

OFFICE OF GRADUATE MEDICAL EDUCATION

Policy/Procedure

TITLE: Clinical Experience and Education Work Hours Policy		
PAGES: 3	REPLACES: N/A	
EFFECTIVE DATE: 07.01.21	POLICY/PROCEDURE #:	
REVIEWED DATE: 04.11.23		
REVISED DATE:		
(Please put an "X" before policy type that applies) - X INSTITUTION PROGRAM		

SCOPE:

This policy applies to the resident physicians and faculty who participate in ACGME-accredited specialty programs sponsored by Parkview Health.

PURPOSE:

This policy establishes the requirement that all Parkview Health GME specialty programs must adopt and enforce the ACGME standards for Resident Clinical and Educational Work Hours, as stated in the ACGME Institutional Requirements. The Sponsoring Institution (Parkview Health) must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. (ACGME Institutional Requirements IV.K dated July 2022).

POLICY:

Maximum Hours of Work per Week

Resident physician clinical and educational work hours must be limited to no more than **<u>80 hours per week</u>**, averaged over a four-week period, inclusive of all in-house call activities and educational activities, clinical work done from home, and all moonlighting.

Mandatory Time Free of Clinical Work and Education

Resident physicians must be scheduled for a minimum of one day (24 hours) free of clinical and educational work hours every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Clinical and Educational Work Period Length

Clinical and educational work periods for resident physicians 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 physician education. Additional patient care responsibilities must not be assigned to a resident physician during this time.

Transitions of Care

Resident physicians may be allowed to remain on-site to accomplish these tasks; however, this time must be no longer than an additional four hours. Resident physicians must not be assigned additional clinical responsibilities after 24 hours of continuous in-house clinical and educational work hours.

In unusual circumstances, resident physicians, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of clinical and educational work hours are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under these circumstances, the resident physician must appropriately hand over the care of all other patients to the team responsible for their continuing care and document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the specialty program director. The specialty program director must review each submission of additional service, and track both individual resident physician and program-wide episodes of additional duty.



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Minimum Time Off between Scheduled Clinical and Educational Work Periods

All resident physicians must have 8 hours, free of clinical and educational work hours between scheduled clinical work and education periods.

Upon conclusion of a 20–24-hour shift, resident physicians shall have a minimum of 12 hours off before return to clinical work and education. They must have at least 14 hours free of duty after 24 hours of in-house clinical and educational work hours. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by resident physicians in their final years of education must be monitored by the specialty program director.

Maximum Frequency of In-House Night Float

Resident physicians must not be scheduled for more than six consecutive nights of night float. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year for each training program should meet the expectations of the respective ACGME Review Committee.

Maximum In-House On-Call Frequency

PGY-2 resident physicians and above must be scheduled for in-house call no more frequently than every-third night (when averaged over a four-week period).

At-Home Call

Time spent on patient care activities by resident physicians on at-home call must count toward the 80-hour maximum weekly 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 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 physician. Resident physicians are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

Clinical and Educational Work Hour Exceptions

An ACGME Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual specialty programs based on a sound educational rationale. In preparing a request for an exception, the specialty program director must follow the clinical and educational work hours exception policy from the ACGME Manual on Policies and Procedures. Prior to submitting the request to the ACGME Review Committee, the specialty program director must obtain approval of the Parkview Health's GMEC and DIO.

Specialty program directors and faculty will monitor resident physician assignments for those in which work-hour responsibilities or level of intensity are likely to produce sufficient resident physician fatigue to affect patient care or learning. Specialty program directors will also monitor moonlighting and other outside work for pay activities, which will be included in the work-hour calculations. The Senior Vice President of Graduate Medical Education's staff will also monitor resident physician work hour reports and address any areas of noncompliance with an individual specialty program director.



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Reviewed/Approved	Date Approved
Graduate Medical Education Committee, GMEC	06.18.21

APPROVAL BOX:

Name of Approving Entity	Date Approved
Parkview Health Governing Body for GME	06.18.21