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Course Evaluation

Duty Hours Survey v5 - Final Years

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Course Information

Date	Course	Location	Weeks	Credits
01/01/2006 - 01/31/2006	XXX-YYY: Department Course	Location	8	8

Evaluation Period: 01/01/2006 - 01/31/2006

As required by the ACGME, the institution must monitor compliance with duty hour regulations. Data will be reviewed by your Department and the GME Committee.

The following address ACGME requirements regarding duty hours. Read each question carefully and give your honest evaluation. Answer each question in this survey about your experiences over the previous rotation.

When answering the following questions, averaging occurs BY ROTATION. This is done over one of the following: a four-week period; a one-month period (28-31 days); or the period of the rotation if it is shorter than four weeks. When rotations are shorter than four weeks in length, averaging must be made over these shorter assignments.

1.*

☐ By submitting this survey, I have read the requirements and attest to the accuracy of my responses.

Maximum Hours of Work per Week

2.* Did you work more than 80 hours per week, averaged over your previous rotation, inclusive of all in-house call activities?

☐ Yes ☐ No

Mandatory Time Free of Duty

3.* Did you have at least 1 day in 7 free from all residency related duties, averaged over your last rotation?

☐ Yes ☐ No

Maximum Frequency of In-House Night Float

4.* Did this rotation include night float duties?

☐ Yes ☐ No ☐ N/A

5.* Did you work more than 6 consecutive nights?

☐ Yes ☐ No

Maximum Duty Period Length

6.* Did you have any continuous on-site duty periods, including in-house call, that exceeded 24 hours consecutive hours with up to 4 additional hours on duty to allow for continuity or transition of care, scheduled didactic activities or outpatient clinics?

☐ Yes ☐ No

If you EXCEEDED the 24+4 hours rule, did you:

7.* stay because a patient needed your expertise, skill or attention?

☐ Yes ☐ No

8.* appropriately hand over the care of all other patients to the team responsible for their continuing care?

☐ Yes ☐ No

9.* document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director?

☐ Yes ☐ No

At-Home Call

10.* Did you take at-home call during this rotation?

☐ Yes ☐ No

11.* Do you feel that at any time during the last rotation your at-home call was so frequent or in any other way precluded adequate rest and reasonable personal time for you?

☐ Yes ☐ No

Maximum In-House On-Call Frequency

12.* During this rotation, did you take any in-house call (excluding Night Float duty shifts)?

☐ Yes ☐ No

13.* During this rotation, did you have in-house call any more frequently than every third night, averaged over the length of this rotation (excluding Night Float duty shifts)?

☐ Yes ☐ No

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