The Department of Pediatrics abides by the regulation of the Bell commission and by ACGME duty hour’s standards. Of these, the program must follow the regulation that gives the residents the greater period of rest. This policy is also part of the CIR contract.

**The above schedule may be modified to allow for the following:**

- The scheduled work week shall not exceed an average of eighty hours per week over a four week period
- There must be at least one twenty-four hour period of scheduled non-working time per week
- PGY-2 and above residents may be scheduled a maximum of 24 hours of continuous in-house duty. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. Residents may remain on duty for up to 3 (24+3) additional hours to participate in effective transitions in care. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for:
  1. a severely ill or unstable patient
  2. academic importance of the events transpiring
  3. humanistic attention to the needs of a patient or family

  Under those circumstances, the resident must:
  1. Hand over the care of all other patients to the team responsible for their continuing care; and
  2. document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the Program Director.

- There must be a 10 hour time period provided between all daily duty periods; After 24 hours of in-house duty, there must be 14 hours free of duty.
- Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
- PGY-1 may only work a maximum of 16 hours continuously