

RESIDENT CLINICAL AND EDUCATIONAL WORK HOURS

PURPOSE

The purpose of this Resident Clinical and Educational Work Hours Policy is to set forth University of Tennessee College of Medicine (“UT College of Medicine” or “Sponsoring Institution”) policies and procedures governing resident and fellow work hours and educational experiences for each ACGME-accredited graduate medical education program sponsored by UT College of Medicine (each a “Program”). This Resident Clinical and Educational Work Hours Policy ensures that residents and fellows participating in Programs (individually a “resident” or collectively “residents”) experience necessary and appropriate work hours, as well as opportunities for personal well-being and rest.

REFERENCE

In accordance with Section IV.K. of the ACGME Institutional Requirements, the Sponsoring Institution must have a Clinical and Educational Work Hours policy that ensures effective oversight of institutional and program-level compliance with the ACGME clinical and educational work hour requirements.

DEFINITIONS

At-Home Call: means call taken from outside the assigned site. Clinical work done while on At-Home Call, including time spent in the hospital and work done at home, such as taking calls or entering notes in an electronic health record (EHR), counts against the 80-hour-per-week limit but does not restart the clock for time off between scheduled in-house clinical and educational work periods. The remaining time, free of clinical work, does not count against the 80-hour-per week limit. At-Home Call may not be scheduled on a resident’s One Day Off in seven days (averaged over four weeks).

Clinical and Educational Work Hours or Work Hours: means 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, moonlighting (internal and external), and scheduled activities such as program- required conferences. Clinical and educational work hours do not include reading about the next day’s cases, studying and research done from home.

In-House Call: means clinical and educational work hours, beyond the scheduled workday, when residents are required to be immediately available within an assigned site, as needed, for clinical responsibilities. In-House Call does not include Night Float, At-Home Call, or regularly scheduled overnight duties.

Night Float: A rotation or other structured educational experience designed either to eliminate In-House Call or to assist other residents during the night. Residents assigned to Night Float are assigned on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. Night float rotations must have an educational focus.

One Day Off: means one continuous 24-hour period free from all administrative, clinical, and educational activities.

POLICY

I. Clinical and Educational Work Hour Standards

Each Program is required to establish and maintain a written policy governing resident clinical and educational work hours consistent with this Policy and ACGME Institutional, Common Program and Specialty/Subspecialty requirements applicable to the Program.

Each Program's written policy, at a minimum, must incorporate the Clinical and Educational Work Hour standards and requirements set forth below and incorporate the concept of graded and progressive resident responsibility leading to the unsupervised practice of medicine. These standards reflect the need for Programs to design schedules and clinical assignments to match resident levels of training and competencies in order to improve education while protecting the safety of patients. Individual Program policies may have additional specialty-specific Clinical and Educational Work Hour restrictions. All Programs shall distribute their Program's Clinical and Educational Work Hours policy and procedures to residents and faculty via the Program Handbook, annually.

A. Maximum Hours of Clinical and Educational Work per Week

A resident's 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, if approved.

Exception Requests: A Program may seek rotation-specific exceptions to the 80-hour limit for up to 10% or a maximum of 88 clinical and educational work hours per week based on a sound educational rationale. Any Program seeking a rotation-specific exception to Clinical and Educational Work Hour limitations must obtain approval from the UT College of Medicine Graduate Medical Education Committee ("GMEC") and the DIO prior to submission and requesting approval from the Program's ACGME Review Committee. The GMEC discourages any exceptions but will consider requests from individual Programs. In preparing a request for an exception, the Program Director must follow the *ACGME Policy for Granting Rotation-Specific Clinical and Educational Work Hour Exceptions* in the *ACGME Manual of Policies and Procedures*.

B. Mandatory Time Free of Clinical Work and Education

Each 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. Program structures must abide by the following:

1. 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 requirement (below).
2. Residents must have at least 14 hours free of clinical work and education after 24 hours of In-House Call.

3. Residents must be scheduled for a minimum of One Day Off in seven days, 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 Educational 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. Additional patient care responsibilities must not be assigned during this time, and the resident shall appropriately hand over all of the care of his/her other patients to the team responsible for the patients' continuing care.

D. Clinical And Educational Work Hour Exceptions

In **rare** circumstances, after handing off all other responsibilities, a resident, on the resident's own initiative, may elect to remain or return to the clinical site in the following circumstances:

1. To continue to provide care to a single severely ill or unstable patient;
2. Humanistic attention to the needs of a patient or family; or
3. To attend unique educational events.

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

E. 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 a Program's ACGME Review Committee.

F. 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.

G. At-Home Call

Time spent on patient care activities by residents on At-Home Call must count towards 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 Off-in-seven free of clinical work and education, when averaged over four weeks.

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 weekly maximum. At-Home Call should not be associated with extensive returns to provide hospital service.

At-Home Call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident and the program director must monitor the demands of At-Home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.

H. Moonlighting

Moonlighting must be approved in advance by the program director. Before seeking permission to moonlight, residents should closely review the UT College of Medicine Graduate Medical Education *Moonlighting Policy*, GME Policy #320. Residents must not be required to engage in Moonlighting. Any approved Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the resident's Program and must not interfere with the resident's fitness for work nor compromise patient safety. Residents should not participate in Moonlighting if doing so will cause the resident to violate the requirement that residents should have eight hours of time off between clinical work and education periods.

A Resident engaged in Moonlighting must enter in New Innovations all time spent Moonlighting, whether Internal or External, as defined in GME Policy #320. Moonlighting hours must be counted toward the 80-hour maximum weekly limit.

II. **Clinical and Educational Work Hour Logging and Monitoring Procedures**¹

A. Logging Requirements and Enforcement

Residents must log clinical and educational work hours, including internal and external moonlighting, sick leave, educational leave, and vacation on a weekly basis in New Innovations (<https://www.new-innov.com/login>).

If a resident has not logged his or her clinical and educational work hours for six days, the resident will receive an email reminder from New Innovations regarding the delinquent hours.

If a resident has not logged clinical and educational work hours for 12 days, the resident will receive an email from New Innovations notifying the resident that he or she may be placed on administrative leave without pay if the resident's Work Hours are not updated within 48 hours. A copy of the email is sent to the applicable Program Director and Program Coordinator for follow-up.

For each violation, the Program Director or his/her designee must enter a comment into New Innovations that describes the action taken to remedy the violation. The resident must enter a detailed comment for any violation and submit a justification, if applicable, for review by the Program.

B. Monitoring

Each Program shall have a Program Manager who is responsible for the regular review of Program and resident Clinical and Educational Work Hour reports (usage, violation, and compliance). Work Hours shall be reviewed with sufficient frequency to help ensure that residents are compliant with Clinical and Educational Work Hour policies.

Program Directors must monitor resident clinical and educational work hours and adjust resident schedules as needed to mitigate excessive service demands and/or fatigue and to prevent negative effects of clinical and educational work hours on learning and patient care. This includes monitoring

the need for, and ensuring the provision of, back up support systems when patient care responsibilities are unusually difficult or prolonged. Residents and faculty have a personal role and professional responsibility in the honest and accurate reporting of resident clinical and educational work hours.

GME Office staff also monitor clinical and educational work hours through the New Innovations Dashboard. In addition, the GMEC, through the Clinical and Educational Work Hours Subcommittee, also reviews and conducts oversight of Work Hours on a regular basis and looks for any problem areas or issues.

On a quarterly basis, the Chair of the GMEC Clinical and Educational Work Hours Subcommittee will present a report that outlines any problem areas, trends or issues and make recommendations for GMEC action.