

**State University of New York at Buffalo  
Pediatric Emergency Medicine Fellowship**

**Policy & Procedures on Fellow Duty Hours and the Learning Environment**

{Most recent update: June 2025}

**Duty Hours:**

Introduction:

The University at Buffalo (“UB”) and its affiliated hospitals support a work environment, which is conducive to learning. Compliance with the ACGME and New York State Department of Health regulations on duty hours contributes to such an environment.

Fellows are Expected to:

- Notify their Program Director, the Senior Associate Dean for Graduate Medical Education (GME), or report duty hour or other learning environment concerns anonymously via the “red phone” link on the GME website ([buffalo.edu/smbs/gme](http://buffalo.edu/smbs/gme)).
- Notify their attending physician immediately if circumstances (i.e., patient emergency) may lead to violation of duty hour regulations.
- Log duty hours using the guidelines, which follow in this document.
- Provide complete information regarding their duty hours and supervision to representatives of the sponsoring institution, ACGME, affiliated hospital administration, or Department of Health (IPRO), when requested.

Key Features of Duty Hour Regulations:

- ED shifts must be limited to no more than twelve consecutive hours/day.
- In-house night call for Fellows must be no more frequent than every third night averaged over a four-week period.
- Fellow responsibilities shall not exceed an average of 80 hours per week averaged over a four-week period, inclusive of all in-house call activities and moonlighting.
- Inpatient duties for Fellows shall not be scheduled for more than twenty-four consecutive hours with up to 3 additional hours for transition time. No new patient care responsibilities can be assigned during the transition period. Strategic napping is strongly suggested after 16 hours of continuous duty and between the hours of 10PM and 8AM. Also, ACGME requires that 14 hours free of duty follow each 24-hour (+ up to 3 hours of transition) in-house duty period.
- Adequate rest periods between schedule on-duty assignments should consist of 10, and must consist of 8, non-working hours. *Note: lectures/conferences before or after an ED shift do not count as “work hours” in the ED and also do not need to be included in time off calculations between work hours. However, lectures must be logged.*
- At least one 24-hour non-working period shall be scheduled weekly.
- Each trainee shall notify their program director of employment outside the hospital (i.e. moonlighting) and the hours devoted to such employment. All moonlighting hours count toward the duty hour limitations. Trainees who have worked the maximum number of hours permitted shall be prohibited from working additional moonlighting hours. . A Fellow cannot moonlight without the

advance written permission of the Program Director. Please refer to the Fellowship Moonlighting Policy.

Tool Utilized to Log Duty Hours:

Medhub will be the tool Fellows must utilize to log duty hours.

When Hours Must Be Logged:

Duty hours must be logged daily. Fellows must not allow a 7 day period to go by without logging their hours. Failure to log hours in a timely manner will impact the Fellow's evaluation under the "Professionalism" competency.

How to Quantify Duty Hours:

Duty hours are to be rounded to the nearest 30 min. Example, working 1 hour and 14 minutes would be rounded to 1 hour. Working 1 hour and 15 minutes would be rounded to 1.5 hours.

Procedures for Monitoring Duty Hours/Learning Environment: (Listed by Task):

- Moonlighting: Once the "Moonlighting" task is selected, select the "Moonlighting" activity and specify site of moonlighting in the "comments" section. Note time started and stopped.
- Day Off: Once the "Day Off" task is selected, select the "Day Off" activity; Note time as 8A-4P.
- Vacation Day: Once the "Vacation Day" task is selected, select the "Vacation Day" activity; Note time as 8A-4P.
- Sick Day: Once the "Sick Day" task is selected, select the "Sick (shift)" activity; Note time as 8A-4P.
- Leave of Absence: Once the "Leave of Absence" task is selected, select the "Leave of Absence" activity; Note time as 8A-4P and write the reason for the leave in the "comments" section (i.e. extended sick leave, etc.)
- Lecture/Conference: Once the "Lecture/Conference" task is selected, select the appropriate activity from the following choices and note the time:
  - Academic Conferences
  - PEM Core Review (PEM|CoR) (If site is ECMC, please note it in the comment section, otherwise, no need to make a comment)
  - Toxicology Interdisciplinary Conferences
  - ED-PICU Interdisciplinary Conferences
  - Fellowship Lecture Series
  - Away Conference (shift)—if your conference is out of town (note site)

- Planned Work: Once the “Planned Work” task is selected, select the appropriate activity from the following choices and note the time:
  - Adult ED BGH (log shift times)
  - Adult ED ECMC
  - Adult ED Suburban
  - Anesthesiology (Time usually 7:30A-3:30P, Monday through Friday)
  - Emergency Medical Response (EMS)
  - Orthopedics
  - Pediatric Emergency Medicine (shift); Note: New fellows: choose this for July Orientation module
  - PICU (shift)
  - Research-Bench (shift) (Time usually 8A-4P, Monday through Friday)
    - Note: if you are in a research month and have lectures that day, as an example, you may log 8A-9A as research, 9A-11A as lectures, then 11A-4P as research
  - Toxicology (Time usually 8A-4P, Monday through Friday)
  - Ultrasound
  - Radiology Rotation (Time usually 8A-4P, Monday through Friday)
  - Elective (Note site in comments section)
  - Pediatric Ambulatory Rotation
  - Pediatric Inpatient Rotation
  - Pediatric Neonatology

### **Learning Environment:**

#### Introduction:

The clinical environment must be conducive to Fellow learning and support acquisition of knowledge, skills, and attitudes identified by the ACGME.

#### Fellows are Expected to:

- Arrive fit for duty
- Request assistance if their fitness becomes compromised by fatigue
- Participate in learning activities of the program
- Communicate effectively with inter-professional teams while caring for patients.
- Participate in the educational sessions provided by the Department of Pediatrics and the Division of Pediatric Emergency Medicine on fatigue/sleep deprivation, alertness management, and fatigue mitigation processes.

#### Contingency Plans to Support Patient Care during Unexpected Trainee Shortages, Fellow Fatigue, or Excessive Clinical Demands:

If there is an unexpected resident or fellow shortage due to a scheduling error or resident/fellow fatigue, the primary attending in the ED must be notified. If it is a resident shortage, the appropriate program’s chief resident should be contacted so that a replacement can be obtained. If there is an unexpected absence of the Fellow, the other PEM Fellows should be contacted to cover for the absent Fellow. The absent Fellow will then make-up any lost time in the ED by taking a shift(s) from the Fellow(s) who covered him/her. **Note: All sick days that result in an absence from an Adult ED, OCH ED or PICU shift must be made up.** During times of unexpected high-volume, the primary

attending in the ED should notify the Chief of the Division. With prior permission, she/he may call upon any providers within or outside the hospital for assistance, including but not limited to the respective residency chiefs, other PEM Fellows, NP's, or Attendings, in order to support patient care.

Adequate Sleep Facilities:

The only rotation in the Pediatric Emergency Medicine Fellowship, which requires overnight in-house call, is the Pediatric Intensive Care Unit (PICU). During this one-month rotation, the PICU provides adequate sleep facilities and access to a bathroom with a shower.

Safe Transportation:

If a Fellow does not feel alert enough to drive home, she or he should call a cab to bring them home. The Fellow will then be reimbursed from the Division for the cost of this cab ride.