Statement on Fellowship Workload Practices  
Approved: January 24, 2008

In addition to training fellows in all aspects of clinical care relevant to transplantation, transplant fellowship training programs have a responsibility to ensure safe and responsible work habits. Such habits will promote a healthy state of mind in the fellow and lay the groundwork for routines that will form the foundation for a successful career as a transplant surgeon. Working to the point of exhaustion is both unhealthy for the fellow and potentially unsafe for patients.

Efforts to establish a structured limit of hours is fraught with difficulties. Transplant fellows can spend time outside the hospital as well as involved in clinical care; both may contribute to fatigue but only in-hospital time will be captured by traditional work hour monitoring. More importantly, such regulations are inconsistent with the principle that the physician should assume responsibility for recognizing the point at which s/he should no longer the taking care of a patient. A structured work week is not the norm in transplantation. There are often valuable clinical education opportunities or continuity of care issues where the fellow’s presence can benefit the fellow as well as the patient. To the extent that the fellow is sound to participate in such activities, they should be permitted. Creating a rigid and inflexible system can compromise the training of fellows as well as the care of patients.

While a rigid workload system may not be desirable, the ASTS believes that certain underlying principles lay the groundwork for responsible fellow workload practices.

1) Programs should be mindful of the workload they are placing on fellows with respect to all facets of their responsibilities (e.g., clinic, operating room, inpatient service, phone calls, etc.). The fellowship director is responsible for setting this expectation and monitoring the impact of the workload on the fellow.

2) The fellow must feel comfortable saying that s/he needs to rest. It is the professional responsibility of the fellow to inform the team when high quality patient care cannot be delivered due to fatigue.

3) The program’s faculty must recognize it may be necessary to tell the fellow to rest. It is incumbent on the program’s faculty to monitor the fellow’s workload and outward signs of fatigue, in order to intervene appropriately in instances where the fellow does not recognize or acknowledge the need to rest.
4) The impact of activities which are neither educational for a fellow nor require their level of experience needs to be scrutinized on an ongoing basis. Fellows are board eligible or certified in General Surgery or Urology, and should be given responsibilities consistent with their level of expertise. While any caregiver may need to step in from time to time to help in any task related to patient care, it is not the fellow’s role to routinely perform tasks related to patient care that are appropriately delegated to a coordinator, resident, physician assistant, or advance nurse practitioner. The fellow, similar to the attending transplant surgeon, should be an integral part of a team. To be effective in this role, the program should engage sufficient human resources to allow the fellow to function at the appropriate level.

While these four principles provide guidance, the following three structural elements are considered requirements of ASTS-approved fellowships:

1) The training program should designate formal continuing medical education time for the fellows, including attendance at least one national meeting a year, that does not count toward vacation time.

2) The fellow should be provided at least two weeks of vacation every year, and up to three weeks if only one week a year is designated for meeting time.

3) Recognizing that significant periods of absence detracts from clinical training, aggregate vacation and meeting time away from the training program should not exceed 4 weeks per year.

4) The fellow should be off call and free from clinical responsibilities at least one weekend per month and at least two additional 24-hour periods every month exclusive of vacation time.

Providing the highest quality care to patients requires caregivers who are not impaired by fatigue, and who are not constrained by arbitrary restrictions regarding participation in a given patient’s care. It is incumbent upon ASTS-approved fellowship training programs to responsibly manage these issues.