

# Graduate Medical Education

## Clinical Experience and Education Policy (formerly duty hours)

Updated December 2021

Graduate medical education must be carefully planned and balanced with concerns for patient safety and resident/fellow well-being. The clinical environment must be conducive to resident learning and support acquisition of knowledge, skills, and professionalism. Residents, Programs, Sponsoring Institutions and GMEC have responsibilities to ensure provision of the appropriate environment.

### **Program Responsibilities**

- Each Program will schedule resident assignments in compliance with all applicable ACGME requirements. The rotation and call schedules will provide reasonable opportunities for rest and personal well-being. Faculty members know, honor, and assist in implementing the applicable clinical experience and education expectations. Each Program must employ procedures that allow for regular resident monitoring of hours worked as well as a mechanism to review the logged hours to identify clinical scenarios where hours spent in clinical duties are excessive. Programs will collaborate with residents to devise appropriate corrective action. The clinical experience and education report will be submitted to the GMEC for review.

### **Resident Responsibilities**

- Residents meet the clinical expectations, accurately report work hours, and cooperate with monitoring procedures. Report work hours or other learning environment concerns promptly. Collaborate with program (and others) to devise appropriate corrective action. Report to work appropriately rested and fit to provide safe patient care.

### **GMEC Responsibilities** (delegated from the Sponsoring Institution)

- Review data and provide platform for discussion about any clinical experience concerns. Data should include internal data such as APEs, programs' clinical hours reporting and resident reports as well as external data from the ACGME. GMEC can assist with developing policies to enhance Clinical experience and Education or provide monitoring for programs' policies. GMEC develops policies for call coverage to facilitate fatigue mitigation for residents if/when needed.

### **Maximum Hours of Clinical and Educational Work per Week**

- Clinical & Educational work hours must be limited to no more than 80 hours per week, averaged over a 4-week period, inclusive of all in-house clinical and education activities, clinical work done from home, and all moonlighting.

### **At-Home Call**

- Time spent on patient care activities by resident on at-home call must count toward the 80-hour maximum weekly limit. 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.

- 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 & education, averaged over 4 weeks. (At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.)
- Residents may return to the hospital to provide direct patient care for new or established patients. These inpatient hours must be included in the 80-hour maximum weekly limit.
- Residents are to track the time they spend on clinical work from home and report that time to the program.

**Residents should have eight hours off between scheduled clinical work & education periods.**

**Residents must have at least 14 hours free of clinical work & 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 4 weeks). At-home call cannot be assigned on these free days.**

**Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.**

- 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.

#### **Clinical and Educational Work Hour Exceptions**

- In rare circumstances, after handing off all other responsibilities, a resident, on their 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.
- These additional hours of care or education will be counted toward the 80-hours weekly limit.

#### **Moonlighting (refer to Moonlighting Policy)**

##### **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**

- Residents must be scheduled for in-house call no more frequently than every-third night, averaged over a 4-week period.