

Policy: <b>Clinical and Educational Work Hours</b>	Effective Date: 3/2020
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Authorized by: Graduate Medical Education Committee	Replaces: V3
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**PURPOSE**

To establish effective oversight for clinical and educational work hours for residents in accordance to ACGME requirements.

**SCOPE**

1. Department of Medical Education
2. Baptist Health Medical Center - North Little Rock
3. Baptist Health Medical Center - Little Rock
4. Baptist Health Medical Center - Conway

**POLICY**

1. Each Program Director must establish and communicate guidelines about clinical and educational work hours and work environment for residents, which comply with this policy and the Specialty specific program requirements from the ACGME.
  - a. The Sponsoring Institution will monitor clinical and educational work hours semi-annually.
  - b. Programs will monitor clinical and educational work hours with a frequency to address areas of non-compliance in a timely manner.
  
2. 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.
 

Falsification of work hour data can result in disciplinary action to include dismissal. Residents must notify the Program Director (or if unresolved, the DIO) of requests or pressure to work in excess of work hours or falsify work hour data as authorized by this policy.
  
3. Mandatory Time Free of Clinical Work and Education
  - a. Residents should have eight hours off between scheduled clinical work and education periods.
    - i. 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 requirements.
  
4. Residents must have at least 14 hours free of clinical and educational work after

24 hours of in-house all.

5. Residents shall be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. At home call cannot be assigned on these free days.
6. Maximum Clinical Work and Education Period Lengths
  - a. Residents may be scheduled to a maximum of 24 hours of continuous scheduled clinical assignments, and may spend up to an additional four hours to ensure an appropriate, effective, and safe transition of care.
    - i. During this four-hour period, residents shall not be permitted to participate in the care of new patients in any patient setting, be assigned to participate in a new procedure, or be assigned to outpatient clinics, including continuity clinics.
    - ii. Residents who have satisfactorily completed the transition of care may, at their discretion, attend an educational conference that occurs during the four hours.
7. An ACGME Residency Review Committee (RRC) may grant clinical and education work hour exceptions for up to 10 % or a maximum of 88 hours to individual programs based on a sound educational rationale. The GMEC and DIO must review and formally endorse the exemption prior to submission to the RRC.
  - a. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled assignment period to continue to provide care to a single patient. Justifications for such extensions of clinical and education work 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.
    - i. Under those circumstances, the resident must: (i) appropriately hand over the care of all other patients to the team responsible for their continuing care; and, (ii) document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.
8. Residents must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).
9. 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.
  - b. Residents are permitted to return to the clinical site while on at-home call to care for new or established patients. Each episode of this type of care

must be included in the 80-hour weekly maximum.

10. The GMEC shall maintain oversight of compliance with this policy through:
  - b. Semi-annual reports or audits
  - c. Annual ACGME Survey of residents,
  - d. Special Review Process for underperforming programs, and
  - e. Requests for duty hour exceptions.

## **RELATED POLICIES**

### **Moonlighting**

*Created 10/2016*

*Reviewed 2/2020*

*Revised 10/2017*

*12/2018*

*3/2020*