program successfully reduced on-call shifts to no more than 16 hours, without hiring any additional staff: <http://www.vimeo.com/5129301>
- “Virginia Mason’s “Working Smarter, Not Longer: Reducing the Workday to 14 Hours” Presentation.” <http://bit.ly/VAMasonHennepin>
- Hennepin County’s “Novel Approaches to Reducing Call to 16 Hours: Working Smarter, Not Longer” Presentation.” <http://bit.ly/VAMasonHennepin>
- “UMDNJ NJMS’s “Surviving and Thriving Without 24-Hour Call: The Art and Science of Schedule Re-Engineering” Presentation.” <http://bit.ly/VAMasonHennepin>
- Santa Clara Valley’s “Implementation of a New Night Float System in an OB/GYN Community Program” Presentation. (Available upon request).

News and Journal Articles:

- “Of Puppies and Dinosaurs: Why the 80-Hour Work Week Is the Best Thing That Ever Happened in American Surgery.” <http://bit.ly/80HourWeek>
- “32 Ideas for Achieving Work-Hours Compliance.” <http://bit.ly/32Ideas>
- “Toward a New Paradigm in Graduate Medical Education in the United States: Elimination of the 24-Hour Call.” <http://bit.ly/NewParadigm>
- “Making Sense: Duty Hours, Work Flow, and Waste in Graduate Medical Education.” <http://bit.ly/MakingSense>
- “Tugging on Superman’s Cape.” <http://bit.ly/SupermansCape>
- “How to Integrate Team, Night Float, and Apprenticeship Models into a Surgery Residency Program.” <http://bit.ly/RAP-Integration>
- “Does simulator-based clinical performance correlate with actual hospital behavior? The effect of extended work hours on patient care provided by medical interns.” *Academic Medicine*. 2010 Oct;85(10):1583-8. <http://bit.ly/LongWorkHourEffects>
- Joint Commission case studies analyzing hand-offs in 10 hospitals <http://bit.ly/JointCommissionStudy>

CIR FAQ: The ACGME 2011 Work Hour Changes

1. Will some ACGME work hour rules stay the same in 2011?

Yes, actually quite a few:

- The maximum weekly limit is still 80 hours per week, averaged over 4 weeks.
- On-call is still limited to every third night, averaged over 4 weeks.
- Time off is still 24 hours per seven-day period, again averaged over 4 weeks.
- Home call is still not subject to the every third night call or consecutive on-call shift limits and at-home hours still don't count towards the 80 hour max unless a resident or fellow has to come into the hospital.
- A Residency Review Committee (RRC) can still grant exceptions to the 80 hour rule up to a maximum of 88 hours per week if they have "a sound educational rationale"¹ – the only change is that now a program that requests an exception has to first get permission from the hospital's head of graduate medical education (also known as the "D.I.O." – Designated Institutional Officer).

2. What new rules has the ACGME set for 2011?

- Maximum shift lengths (and exceptions).
- PGY1 residents can no longer work shifts greater than 16 hours.
- PGY2 and above residents are limited to 24-hour shifts plus 4 hours for transition for a new maximum of 28 hours of consecutive work and not 30 as is currently the case. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house call.
- A resident can work longer than 28 hours in "unusual circumstances" to care for a single patient (e.g. in the case of a severely ill and unstable patient, academic importance, or providing "humanistic attention" to the needs of a patient or family.) The resident has to hand over any other patients and the program director must review each "submission of additional service" and track individual and program-wide episodes.
- "Strategic napping" during a 28-hour shift (especially after 16 hours of work and between the hours of 10 pm and 8 am) is "strongly suggested."
- All moonlighting (external and internal) must be counted toward the 80 hour limit and PGY1 residents are prohibited from moonlighting.
- Time off between on-call shifts:
 - PGY 1 residents should² have 10 hours off, but must have at least 8 hours.
 - Intermediate level residents (as defined by each RRC) should have 10 hours off between shifts and must have 8, but they must have at least 14 hours off after a 24-hour in-house on-call shift.
 - "Residents in the final years of education" (as defined by the RRCs) may have fewer than 8 hours off between shifts [as defined by the RRC].
 - Frequency of Night Float is set at no more than 6 consecutive nights where there currently is no limit. Each RRC will determine how the maximum number of consecutive weeks and number of months can be assigned.

3. What about post-call residency safety?

The ACGME says that hospitals "must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home."

4. How will the ACGME monitor its new rules in 2011?

There is no language in the ACGME requirements now or in 2011 that specifically addresses its monitoring process. The ACGME has said it will do annual site visits of every “institutional sponsor” (not every teaching hospital) that will focus on “duty hours compliance, supervision, and provision of a safe and effective environment for care and learning.”³ The ACGME is silent about whether these site visits will be announced or unannounced, so the assumption is that they will remain announced. The ACGME says that it will “provide each institution with a report that details its compliance status and identifies noncompliance issues for timely resolution” and that “the plan is to make these results available to the public.”

¹ This FAQ and all quotes are taken from the New ACGME Duty Hours Requirements posted on www.acgme.org.

² The ACGME often uses the words “should” and “must” and it’s important to understand the difference. Simply put, “should” is the ideal and “must” is the requirement that will be enforced.

³ Nasca, T. “The New Recommendations on Duty Hours from the ACGME Task Force,” *NEJM*. June 23, 2010.