

10 Hour Break Clarification for Internal Medicine

The intent of the 10-hour-break rule is to allow residents sufficient time after patient care duties to commute home from the hospital, to obtain 7-8 hours of sleep, and to commute back to the hospital in order to resume patient care duties refreshed and free from fatigue.

On review of the standard, the RC-IM will consider the program as being in substantial compliance with the 10-hour-break rule if the following conditions are met when residents assigned to teaching services admitting during the day signout the overnight call to night-float teams.

- The break may be shortened to 8-10 hours for residents who are not on overnight call and who signout to night float teams.
- The 8-10 hour break may not be applied more than twice per week (i.e., every fourth day).
- The 8-10 hour break may not be applied to other rotations.
- The break must never be less than 8 hours.
- Programs must ensure that a shorter break will not adversely affect resident well being, patient care, or resident education, and the program must provide safeguards against resident fatigue and sleep deprivation.
- The shortened break must be supported by an educational rationale:
How will reducing the break from 10 hours to 8 or 9 hours enhance resident education?
 - Will residents admit more patients that arrive in the evening?
 - Will residents be able to attend more conferences?
- Residents will remain compliant with the 80-hour work week, and with other duty-hours limitations
- Programs are expected to continually seek opportunities to improve resident education and patient care through re-engineering of systems and processes of care in teaching hospitals.
- A process for internal (institutional) monitoring of the 8-10 hour break by the DIO and GMEC including:
 - Processes to ensure that breaks will never be shorter than 8 hours
 - Processes to ensure that the 8-10 hour break will not affect an individual resident more than twice per week (i.e., every fourth call day)
 - Safeguards against resident fatigue and sleep deprivation: How will the program monitor and ensure that residents are able to obtain “Adequate time for rest and personal activities” between duty shifts?

Programs will not be considered in substantial compliance if a < 10 hour break is applied to rotations other than day-admission teams sharing patient care responsibilities with night float teams.

For example, the RC-IM will not approve exceptions to the 10-hour rule for:

- Residents on traditional overnight call.
- Inpatient rotations not paired with night float
- Subspecialty programs

At the time of the Site Visit and Accreditation review, the Committee will examine carefully resident call schedules, and the number of residents affected per month. Programs should indicate the number of rotations, and the number of weeks per PGY-year, for which the 8-10 hour break is applied.

All programs considering this alternative must notify the Review Committee for Internal Medicine of their intent (wer@acgme.org). The Review Committee will carefully monitor the program through the ACGME Resident Survey, but determination of substantial compliance will occur at the time of full program review after the site visit.