ED Scheduling Guidelines

Purpose
To outline the ED Scheduling Guidelines.

Background
The residency complies with ACGME clinical experience and education scheduling guidelines (formerly known as "duty hours."
All residents are scheduled for a minimum of 40-45 hours clinically per week, with additional non-conference and non-clinical duties to make up 45-50 hours.

Responsibilities

EM-1

First year schedule has 3 shifts: evening shift is 2pm-11pm, night shift is 10pm-7am, and "swing" night shift is 11pm-7am. Day shifts are done on Ultrasound/Anesthesia and EMS. Back-up and pull shifts will be scheduled from ED and off-service time (covering 7am-7am the following day), with backup shifts scheduled during ED counting toward clinical time as a shift. Interns will also be scheduled for Resident of the Day (ROD) shifts which can be used to complete administrative, research, and educational tasks.

EM-2

Second year schedule has 4 shifts: day shift is 7am-3pm, evening shift is 3pm-11pm, and night shift or "swing" night shift is 11pm-7am. Back-up and pull shifts will also be scheduled from ED and off-service months (covering 7am-7am the following day), with backup shifts from the ED counting toward clinical time as a shift. Second year residents will also be scheduled for Resident of the Day (ROD) shifts and Conference Call shifts from 7am-3pm which can be used to complete administrative, research, and educational tasks.

EM-3

Third year schedule has 4 shifts: day shift is 7am-3pm, evening shift is 3pm-11pm, and night or "swing" night shift is 11pm-7am. There is an additional "flex" shift during the evening hours which can include clinical and junior faculty supervision shifts during the year, with times, locations, and duties variable. Back-up and pull shifts will also be scheduled (covering 7am-7am the following day), with backup shifts from the ED counting toward duty hours as a shift. Third year residents will also be scheduled for Resident of the Day (ROD) shifts and Conference Call shifts from 7am-3pm which will be used to complete administrative, research, and educational tasks.

Schedule changes and trades
RRC-EM guidelines require one 24-hour period off in every 7 days.

EM-1 residents can only switch with other EM-1s. EM-2 residents can switch shifts with other EM-2s. EM-2 shifts may also be covered by EM-3 residents EM-3 residents can only trade shifts with other EM-3s. After January 1, EM-2 and EM3 residents may trade shifts with the prior approval of the assistant program director and chief resident. Exceptions must be approved by the residency director or designee. Core medical students will be reassigned to faculty or have their shifts moved if needed to prevent EM-2 residents from directly supervising them.

The chief resident on administrative call will review all schedule trade requests in a timely manner and notify resident of approval. Residents should do not make firm travel/social plans until approval has been received. Shift trades resulting in more than 7 ED shifts in a row will never be approved. ED shifts worked during off-service rotations will generally not be approved—special prior approval must be obtained through the operational chief resident and assistant program director for operations.

Back-up and Pull

Refer to the *Absences—Back-up and Pull* policy for further details.

The backup and pull schedules are divided into EM-1 and a combined EM-2/EM-3 coverage.

Residents can cover for a lower level of training on the backup/pull schedule, but not for a higher level of training (ie an EM-1 cannot do backup on the EM-2/EM-3 schedule, but an EM-2 can cover a spot in the EM-1 backup schedule). Any exceptions must be approved by the residency director or designee.

Procedures
Trades:
1. The EM resident initiating the change enters the change request into ShiftAdmin after making sure it does not violate ACGME regulations.
2. The chief resident on administrative call evaluates the potential change, and either approves or rejects it in ShiftAdmin.
3. The Residency Manager is notified by ShiftAdmin email of the change.

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