



Policy #2 Clinical Experience and Education (Duty Hours)

PURPOSE

It is the policy of the Graduate Medical Education Committee (GMEC) to follow clinical experience and education guidelines established by the Accreditation Council for Graduate Medical Education (ACGME). This includes changing the term “duty” to “clinical experience and education.”

DEFINITION

Clinical experience and education work hours include all clinical and scheduled academic activities related to the program. These include patient care (both inpatient and outpatient), administrative duties relevant to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Clinical and educational work hours do not include reading and preparation time spent away from the duty site.

PROCEDURE

General Guidelines

Residents are responsible for using New Innovations to accurately report their clinical and educational work hours.

Program Director(s) must monitor and enforce compliance with clinical experience and education work hour guidelines.

Maximum Hours of Work per Week

Clinical and educational work hours must be limited to a maximum of 80 hours per week, averaged over a four-week period. Time spent completing clinical work from home will be counted toward the eighty-hour maximum weekly hour limit.

Maximum Work Period Length

Residents may be scheduled to a maximum of 24 hours of continuous clinical and educational work in the hospital. Up to four hours of additional time may be used for activities related to patient safety (such as providing effective transitions of care) and resident education.

Residents may not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

Harrison Medical Center encourages residents to use alertness management strategies in the context of patient care responsibilities. This includes strategic napping, especially after 16 hours of continuous work and between the hours of 10pm and 8am.

Mandatory Time Off from Work

Residents must be scheduled for a minimum of one day free of work every seven days, averaged over four weeks. At-home call cannot be assigned on these 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.

Clinical Experience and Educational Exceptions

On their own initiative, residents may, on occasion, choose to remain beyond their scheduled clinical and educational work to continue to:

- 1) provide continuity care for a single obstetric patient
- 2) provide continuity care for a single severely ill or unstable patient
- 3) attend a unique educational event
- 4) provide humanistic attention to the needs of a patient or family

In these situations, residents must appropriately turn over care for all other patients to oncoming residents responsible for continuing management. These additional hours of care or education will be counted toward the 80-hour weekly limit.

A Review Committee may grant a rotation specific exceptions to the 80-hour limit to the residents' work-week based on sound educational rationale. Requests for exceptions to the maximum weekly limit on hours must be presented by a Program Director to the Institutional GMEC and Designated Institutional Official (DIO) for review and approval prior to submission to the ACGME.

A maximum of 10 % (88 hours) can be requested. In the past, the Review Committee for Family Medicine has not granted such requests.

Maximum Frequency of In-House Night Float

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

Maximum In-House On-Call Frequency

Resident in-house call will occur no more frequently than every third night, averaged over a four-week period.

At-Home Call

At-home call is defined as call taken from outside the assigned site. The time spent on patient care activities is counted toward the weekly eighty-hour limit. Residents may provide direct care for new or established patients when they are required to come into the hospital from home.

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. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Moonlighting

Each program within the sponsoring institution shall have an individualized “moonlighting policy” if there is any deviation from The Institution’s Moonlighting policy.

Monitoring

Residents are expected to log clinical experience and education work hours at least weekly into New Innovations.

The Program Director(s) is responsible for monitoring clinical experience and education work hours to ensure that residents are following basic guidelines established by the ACGME.

The Program Director(s) must provide aggregate work hour reports as well as individual instances of exceptions to the work hour limitations to the GMEC at quarterly meetings. A plan for limiting recurrences of work hour infractions should be presented for each occurrence.

All programs must have policies for clinical experience and education work hours that meet the ACGME’s institutional and program requirements. Programs must monitor in-house and at-home work hours in a way that provides accurate data. The Duty Hour Subcommittee has established reporting requirements. Each monitoring period must be 4 weeks in length, not a rolling average or extrapolated from a shorter length of time.

With GMEC oversight, the DIO and the Chair of the GMEC Duty Hour Subcommittee will review program data resulting from internal reviews, annual administrative processing sessions, random audits and other times as determined by the DIO, the GMEC or by the Duty Hour Sub-committee of the GMEC.

Education

Annual presentation will be provided to residents and faculty members regarding effects of loss of sleep and chronic fatigue.

Reporting Concerns for Circumstances Not Outlined Within This Document

Any concerns regarding compliance with duty hour guidelines should be reported to the Chief Resident(s). If a Chief Resident does not respond to the concern, the resident should report directly to the Program Director. If the Program Director does not respond to the concern, the resident may report directly to the DIO. The resident may notify the GMEC at any time by contacting one of the resident representatives on the GMEC.

References:

1. Accreditation Council for Graduate Medical Education – Common Program Requirements for Graduate Medical Education effective 01 July 2017, Section VI.F.
2. Accreditation Council for Graduate Medical Education – Program Requirements for Graduate Medical Education in Family Medicine effective 01 July 2015, Section VI.G.