



**STANDARD OPERATING PROCEDURE-POLICY
CLINICAL AND EDUCATIONAL WORK HOURS: 24+4 WEEKEND ROUNDING**

SCOPE/APPLICABILITY:

This SOP applies to all GME learners who round on the weekends while completing a 24-hour shift.

RATIONALE/BACKGROUND:

ACGME 24+4 Duty Hours Rule:

Residents/fellows who have completed a 24-hour clinical and educational work period may spend up to an additional four hours on-site to ensure an appropriate, effective, and safe transition of care (including rounds), to maintain continuity of patient care, and to participate in educational activities, such as conferences. During this four-hour period, residents/fellows must not be permitted to participate in the care of new patients in any patient care setting; must not be assigned to outpatient clinics, including continuity clinics; and must not be assigned to participate in a new procedure, such as an elective scheduled surgery. Residents/fellows who have satisfactorily completed the transition of care may attend an educational conference that occurs during this four-hour period. The four additional hours should come at the end of the assignment period and should not be interspersed before the end of the 24 hours.

UNM GME specifications:

- 1) The start of a 24-hour shift is when the resident arrives at the hospital and starts working. This includes education, pre-rounding, etc.
- 2) At the end of this 24-hour period, the resident must only do care transitions and education, and must not provide new patient care.
- 3) The first 24 hours should be logged as "Shift," "In-House Call," or similar
- 4) The following 4 hours (if used) can be logged as "Post Call / Transitional (OK after 24)," but may not be logged this way before a shift, and needs to include education and care transitions only (not new patient care).

PROCEDURES:

24+4 Weekend Rounding SOP

Friday Night

Covered by Night Float Team 2-3x/month. Concerns about hours violations (80 hrs./wk. averaged over 4 weeks) should change practice to schedule Night PGY1 and Night PGY2, only for two Friday PMs; not three as currently is practiced.



ROB Service

Saturday Rounds:

The Saturday day PGY1s arrive at 0630 and get sign-out from the Friday night PGY1s. All new patient care (OBT, ED) must now be completed by Saturday day PGY1s.

The Friday night and Saturday day PGY1s work together to complete ROB rounds. The Friday night PGY1s should focus on seeing anticipated discharges and attempt to round/write notes prior to 0630 sign-out.

ROB rounds will occur with the L&D attending at 9am, with the night PGY1s presenting first.

The Friday night PGY1s must leave by 10:00 Saturday morning (not arriving before 6am on Friday morning).

In the event that the attending cannot round at 9am (i.e.: scrubbed into surgery) the night PGY1s should complete their notes and sign out their patients to the day PGY1s. ROB rounds will then occur when the attending becomes available.

Sunday Rounds:

Sunday day PGY1s arrive at 0630 and get sign out from Saturday night PGY1s. All new patient care (OBT, ED) must now be completed by Sunday day PGY1s.

The Saturday night and Sunday day PGY1s work together to complete ROB rounds. The Saturday night PGY1s should focus on seeing anticipated discharges and attempt to round/write notes prior to 0630 sign-out.

ROB rounds will occur with the L&D attending at 9am, with the night PGY1s presenting first.

The Saturday night PGY1s must leave by 10:30am on Sunday (having arrived at 6:30 on Saturday).

In the event that the attending cannot round at 9am (i.e.: scrubbed into surgery) the night PGY1s should complete their notes and sign out their patients to the day PGY1s. ROB rounds will then occur when the attending becomes available.

Contingency Plan: If the ROB service volume exceeds greater than five patients per PGY1, (both day & night) the post-call PGY3 will assist with rounding after L&D board sign-out and plan to present to the on-call attending at 09:00. The post-call PGY3 must leave the hospital by 11:00, having arrived at 07:00.

Notes:

The OB resident on the service each weekend day will attend Peds rounds alone at 8:15 and discuss their perception of likely discharges prior to rounding with the attending, and gather information from the peds team regarding patient they prefer not to discharge. If significant changes in plans occur during attending rounds, these can be communicated to the Peds team after rounds are complete but should not be routine.



GYN Service (and Urogyn/FP services as needed)

Friday/Saturday Night PGY2 pre-rounds prior to 06:00 (then gives MFM sign-out to Day PGY2 who will round MFM at 06:30).

Friday/Saturday Night PGY2 rounds with the post-call attending at 06:00 or 07:30 (after board sign-out). At times, the Friday/Saturday Night PGY2 will post-call round with the Ward Attending at 0730 (instead of the post-call attending).

No new patients will be seen between 06:30 and 07:00 (during sign out) in ED unless emergent. If emergent, the Day PGY-2 should perform the new consult.

The Night PGY2 must leave by 10:30.

MFM Service

Saturday/Sunday Day PGY2 arrives at 06:30, gets MFM sign-out from Night PGY2

Board sign-out at 0700

Saturday/Sunday Day PGY2 Walk/discovery rounds after board sign-out with MFM attending and fellow.

Saturday/Sunday Day PGY2 will then cover floor calls from the MFM service for the remainder of their shift (providing continuity of care to MFM patients).

If the Day PGY2 is needed for an urgent cesarean delivery while MFM rounds are still in process, the PGY2 will need to be excused from rounds. In that case, the MFM fellow will need to sign-out the remaining plans to the Day PGY2 at the end of rounds to facilitate safe patient care and ensure plans are executed.

Onc Service

First Six Weeks of the Academic Year (July-Mid August)

Saturday Rounds

Saturday Day PGY4 arrives at 0630 to get sign-out from Friday Night PGY4.

Saturday Day PGY4 stays for board sign-out at 0700.

Saturday Day PGY4 chart rounds on all oncology patients (alerting abnormal vitals and labs) from end of L&D board sign-out until 08:00.

Saturday Day PGY4 bedside discovery rounds with the Gyn Onc attending at 08:00.

-If there is a C-section, PGY4 still prioritizes Onc rounding. The on-call OB/Gyn attending will perform the CS with the on-call PGY-2 resident if Onc rounds are not complete.

-If Onc attending is not available at 08:00 for discovery rounds, then PGY4 will round and write notes and f/u with Onc attending according to attending preference.

-If Onc attending does not want to do discovery rounds, then PGY4 will be available to round at 0930 (or later).

Goal will be for the Saturday/Sunday PGY4 to be present back on L&D by 10:00.

*For the first 6 weeks of the year, when there is a Sunday Day PGY4, then the Sunday PGY4 will follow the Saturday Rounds plan.

After the First Six Weeks of the Academic Year: Chief Home Call Saturday and Sunday One PGY4 will cover the entire weekend rounding responsibilities via Home Call. Please see “PGY4 Weekend Home Call” SOP for details.

Weekend rounds performed by PGY year:

Day PGY1: ROB PP rounds Night

PGY1: ROB PP rounds

Day PGY2: MFM rounds

Night PGY2: Gyn/Urogyn/FP rounds

Day PGY3: none—expected to cover OBT duties while ROB rounds are happening Night

PGY3: ROB PP rounds as needed to meet the five patient cap

First Six Weeks of the Academic Year

Saturday Day PGY4: Oncology rounds

Sunday Day PGY4: Oncology rounds

After the First Six Weeks of the Academic Year

One PGY4 to cover all weekend Onc Rounds via Home Call

APPROVALS:

SOP Owner:	Nicholas Andrews, MD/PHS	Date: 8/15/2021
Chair Approval:		Date: 9/23/2021
Effective Date:	September 23, 2021	