

FIRST Trial Recommendations for Intervention Arm Hospitals

<p align="center"><u>Eliminated Duty Hour Requirements for Intervention Arm Hospitals</u></p>	<p align="center"><u>Suggested Changes for Intervention Arm Hospitals</u></p>
<p><u>Intern 16-hour Rule:</u> PGY-1 resident duty periods must not exceed 16 hours.</p>	<p><u>Suggested Changes:</u></p> <ul style="list-style-type: none"> - PGY-1 residents should take 24 hour calls instead of shorter shifts. <i>This may help minimize handoffs and improve continuity.</i> - Consider replacing night float system for some services with rotating call that includes PGY-1 residents. <i>This may allow residents who best know the patients on that service to be the ones caring for those patients at night.</i> - Any other reasonable needs to be left to the discretion of the Program Director.
<p><u>Maximum Duty Periods:</u> Duty Periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.</p> <ul style="list-style-type: none"> - Residents are allowed to remain on-site for transition of care, but for no longer than 4 hours. <p>Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.</p>	<p><u>Suggested Changes:</u></p> <ul style="list-style-type: none"> - Residents should be encouraged to stay post-call as needed (beyond 4 hours) if <ul style="list-style-type: none"> o Facilitating transitions in care o Caring for unstable patients o Completing evaluation of a new patient o Operating on patients on their service o Operating on patients that they admitted overnight o Finishing an operation they started o Attending the entirety of educational conferences or technical skills labs o Seeing new consults while the care team completes morning rounds o Any other reasonable indications at the discretion of the Program Director - All residents may be scheduled to round following 24 hour call. - The reason for staying in-house does not need to be documented or reviewed by the Program Director. - <i>This all may help minimize handoffs and improve continuity.</i>

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Time-Off Periods

All residents *should* have 10 hours, and *must* have 8 hours, free of duty between scheduled duty periods.

Intermediate-level residents must have at least 14 hours free of duty after 24 hours of in-house duty.

Suggested Changes:

- Residents should be encouraged to stay late (with less time between shifts) if
 - o Facilitating transitions in care
 - o Caring for unstable patients
 - o Completing evaluation of a new patient
 - o Operating on patients on their service
 - o Operating on patients that they admitted overnight
 - o Finishing an operation they started
 - o Attending the entirety of educational conferences or technical skills labs
 - o Seeing new consults while the care team completes morning rounds
 - o Any other reasonable indications at the discretion of the Program Director
- *This may help minimize handoffs, improve continuity, and improve resident education.*

Return-to-Hospital Activities

Return-to-hospital activities by chief residents with fewer than eight hours away from the hospital must be monitored by the program director.

Suggested Changes:

- All residents may return to the hospital during off-duty periods without being monitored by the program director if
 - o Stabilizing critically ill patients known to them
 - o Operating on patients on their service
 - o Operating on patients previously known to them
- The reason for returning to the hospital does not need to be documented or reviewed by the Program Director.
- Any other reasonable indications at the discretion of the Program Director
- *This may allow residents who best know the patients on that service to be the ones caring for those patients at night.*