

Policies and Procedures: On Call

REQUIREMENTS

- As of July 1, 2010 PGY-1 residents cannot take week night or week end On Call.
- A program may define a 'shift' for a week day and or week end day that is no more than 14 hours.

DEFINITIONS:

Shift Service Hours

Designated hours from start to end of 'shift'.

A 'shift' day is defined as no more than 14 hours from the start of the resident day including required conference attendance.

Minimum Time Off

Should be 10 hours but must be no less than 8 hours between shifts.

Start time of next shift for a particular trainee is defined by this minimum time off period.

On Call Hours

Designated hours from end of 'shift' to start of next days 'shift' including conference time

Duty Hours

- A resident irrespective of PGY year is not to be on service for more than 80 hours per week averaged over 4 weeks
- A resident irrespective of PGY year must have one day off in seven averaged over 4 weeks
- A PGY-1 resident should have a minimum of 10 hours between shifts but must have a minimum of 8 hours between shifts
- PGY-2, PGY-3 and PGY-4 residents must have a minimum of 8 hours between shifts

WEEK END AUTOPSY SERVICE FOR UPMC PRESBYTERIAN AND VAHS

- The autopsy service will be a 6 day rotation Monday through Saturday.
- The resident assigned to the autopsy service that week will do the first two autopsies on the Saturday shift. The resident need not be on site until an autopsy is scheduled.
- A PGY-2, PGY-3 or PGY-4 resident will be On Call for frozen section on Saturday and the third autopsy on Saturday if needed.
- The same PGY-2, PGY-3 or PGY-4 resident will be On Call for frozen section and up to two autopsies on Sunday. If there is a third autopsy on Sunday the resident on frozen section for UPMC Shadyside or UPMC Magee will be available if needed.

WEEK END AUTOPSY SERVICE FOR UPMC CHILDREN'S

- When there is a resident on rotation at Children's the resident will be On Call two week ends per 8 weeks for week end coverage. This must be PGY-2, PGY-3 or PGY-4.
- Week end coverage is shared with the fellow and faculty.
- Faculty cover 'solo' when a resident or fellow is not scheduled.

WEEK END AUTOPSY SERVICE FOR MEDICAL EXAMINERS OFFICE

- Week end autopsy coverage will be one week end per 4 weeks rotation. Must be a PGY-2, PGY-3 or PGY-4.

WEEK NIGHT FROZEN SECTION SERVICE FOR UPMC PRESBYTERIAN, UPMC SHADYSIDE, UPMC MAGEE AND UPMC CHILDRENS

- The day 'shift' will be until 9pm for one resident/fellow at each site – including PGY-1 – to cover frozen section.
- The resident/fellow may go off site but be required to come in under shift service time if needed. May extend shift to no more than 16 hours from shift start time if continuing frozen in OR – but then must have 8 hours before returning to next shift. After 9pm the attending will be responsible for frozen section coverage on their own.
- Even if not called back any resident/fellows on the 9pm extended 'shift' will count duty hours from start of 'shift' that day through 9pm
- After 9:00pm faculty will cover frozen section 'solo'.

WEEK END FROZEN SECTION SERVICE FOR UPMC PRESBYTERIAN, UPMC SHADYSIDE, UPMC MAGEE AND UPMC CHILDRENS HOSPITAL

- For UPMC Presbyterian a PGY-2, PGY-3 or PGY-4 resident will be On Call for UPMC Presbyterian frozen section coverage. This will be the non-PGY-1 resident On Call on Saturday and Sunday.
- UPMC Presbyterian based Fellows/ Clinical Instructors will be scheduled for frozen section coverage and when On Call there will be no need for resident frozen section coverage.
- For UPMC Shadyside, UPMC Magee and UPMC Children's a resident (must be PGY-2, PGY-3 or PGY-4) or fellow at that site will be On Call for frozen section.
- The UPMC Shadyside or UPMC Magee resident on frozen will be available on Sunday for UPMC Presbyterian and VAHS autopsy coverage if needed.

CLINICAL PATHOLOGY WEEK END ON CALL

- A PGY-2, PGY-3 or PGY-4 resident will be On Call.
- Dual On Call for AP CP (except for residents covering autopsy service at UPMC Presbyterian and VAHS and CP Only or AP Only Track residents) including those covering frozen section or autopsy (UPMC Children's) for other UPMC sites.

CLINICAL PATHOLOGY WEEK NIGHT ON CALL

- A PGY-2, PGY-3 or PGY-4 resident will be on call
- Dual On Call for AP CP except for CP Only or AP Only Track residents

**Latest FAQ Requirements from Pathology RRC – has ACGME approval
Common Program Requirements, effective July 1, 2011**

Q: The revised Common Program Requirements (effective July 1, 2011) preclude PGY-1 residents from taking call. How can Pathology Program Directors provide PGY-1 residents the educational experiences similar to what they are receiving currently during 'on call' assignments?

- A. The 'new' requirements specify the following for PGY-1 residents:
- a maximum 80-hour work week
 - duty periods that must not exceed 16 hours
 - a 10-hour minimum time off between duty periods (*should be scheduled*) and an 8-hour minimum time off between duty periods (*must be scheduled*)

The PGY-1 resident does not need to be 'in house' during a 16-hour duty period. The duty period may include time in the institution/hospital and time outside of the institution/hospital. Expectations are that the PGY-1 resident continues to assume clinical responsibilities assigned, and remains under obligation to the program for the defined duty hour period.

