# Title: Graduate Medical Education - Work Hour - Policy

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### I. Policy Statement

- a. The purpose of this policy is to set institutional standards for resident work hours and in-house on-call frequency that ensure resident work hours are not excessive.
- b. This policy is important because compliance with the guidelines established by the Accreditation Council for Graduate Medical Education (ACGME) for work hours is required for program and institutional compliance. Compliance with the Work Hours policy is important for patient safety and resident well-being.

### II. Definitions

a. Not Applicable

## **III.** Process/Content

- a. Resident work hours should foster both resident education and facilitate the care of patients. The educational goals of each residency program and the learning objectives of the residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. However, work hours must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. Programs must ensure that residents are provided appropriate back-up support when patient care responsibilities are especially prolonged or difficult.
- b. Each residency program must adhere to the work hour limitations set by their individual Residency Review Committee (RRC) and the ACGME institutional requirements. The structuring of work hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident.
- c. 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.
- d. Mandatory Time Free of Clinical Work and Education
  - i. Residents should have 8 hours off between scheduled clinical work and education periods.

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- ii. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- iii. Residents must be scheduled for a minimum of one day in 7 free of clinical work and required education (when averaged over 4 weeks).At home call cannot be assigned on these free days.
- e. Maximum Clinical Work and Education Period Length
  - i. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
  - ii. Up to 4 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.
- f. Clinical and Educational Work Hour Exceptions
  - i. 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; to continue to provide care to a single severely ill or unstable patient, to give humanistic attention to the needs of a patient or a patient's family; or to attend unique educational events.
  - ii. These additional hours of care or education must be counted toward the 80-hour weekly limit.
  - iii. 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.
    - A. 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.

### g. Moonlighting

- 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.
- 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).
- iii. PGY-1 residents are not permitted to moonlight.
- iv. Individual training programs within MU Healthcare may place further restrictions upon moonlighting.
- v. Prior to beginning any moonlighting, residents must complete a moonlighting application and receive approval from their program director and the Office of Graduate Medical Education.
- h. Maximum In-House On-Call Frequency
  - i. Residents must be scheduled for in-house call no more frequently than every third

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night (when averaged over a four-week period).

- i. At-Home Call (or Pager Call)
  - i. Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of athome 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.
    - A. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- j. For information and policies regarding sleep facilities and safe transportation home options, refer to the Alertness Management and Fatigue Mitigation Policy (GME-05)
- k. For information and policies regarding continuity of care, refer to the Transitions of Care policy (GME-21)

#### IV. Attachments

- a. <u>Graduate Medical Education Alertness Management and Fatigue Mitigation -</u> Policy
- b. Graduate Medical Education Transitions of Care Policy

## V. References, Regulatory References, Related Documents, or Links

a. ACGME Common Program Requirements:
 <a href="https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency\_202">https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency\_202</a>
 3v2.pdf

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