HEALTH
UNIVERSITY OF UTAH

GRADUATE MEDICAL EDUCATION

TRAINEE POLICIES AND PROCEDURES

POLICY: RESIDENT[1] CLINICAL AND EDUCATIONAL WORK HOURS
Policy Number: 10.1
Chapter: Clinical and Educational Work Hours

Purpose: To comply with the Institutional, Common and Subspecialty Program requirements and Clinical Learning Environment Review (CLER) guidelines of the Accreditation Council for Graduate Medical Education (ACGME) regarding institutional oversight of resident clinical and educational work hours.[2] Work hours are defined as time spent on all clinical and educational activities related to the residency or fellowship program. This includes patient care, administrative duties related to patient care, provision for transfer of patient care, time spent inhouse during call activities, time spent on patient care activities while on at-home call, moonlighting activities, and scheduled educational activities such as conferences. Work hours do not include reading and preparation time spent away from the duty site.

Policy[3]:

A. Maximum Hours of Clinical and Educational Work per Week

   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.

B. Mandatory Time Free of Clinical Work and Education

   1. Programs must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal wellbeing.

Owner:
Graduate Medical Education – Division of Endocrinology

Liaison(s):
Alan Smith
ACGME

Approval Body:
Graduate Medical Education Committee

Current Approval Date:
August 2018

Current Revision Date:
August 2018

Origin Date:

Historical Information:
Review dates: 05/05,11/08, 11/09, 11/17, 08/18
Revision dates Nov11/02, 5/05, 12/05, 12/06/;6/2011, 11/2011, 3/2012. 10/2017; 11/17, 08/18
Approval dates: 3/2012, 10/2017, 11/17, 08/18

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[1] The term resident refers to both residents and fellows.
[2] ACGME Institutional Requirements effective 7/1/15 (III.B.5.a); ACGME Accreditation Policies and Procedures effective 6/10/17 (Section 16.20,e.)
[3] ACGME Common Program Requirements effective 7/1/17 (VI.F.1-8.)

2. Residents should have eight hours off between scheduled clinical work and educational periods.

    a. In certain circumstances, residents may 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.

3. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

4. 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.

C. Maximum Clinical Work and Education Period Length

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

    a. 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.

D. Clinical and Educational Work Hour Exceptions

1. 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:

    a. To continue to provide care to a single severely ill or unstable patient.

    b. Humanistic attention to the needs of a patient or family, or

    c. To attend unique educational events.

2. These additional hours of care or education will be counted toward the 80-hour weekly limit.

E. Moonlighting

1. 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. For example, it is explicitly forbidden for a fellow/resident to moonlight while on call (including at-home call) for his/her residency/fellowship program.

2. Moonlighting must be approved by the Program Director and the DIO prior to starting. The required Moonlighting form must be submitted and completed for each site, each academic year.

3. Time spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit.

4. PGY-1 residents are not permitted to moonlight.

F. In-House Night Float

1. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

2. 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 Review Committee.

G. Maximum In-House On-Call Frequency

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

2. Endocrinology does not have in-house call, defined as duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

H. At-Home Call

1. 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.

   a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

2. 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 care must be included in the 80-hour maximum weekly limit.

I. Institutional Oversight

1. The Graduate Medical Education Committee (GMEC) provides oversight of program and resident compliance with ACGME work hour requirements. On a quarterly basis, the Office of Graduate Medical Education presents a statistical report to the Graduate Medical Education Committee indicating programs with repeat violations of work hour requirements over the preceding 3-month period.

2. The GMEC may require a written response from a Program Director or may require a Program Director to report directly to the Committee to discuss the reasons for repeated violations and to assist in developing an action plan for correction.

J. Logging Work Hours for Institutional and Program Level Monitoring

1. Residents should log their work hours in the MedHub system on a daily basis. When this is not possible, residents should log their hours for the week they are working in. This will reduce the need for trying to remember events and possibly recording hours incorrectly. Residents will be able to log hours during the week they are working in and the week that has just passed. In MedHub weeks are from Sunday to Sunday. Below is a set of screenshots depicting a resident logging work hours.