Examples follow:

ANATOMIC PATHOLOGY

- A PGY-1 resident on surgical pathology works from 7:00 am to 9:00 pm (14 hours) in-house grossing surgical specimens, conducting intraoperative consultations, and/or previewing cases. This resident would leave the hospital at 9:00 pm and return at 7:00 am the next morning. Another resident, fellow, or attending would be responsible/under obligation to the program for intraoperative consultations between 9:00 pm and 7:00 am the following morning. If the PGY-1 resident was scheduled from 7:00 am to 11:00 pm (16 hours), he/she could not return to work until 9:00 am the next day (10-hour rest period).

Participation in critical cases is important. However, schedules of PGY-1 residents must be organized with flexibility in mind as PGY-1 residents may not under any circumstances be assigned duty hour periods that exceed 16 hours.

- A PGY-1 resident is assigned to the surgical pathology rotation. The duty period is defined as 8:00 am to 10:00 pm. The resident, however, leaves the hospital at 6:00 pm, but remains responsible for clinical activities until 10:00 pm (14 hours). The resident must remain in communication with the laboratory, operating, room, senior resident, fellow, or supervising faculty member. If an intraoperative consultation is requested, the resident is expected to complete the remainder of the duty hour period that ends at 10:00 pm. In this case the duty period can be extended until 12 midnight to maximize the 16-hour shift. Depending on the clinical and didactic needs in the program, it is acceptable for duty hour periods to be

scheduled in 16-hour shifts. Time within the duty hour period can be managed accordingly.

It is important to note, however, that once the PGY-1 sixteen-hour shift ends, another resident, fellow, or the attending pathologist will be responsible for any additional consultations. The PGY-1 resident assigned from 8:00 am to 12 midnight will be able to begin another duty period at 8:00 am the next morning, because the requirement states that residents should have 10 hours, but must have 8 hours between duty hour periods. While 10 is the preferred threshold, 8 is the minimal standard.

CLINICAL PATHOLOGY

- A PGY-1 resident is assigned to a blood bank/transfusion medicine rotation. The resident's responsibilities include assignments during the day hours of 8:00 am - 5:00 pm, in-house. The resident leaves the hospital/institution at 5:00 pm but is still responsible for clinical assignments until 10:00 pm. The resident maintains communication with the laboratory, a more senior resident, or a supervising faculty member during the latter 5-hour period. He or she responds to inquiries from the blood bank or from providers. If the resident leaves the hospital for self-study, rest or relaxation, or any other reason approved by the program director, he/she is expected to return to the hospital if needed to complete his/her 16 hour duty period (example: to perform an apheresis procedure).

If a 'critical' patient encounter extends beyond 10:00 pm, (as defined in the specialty-specific language in the requirements - VI.G.5.c.1.) the PGY-1 resident may complete the care of the patient, but then must be released. Another resident, fellow, or supervising attending will assume responsibilities for any additional patient procedures. The PGY-1 resident assigned from 8:00 am through 10:00 pm will be able to return to the hospital and begin a duty period at 8:00 am the next morning.

'REDEFINING' Rotations

- A PGY-1 resident is assigned to an autopsy rotation. The responsibility/obligation of the resident includes: 1) providing expertise for performing autopsies, 2) chart review, 3) review of gross organs, 4) dissection, 5) consultation with referring physicians, 6) slide review, and 7) generation of both PAD and FAD reports daily, Monday - Saturday. Example duty periods during these days: Monday through Friday 8:00 am - 5:00 pm and Saturday, 8:00 am to 3:00 pm. The resident would not have responsibilities/obligations on Sunday in order to meet the 'one-day-in-seven off' duty hour requirement.
- Similarly, a PGY-1 resident is assigned to a surgical pathology rotation. The responsibility/obligation of the resident on this service could include assignments Monday through Saturday or Sunday through Friday (example: 8:00 am to 8:00 pm Monday-Friday; 8:00 am to 3:00 pm Saturday and /or Sunday)

SUPERVISION:

Q: For residents enrolled in 3-year Pathology tracks (*Clinical Pathology, Anatomic Pathology*), or *Anatomic Pathology/Neuropathology* what level residents are considered to be in their final years of education?

A: PGY-2 and PGY-3 level residents in 3-year programs are considered to be in their final years of education and PGY-2 level residents in AP/NP are considered to be in their final years of education.

Q: Who are qualified to supervise residents in bone marrow biopsies?

A: PGY-2 or greater level residents in a CP-only track, PGY-3 or greater level resident in an AP/CP track, hemeonc fellows, hematopathology fellows and attending pathologists may supervise the performance of bone marrow biopsies.

Q: Who are qualified to supervise residents in apheresis procedures?

A: PGY-2 or greater level residents in a CP-only track, PGY-3 or greater level residents in an AP/CP track, Blood Banking/Transfusion Medicine fellows, and attending pathologists. Hematopathology fellows may also supervise apheresis procedures if approved to do so by their respective program directors.

Q: Who are qualified to supervise residents in gross dissection of surgical path specimens and/or autopsies?

A: A PGY-2 or greater level resident in an AP/NP or AP-only track, a PGY-3 or -4 level resident, a fellow, a pathology assistant, or an attending pathologist.

Q: At what point may the PGY-1 resident be indirectly supervised?

A: In order for the PGY-1 resident to be indirectly supervised, they must have performed the requisite three procedures in the categories specified in the requirements. [VI.D.5.a.(1) - autopsies (complete or limited), gross dissection of surgical pathology specimens by organ system, frozen sections, apheresis, fine needle aspirations and interpretation of the aspirate.]

Example: The resident who has met the requirement for direct supervision may be indirectly supervised by a more senior resident, a fellow, a pathology assistant, or an attending physician. The identified supervisor must be available for consultation and assistance, but does not need to be immediately available or in the hospital.