

Clinical and Educational Work Hours

Scope

The policy applies to all residency and fellowship programs at CCHS.

Purpose

Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

Policy and Guidelines

1. Clinical and Educational Work Hours

In accordance with ACGME requirements, clinical and education work hours will be monitored by all of the graduate medical education training programs at CCHS, and to the extent where applicable, the schedules of residents/fellows have been designed to comply with ACGME clinical and education work hour rules (see Section B). It is the resident/fellow's responsibility to log his/her clinical and education work hours in New Innovations at the conclusion of each shift. Failure to log clinical and educational work hours or falsification of clinical and education work hours may result in disciplinary action. If a resident/fellow has any concerns about his/her own clinical and education work hour violations, please notify the Program Director. If the Program Director is not immediately available, please contact the program staff in writing and the concern will be sent to the appropriate faculty or administrative designee. All clinical and educational work hour violations detected by the New Innovations system will be sent automatically to the program staff, the program director, and the Designated Institution Official (DIO) and will generate an inquiry from the program. We ask that residents/fellows respond to the inquiries via email within 24 hours.

A. General Rules Applicable to Residents and Fellows:

- Clinical and educational work hours are defined as all clinical and academic activities related to the residency. This includes clinical care, in-house call, short call, night float and day float, transfer of patient care, and administrative activities related to patient care.
- For call from home, only the hours spent in the hospital after being called in to provide care count toward the 80-hour average weekly limit.
- Hours spent on activities that are required by the accreditation standards, such as membership on a hospital committee, or that are accepted practice in GME programs, such as participation in interviewing candidates, must be included in the count of clinical and educational work hours. It is not acceptable to expect residents/fellows to participate in these activities on their personal time; nor should residents/fellows be prohibited from taking part in them.

- Clinical and education work hours ***do not*** include reading, studying, and academic preparation time, such as time spent away from the patient care unit preparing for presentations or journal club.

B. Clinical and Education Work Hours¹

VI.F. Clinical Experience and Education

VI.F.1. Maximum Hours of Clinical and Educational Work per Week

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. (Core)

VI.F.2. Mandatory Time Free of Clinical Work and Education

VI.F.2.a) 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. (Core)

VI.F.2.b) Residents should have eight hours off between scheduled clinical work and educational periods. (Detail)

VI.F.2.b).(1) 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. (Detail)

VI.F.2.c) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)

VI.F.2.d) 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. (Core)

VI.F.3. Maximum Clinical Work and Education Period Length

VI.F.3.a) Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core)

VI.F.3.a).(1) 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. (Core)

¹ ACGME Common Program Requirements Section VI – effective July 1, 2017

VI.F.3.a).(1).(a) Additional patient care responsibilities must not be assigned to a resident during this time. (Core)

VI.F.4. Clinical and Educational Work Hour Exceptions

VI.F.4.a) 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:

VI.F.4.a).(1) to continue to provide care to a single severely ill or unstable patient; (Detail)

VI.F.4.a).(2) humanistic attention to the needs of a patient or family; or, (Detail)

VI.F.4.a).(3) to attend unique educational events. (Detail)

VI.F.4.b) These additional hours of care or education will be counted toward the 80-hour weekly limit. (Detail)

VI.F.4.c) A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.

The Review Committee for Family Medicine will not consider requests for exceptions to the 80-hour limit to the resident's work week.

VI.F.4.c).(1) In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures. (Core)

VI.F.4.c).(2) Prior to submitting the request to the Review Committee, the program director must obtain approval from the Sponsoring Institution's GMEC and DIO. (Core)

VI.F.5. Moonlighting

VI.F.5.a) 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. (Core)

VI.F.5.b) Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)

VI.F.5.c) PGY-1 residents are not permitted to moonlight. (Core)

VI.F.6. In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off in-seven requirements. (Core)

VI.F.6.a) Night float experiences must not exceed 50 percent of a resident's inpatient experiences. (Core)

VI.F.7. 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). (Core)

VI.F.8. At-Home Call

VI.F.8.a) 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. (Core)

VI.F.8.a).(1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)

VI.F.8.b) Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit. (Detail)

Referenced Policies: Moonlighting Policy