Emergency Medicine

Welcome, Mark Carlberg

⚠ **Urgent Tasks**

Incomplete Evaluations *(3) (2 late)*

Personal Calendar ⊕

Thursday, September 14
(No activities)
Friday, September 15
(No activities)
Saturday, September 16
(No activities)
Sunday, September 17
(No activities)
Monday, September 18
(No activities)

View myCalendar

Tasks

This week's work hours (0.0 hrs logged)

Review Records

Update Contact Information

Learning Modules

Resources/Documents ⊕

▤ Faculty Directory
▤ Resident/Fellow Directory
▤ Residency Program Directory
🌐 MedHub Community

☐ ShiftAdmin
☐ Residency Wiki

Q Search Resources

Reuters - Hea

Pfizer, Astellas p
(Reuters) - Pfize

Lilly/Incyte pill b
(Reuters) - Eli Lil

Outbreak of dise
ROME (Reuters)

Halozyme to lice
(Reuters) - U.S. c

Moderna, AstraZ
(Reuters) - Biote

New England

Dreams Deferre
New England Jo

Iridodonesis
New England Jo

9/10-9/16/2017 ▼   Graphical Interface ▼

Weekly Compliance Checklist	❓
Maximum of 80 total hours	0.0 hr(s)
Days off (1 required)	7 day(s)
Single work period - 24 hours duty/28 hours total maximum	
8 hour breaks between work periods (should)	--
14 hour break after 24 hour scheduled call	--
Clinic hours	0.0 hrs

Note: you must submit your work hours to check for compliance issues
(work hours have not been submitted)

August 2017

September 2017

☐ Incomplete hours
🟩 Compliant Work Hours
🟥 Non-compliant Work Hours

View Demo

🟦 Standard Hours   🟩 Home Call (called in)   ⬜ Clinical Work from Home

SUNDAY, September 10, 2017   0 hrs total

12am 1am 2am 3am 4am 5am 6am 7am 8am 9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm 9pm 10pm 11pm 12am

Clinic: Hrs:
(none) ▼   (none) ▼

In the image below the resident clicks on the start time for the day and drags across the scale to the end time for the day and releases. A small window will pop-up asking for the type of hours, in this case, standard hours was selected.

🟦 Standard Hours   🟩 Home Call (called in)   ⬜ Clinical Work from Home

7am - 5pm
Standard Hours ▼
Delete Work Period

SUNDAY, September 10, 2017   10 hrs total

12am 1am 2am 3am 4am 5am 6am 7am 8am 9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm 9pm 10pm 11pm 12am

Clinic: Hrs:
(none) ▼   (none) ▼

MONDAY, September 11, 2017   0 hrs total

12am 1am 2am 3am 4am 5am 6am 7am 8am 9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm 9pm 10pm 11pm 12am

Clinic: Hrs:
(none) ▼   (none) ▼

In the image below the resident will select save incomplete work hours until the week is over when the resident will select the submit button.

2. Program Administrators (coordinators/managers) will receive an email when there is a problem with a resident logging work hours. Program Administrators should support residents as needed by reminding them about logging their hours. Administrators can log work hours for residents who have failed to log their hours during the 2-week window for entering work hours (current and previous work week). Administrators have the ability to log hours for two weeks back from the current week. If logging is still not accomplished, the administrator will eventually be locked out and will need to request after the fact logging, from the GME Office.

3. When logging hours, potential violations are flagged to the resident or administrator logging hours. This flagging will stop when the potential violation is averaged out over a four-week period in MedHub. Potential violations are flagged to help the resident and the administrator to be proactive about violations and to take steps to avoid the violation -- as opposed to responding to the violation after it has been committed. This function of MedHub cannot be disabled.

4. Conference attendance needs to be logged in MedHub for each assigned conference. Fellows are required to attend a minimum of 90% of all conferences throughout the year.

K. Backup System
    1. There is an attending faculty physician always on-call with the fellow. The attending faculty physician is available in-person, by cell phone and paging as backup to the fellow while on at-home call and on nights, weekends or holidays. The attending will assume primary call if allowable work hours exceed 80 hours per week or the fellow is unable to continue

participation and another housestaff member is not available for coverage. The Program Director will be involved with this decision and transition.

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