Emergency Physician Shift Work

The American College of Emergency Physicians believes that the best interests of patients are served when emergency physicians practice in a fair, equitable, and supportive environment.

The emergency physician's well-being is of fundamental importance to success and longevity in a career in emergency medicine. Well-being is adversely affected by constantly rotating shifts. The effects of rotating shifts are cumulative, and represent one of the most important reasons physicians leave the specialty. The College therefore endorses the following principles:

- Shifts should be scheduled, whenever possible, in a manner consistent with circadian principles. For most settings, scheduling isolated night shifts or relatively long sequences of night shifts is recommended.
- Overly long shifts or inordinately long stretches of shifts on consecutive nights should be avoided whenever possible. In most settings, shifts should last twelve hours or less. Schedulers should take into consideration the total number of hours worked by each practitioner and the intervals of time off between shifts. ACEP strongly recommends that practitioners have regularly scheduled periods of at least 24 hours off work.
- Rotating shifts in a clockwise manner (day to evening to night) is preferred. This applies even when there are intervening days off.
- Night shift workers' schedules must be designed carefully to provide for anchor sleep periods, and those workers' daytime responsibilities should be held to an absolute minimum. Groups should consider various incentives to compensate those working predominantly night shifts.
- Schedules for emergency physicians should take into account factors such as ED volume, patient acuity levels, non-clinical responsibilities, and individual physician's age.
- A place to sleep before driving home after night shifts should be provided.

References


