



FRANCISCAN MISSIONARIES OF OUR LADY
HEALTH SYSTEM

RESPONSIBLE DEPARTMENT: SFMC GME		SUBJECT: Resident Clinical Work and Education Hours Policy
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ORIGINAL EFFECTIVE DATE: 10/13/20	REVISION EFFECTIVE DATE: N/A	POLICY NUMBER: GME-ADM-12

PURPOSE:

The purpose of this policy is to outline St. Francis Medical Center work hour requirements that are to be enforced and monitored by each GME program. Programs are responsible for ensuring that residents are provided with manageable workloads that can be accomplished during scheduled work hours. This includes that residents have appropriate support from their clinical teams, and that they are not overburdened with clerical work and/or other non-physician responsibilities.

DEFINITIONS:

Work Hours: All clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

In-House Call: Work hours beyond the normal workday when the residents are required to be immediately available in the assigned institution.

At-Home Call: Call taken from outside the assigned site.

Clinical Work from Home: Types of work from home that must be counted include using an electronic health record and taking calls from home. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours.

Moonlighting: Professional activities outside of the scope of the residency program, which includes volunteer work or service in a clinical setting, or employment that is not required by the residency program.

POLICY:

- A. Resident work hours must reflect and reinforce the physician's obligation for adequate, continuous patient care while recognizing that learning objectives of the residency program must not be compromised by excessive reliance on residents to fulfill service obligations. It is further recognized that adequate leisure time is important for the resident's personal development and health.
- B. It is the joint responsibility of the resident, supervising faculty and program director to ensure that all residents follow the clinical work and education hours policy mandated by ACGME. The work hours will be monitored weekly by the program director. If there is danger of a resident being in violation of the policy, the program director will notify the resident and his/her supervising faculty. If necessary, the resident will be relieved of his/her responsibilities in order to remain in compliance.

If a resident is found to be in noncompliance, he/she will receive notification from the program director. The Work Hours Policy will be reviewed again with the resident and supervising faculty. The resident rotation and call schedule will be reviewed and revised as necessary. If a resident is in noncompliance on more than one occasion per academic year, he/she will be subject to disciplinary action.

C. Maximum Hours of 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.
- An ACGME 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 prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.

D. Moonlighting

- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- Time spent by residents in internal and external moonlighting must be counted towards the 80-hour maximum weekly hour limit.
- PGY-1 residents are not permitted to moonlight.

E. Mandatory Time Free of Clinical Work and Education

- 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.
- 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.
- 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.

F. Maximum Clinical Work and Education Period Length

- Clinical and educational work periods for 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. (Core)
- Additional patient care responsibilities must not be assigned to a resident during this time.

G. Clinical and Educational Work Hour Exceptions

- 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;
 - humanistic attention to the needs of a patient or family; or,
 - to attend unique educational events. (Detail)
- These additional hours of care or education will be counted toward the 80-hour weekly limit.

H. 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.
- The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the ACGME Review Committee.

I. 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).

J. At-Home Call:

Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour 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 duty, 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.
- Residents are permitted to return to the hospital while on at-home call to provide direct patient care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

K. Failure by residents to log work hours in a timely manner may result in remediation in accordance with the graduate medical education policy on due process.

L. On a monthly basis, each program will submit to the Graduate Medical Education Office a work hour report, inclusive of any work hour violations. Reported work hour violations should include a description of the violation and the specific date/time/rotation when the violation occurred. The completed reports must be submitted to Graduate Medical Education Office no later than 30 days from the end of the month reported.

M. Residents may report violations of the 80-hour rule through procedures established by each program and/or by calling the Designated Institutional Official (DIO) or SFMC's Compliance Hotline (1-888-400-4517). Concerns may also be submitted online at fmo.hsa.integritylink.ethicspoint.com.

ACGME STANDARD: IV.J.

STATUTORY/REGULATORY AUTHORITY: GMEC