

Duty/Work Hours Clinical and Educational

Purpose

Explain the duty hours limits for trainees.

Definitions

ACGME Clinical Experience and Education (ACGME CPR VI.F.1-8): Duty hours are defined as all clinical and academic activities related to the residency/fellowship program, i.e., patient (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during on-call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Procedures

Each residency and fellowship program will have a duty hour policy in compliance with the ACGME Institutional Requirements, ACGME Common Program Requirements, and ACGME specialty specific requirements, and with the EVMS GME Clinical and Educational Work Hours policy. Program policies should include reference to fatigue mitigation strategies. Program policies should be distributed to the residents/fellows/faculty and reviewed on a periodic basis. Program Directors should review and be familiar with the ACGME requirements and the EVMS policies and ensure program specific policies and procedures are compliant.

The residency/fellowship program must provide back-up support systems when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

ACGME Institutional Requirements – (IV.K)

https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022.pdf

ACGME Common Program Requirements – Resident (VI.F)

https://www.acgme.org/globalassets/PFAssets/ProgramRequirements/CPRResidency_2022.pdf

ACGME Common Program Requirements – Fellowship (VI.F)

https://www.acgme.org/globalassets/PFAssets/ProgramRequirements/CPRFellowship_2022.pdf

Duty Hour Monitoring

All EVMS graduate medical education programs must monitor duty hours through the New Innovations Residency Suite. Residents/fellows must enter duty hours into New Innovations no less frequently than one every two-weeks, but it is recommended that it be done weekly.

Duty hours should be monitored at least monthly by the Program Director or his/her designee. Semi-annual reports will be provided to the GMEC. Regularly scheduled duty hour compliance reports will be provided to the GMEC.

Programs with reported duty hour non-compliance(s) must investigate the root cause of the non-compliance and develop a corrective action plan to address the non-compliance. It is recommended the following statement be added to evaluation rotation forms to ensure timely oversight of compliance:

I attest the duty hours for this rotation/ clinical experience were/were not in compliance with the following requirements:

During the rotation, averaged over a four-week period:

1. *Duty hours did not exceed 80 hours per week inclusive of all in-house call and/or night float, educational activities, clinical work done from home, and all moonlighting.*
2. *I had at least one day in seven free from all educational and clinical responsibilities.*
3. *I had a least 14-hours free of clinical work and education after 24 hours of in-house call.*
4. *If unable to attest to one or more of the above statements, please describe the non-compliance(s).*

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, both internal and external.

Residents/fellows are allowed up to four hours of additional time to be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. These additional hours must be accounted for in the allocated 80 hours when averaged over four weeks.

For PGY-1 and PGY-2 residents, the program must ensure that a resident's assigned direct patient load is manageable and can be accomplished during scheduled work hours. This includes ensuring residents have appropriate support from their clinical teams, and that residents are not overburdened with clerical work and/or other non-physician duties.

Mandatory Time Free of Clinical Work and Education

The program must design an effective program structure that provides residents/fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being. Residents/fellows should have eight hours off between scheduled clinical work and educational periods. There may be circumstances when residents/fellows 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 one-day-off-in-seven requirements.

Residents/fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Residents/fellows must be scheduled for a minimum of one day in seven free of clinical work and of required education when averaged over a four-week period. At-home call cannot be assigned on these free days. One day is defined as a continuous 24-hour period free from all clinical, educational, and administrative activities.

Maximum Clinical Work and Education Period Length

Clinical and educational work periods for residents/fellows 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 during this time.

Moonlighting

Residency/fellowship training is a full-time endeavor. The Program Director must ensure that moonlighting, both internal and external, does not interfere with the ability of the individual resident/fellow or of other trainees to achieve the goals and objectives of the educational program. Additionally, the moonlighting must not interfere with the resident/fellow's fitness for duty nor compromise patient safety. First year (PGY-1) residents may not moonlight. The Program Director must monitor moonlighting work hours and all hours in which the resident/fellow moonlights, both internal and external. Time spent by residents/fellows in internal and external moonlighting must be counted toward the 80 hour maximum weekly limit. All moonlighting activities, internal and external, must be approved by the Program Director and registered through EVMS Graduate Medical Education using the Moonlight Application Form.

In-House Night Float

Night float must occur within the context of the 80-hour and one-day-in-seven free from clinical duties requirements.

In-House On-Call

In-house call assignments must not be scheduled more frequently than every third night, averaged over a four-week period.

At-Home Call

Time spent on patient care activities by residents/fellows during assigned at-home call must count towards the 80-hour maximum weekly limit averaged over a four-week period. Programs must have a process in place for residents/fellows to report this time. Time period should be reported in 15-minute intervals.

The frequency of at-home call is not subject to the every-third-night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident/fellow. Residents/fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

While on at-home call, residents/fellows may return to the hospital to provide direct patient care for new or established patients. These hours of care spent at the hospital on inpatient care must be included in the 80-hour maximum weekly limit.

The Program Director and the faculty must monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Clinical and Educational Work Hour Exceptions

The EVMS Graduate Medical Education Council does not grant exceptions beyond the 80 hours per week, averaged over a four-week period, inclusive of in-house clinical activities, required educational activities, clinical work conducted at home, and all moonlighting, both internal and external.

In rare circumstances and after handing off all other responsibilities, a resident may voluntarily elect to remain or return to the clinical site on their own initiative to continue to provide care to: a single severely ill or unstable patient; to provide for the humanistic attention needs of a patient or family; or to attend unique educational events. This must be voluntary and not required. These additional hours must be recorded in New Innovations and count towards the 80-hour weekly limit.

Revised: March 2023

Reviewed: March 2021

Approved: January 2022