

	<b>Graduate Medical Education</b>	
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Policy Title: <b>Clinical and Educational Work Hours</b>		
ACGME Institutional Requirement: <b>III.B.5, IV.K</b>		Page 1 of 2

**I. Purpose**

To outline clinical experience and education requirements as well as monitoring requirements in accordance with ACGME requirements.

**II. Policy**

All programs are required to adhere to and monitor compliance of their trainees with the ACGME clinical and educational work hours standards as outlined in the ACGME Common Program Requirements. Training programs must also follow program-specific guidelines as outlined by their individual Review Committees. The sponsoring institution monitors training program adherence to the clinical and educational work hour requirements.

Management of clinical and educational work hours is a shared responsibility. The trainees must adhere to the policy and report violations. The program must structure clinical activities to adhere to, monitor and enforce compliance with the requirements. The institution must provide oversight to the programs and address non-compliance.

**III. Procedure**

- A. The Graduate Medical Education Committee will ensure resident assignments are in compliance with all applicable ACGME requirements. Faculty members know, honor, and assist in implementing the applicable clinical experience and education expectations. Residents comply with those expectations, accurately report work hours, and cooperate with clinical experience and education monitoring procedures. All involved identify and report sources of potential work hour violations, and collaborate to devise appropriate corrective action.
- B. This policy is communicated to the residents and faculty annually and applies to all participating sites where residents are trained.
- C. Residents are required to log all clinical and educational hours ("duty hours") using the New Innovations Residency Management System within 7 days of each day's duty. Each program coordinator will generate a clinical and educational hours report weekly, for review by the Program Director and DIO.
- D. The clinical experience and education report will be submitted to the GMEC for review.
- E. Each Program Director is responsible for monitoring compliance with clinical and educational work hour policy, and is expected to schedule residents and make program changes to assure consistent duty hour compliance in each program.
- F. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home and all moonlighting. Moonlighting is **only** permitted with prior written approval of the Program Director (see Resident Moonlighting Policy [IR: IV.K.1.]). Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.

- G. Mandatory Time Free of Clinical Work and Education:
  - 1. The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
  - 2. Residents should have eight hours off between scheduled clinical work and education periods.
  - 3. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
  - 4. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.
- D. Maximum Clinical Work and Education Period Length
  - 1. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
    - a. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned during this time.
    - b. The goal of the program is to have a maximum scheduled clinical assignment of 14-16 hours for any resident/rotation.
- E. Clinical and Educational Work Hour Exceptions
  - 1. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
    - a. to continue to provide care to a single severely ill or unstable patient.;
    - b. to give humanistic attention to the needs of a patient or patient's family; or,
    - c. to attend unique educational events.
  - 2. These additional hours of care or education must be counted toward the 80-hour weekly limit.
- F. Night float and cross coverage must occur within the context of the 80-hour and one-day-off-in-seven requirements.
- G. Maximum In-House On-Call Frequency: Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
- H. At-Home Call: Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.
  - 1. At-Home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- I. Fatigue Mitigation: No resident/fellow should feel that he or she is in a situation that endangers patient care or in which work-related fatigue endangers the resident's/fellow's well-being (see GME Policy VI.D Fatigue Mitigation).