



Graduate Medical Education Office

POLICY: 200-050385-021

Clinical and Educational Work Hours

Clinical and Educational Work Hours: The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. (In compliance with ACGME Institutional Requirements VI.F.)

Each residency 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.

Definitions:

In-House Call: Duty hours in addition to the regular resident workday that is spent within the institution so that residents are immediately available for clinical duties.

At Home call: scheduled assignments that are taken from outside the assigned institution. Residents are available by pager and potentially to come in for direct care. Time counted toward the work week include care activities including but not limited to: charting, making phone calls regarding patient care from home, or returning to the hospital (exclusive of travel time) to evaluate new or established patients. At home call may not be scheduled on a resident/fellow's one free day per week.

Q3: Applies to overnight in-house call, not shorter shifts. Does not apply to night shifts without daytime assignment.

Night-Float: Rotation designed to eliminate in-house call or assist other residents during the night.

Policy

Clinical Education and Work Hour Requirements:

- Each program must establish written formal policies governing resident work hours and on-call schedules that are in compliance with common program requirements.
- 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.

- Clinical work periods for all residents **must not exceed 24 hours of continuous scheduled clinical assignments**.
 - **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 to a resident during this time.
- Residents must be scheduled for **in-house call no more frequently than every third night** (when averaged over a four-week period).
- 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.
- Residents should have **eight hours off between scheduled clinical work and education periods**. (There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.)
- Residents **must have at least 14 hours free of clinical work and education after 24 hours of in-house call**.
- **Night float must occur within the context of the 80-hour** and one-day-off-in-seven requirements. Maximum number of consecutive weeks of night float per year are specialty specific.
- At home call hours must be counted toward the 80-hour maximum weekly limit for time spent doing patient care activities. Hours spent not performing patient care activities while on at-home call do not count toward the 80-hour maximum weekly limit.
 - The **frequency of at-home calls 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.

The GMEC will monitor aggregate work hour data collected by individual programs to ensure compliance with work hour policies.

Moonlighting

Each training program must have a moonlighting policy which specifies that:

- 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.
- PGY-1 residents are not permitted to moonlight.
- Residents must not be required to engage in moonlighting.
- Time spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit.

- Require a prospective, written statement of permission from the program director that is included in the resident's file; and,
- The residents' performance will be monitored for the effect of these activities and that adverse effects may lead to withdrawal of permission.
- The sponsoring institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows.

Working Environment:

The institution is responsible for providing:

- Access to food while on duty.
- Safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care.
- Safe transportation options for residents who may be too fatigued to safely return home.
- Clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care.
- Appropriate security and personal safety measures for residents in all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities.
- Accommodations for residents with disabilities.

The GMEC shall monitor working conditions through periodic confidential written surveys of the residents, review of ADS survey data, and anonymous reporting via Work Hour Hotline.

Fatigue:

Programs must educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation; educate all faculty members and residents in alertness management and fatigue mitigation processes; and encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. Each program must ensure continuity of patient care in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue.

The GMEC shall monitor each program's compliance with this requirement through the Annual Program Review that includes a review of the program's Policies and Procedures.