

NCH Healthcare System Graduate Medical Education

Subject: Clinical and Educational Work Hours

Intent: The ACGME requires that all programs have policies regarding clinical and educational work hours for residents and fellows.

Policy Statement: Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident clinical and educational work hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of clinical and educational work hours is required with frequency enough to ensure an appropriate balance between education and service.

Description:

1. 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.
2. 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.
3. Residents should have eight hours off between scheduled clinical work and education periods.
4. 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 80-hour and the one-day-off-in-seven requirements.
5. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
6. 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.
7. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments;
8. 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 to a resident during this time;
9. In rare circumstances, after handling of all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
 - a) To continue to provide care to a single severely ill or unstable patient
 - b) Humanistic attention to the needs of the patient or family
 - c) To attend unique educational eventsThese additional hours of care or education will be counted toward the 80-hour weekly limit.
10. 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.
11. 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
12. PGY-1 residents are not permitted to moonlight.

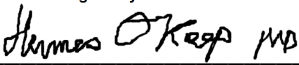
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13. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
14. Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
15. Time spent on patient care activities by residents 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.
16. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 - a) Residents 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.


The program director must review each submission of additional service, and track both individual resident and program-wide episodes of clinical and educational work exceptions.

Programs must demonstrate valid and reliable methods to demonstrate compliance with the clinical and educational work rules.

The GMEC will monitor compliance of programs via periodic resident surveys and interviews when needed. Aggregate clinical and educational work hour violations will be monitored by the GME office.

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Hermes Koop, MD
Chairman, GMEC
Designated Institutional Officer

11/14/2022
Date

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