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Applicability	College of Community Health Sciences
References	Policy

College of Community Health Sciences

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Clinical and Educational Work Hours Policy - Overall

Purpose

The Sponsoring Institution ("SI") maintains **an overall institutional** policy on Clinical and Educational Work Hours. The SI must also ensure that its ACGME-accredited and non-accredited programs establishes a written program-specific clinical and educational work hour policy consistent with this SI policy and the then-current applicable specialty/sub-specialty specific Program Requirements and embedded Common Program Requirements. For the non-accredited fellowship programs, the SI must also ensure that these programs apply the then most current Common Program Requirements for One-Year programs to create their own program specific Clinical and Educational Work Hour Policy.

Policy

Clinical and Educational Work Hours

In accordance with ACGME requirements, clinical and education work hours will be monitored by all of

the graduate medical education training programs at CCHS. To the extent applicable, the schedules of trainees have been designed to comply with ACGME clinical and education work hour rules (see Section B). It is the trainee's responsibility to log his/her clinical and education work hours in New Innovations. In most cases, the hours must be logged at the conclusion of each shift; however, should circumstances not allow, including when the trainee is working night float or has a weekend call, the trainee must log the hours no later than 5 pm Tuesday.

It is of paramount importance that a trainee log their clinical and educational work hours accurately; this information is used to ensure that trainees have a manageable workload and to evaluate training on a larger, systemic level. Initial clinical and educational work hour violations will likely be treated non-punitively, and the program will attempt to work with the trainee; however, continued failure to timely log clinical and educational work hours or falsification of clinical and education work hours may result in disciplinary action.

If a trainee has any concerns about his/her own clinical and education work hour violations, please notify the Program Director. If the Program Director is not immediately available, please contact the program associate directors and program co-coordinator in writing and the concern will be sent to the appropriate faculty or administrative designee. All clinical and educational work hour violations detected by the New Innovations system will be sent automatically to the program staff, the program director, and the Designated Institution Official (DIO) and will generate an inquiry from the program. The means of such inquiry is at the discretion of the program director. Trainees should respond to any clinical and educational work hour inquiries from New Innovations or from the program via email to the program within 24 hours.

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General Rules Applicable to Residents and Fellows

- Clinical and educational work hours are inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. While the requirement specifies that clinical work done from home must be counted toward the 80-hour maximum weekly limit, the expectation remains that scheduling be structured so that trainees are able to complete most work on site during scheduled clinical work hours without requiring them to take work home. Types of work from home that must be counted include using an electronic health record and taking calls from home. Trainee decisions to leave the hospital before their clinical work has been completed and to finish that work later from home should be made in consultation with the trainee 's supervisor. In such circumstances, trainees should be mindful of their professional responsibility to complete work in a timely manner and to abide by all CCHS and facility policies and procedures, including those regarding patient confidentiality.
- Hours spent on activities that are required by the accreditation standards, such as membership on a hospital committee, or that are accepted practice in GME programs, such as participation in interviewing candidates, must be included in the count of clinical and educational work hours. It is not acceptable to expect trainees to participate in these activities on their personal time, nor should trainees be prohibited from taking part in them.
- Clinical and education work hours do not include reading, studying, research, and academic preparation time, such as time spent away from the patient care unit preparing for presentations or journal club.

Clinical and Education Work Hours

Clinical Experience and Education (VI.F.)[1]

Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide trainee's with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

Maximum Hours of Clinical and Educational Work per Week (VI.F.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.

Mandatory Time Free of Clinical Work and Education (VI.F.2.)

- Trainees should have eight hours off between scheduled clinical work and education periods.(VI.F.2.a)
- Trainees must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (VI.F.2.b)(Core)
- Trainees 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. (VI.F.2.c)(Core)

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Maximum Clinical Work and Education Period Length (VI.F.3.)

- Clinical and educational work periods for trainees must not exceed 24 hours of continuous scheduled clinical assignments. (VI.F.3.a) (Core)
    - 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 trainee education. Additional patient care responsibilities must not be assigned to a trainee during this time. (VI.F.3.a).(1)(Core)

Clinical and Educational Work Hour Exceptions (VI.F.4.)

- In rare circumstances, after handing off all other responsibilities, a trainee, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (VI.F.4.a)(Detail)
- These additional hours of care or education must be counted toward the 80-hour weekly limit. (VI.F.4.b)(Detail)
- A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.(VI.F.4.c)
    - In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures. (VI.F.4.c)(Detail)

- The Review Committees for Family Medicine Residency (FMR), Geriatric Medicine (GM), and Sports Medicine (SM) will not consider requests for exceptions to the 80-hour limit to the trainees' work week.

Moonlighting (VI.F.5.)

- Moonlighting must not interfere with the ability of the trainee to achieve the goals and objectives of the educational program, and must not interfere with the trainee's fitness for work nor compromise patient safety. (VI.F.5.a) (Core)
- Time spent by trainees in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (VI.F.5.b)(Core)
- Trainees must follow their Program's Moonlighting Policy.

In-House Night Float (VI.F.6.)

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

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Maximum In-House On-Call Frequency (VI.F.7.)

Trainees must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)

At-Home Call (VI.F.8.)

- Time spent on patient care activities by trainees 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. (VI.F.8.a) (Core)
    - At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each trainee. (VI.F.8.a).(1) (Core)References:

Definitions

- ACGME – Accreditation Council for Graduate Medical Education
- CCC – Clinical Competency Committee
- CCHS – College of Community Health Sciences
- DIO – Designated Institutional Official
- GME – Graduate Medical Education
- GMEC – Graduate Medical Education Committee
- SI – Sponsoring Institution (The College of Community Health Sciences)
- UMC – University Medical Center

Scope

This policy applies to all trainees associated with graduate medical education programs at CCHS

References

- Moonlighting Policy

[1] ACGME Common Program Requirements for one-year fellowships Section VI – effective July 1, 2023 –note: “fellow” replaced with “trainee”

Graduate Medical Education Committee Approved 12/2023

Approval Signatures

Step Description	Approver	Date
Division	Lesley Reid: Associate Provost	11/2024
Workflow Review	Policy Management: Policy Manager [JC]	10/2024

Applicability

College of Community Health Sciences