

Title: Graduate Medical Education - Work Hour - Policy

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I. Policy Statement

- a. The purpose of this policy is to set institutional standards for resident work hours and in-house on-call frequency that ensure resident work hours are not excessive.
- b. This policy is important because compliance with the guidelines established by the Accreditation Council for Graduate Medical Education (ACGME) for work hours is required for program and institutional compliance. Compliance with the Work Hours policy is important for patient safety and resident well-being.

II. Definitions

- a. Not Applicable

III. Process/Content

- a. Resident work hours should foster both resident education and facilitate the care of patients. The educational goals of each residency program and the learning objectives of the residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. However, work hours must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. Programs must ensure that residents are provided appropriate back-up support when patient care responsibilities are especially prolonged or difficult.
- b. Each residency program must adhere to the work hour limitations set by their individual Residency Review Committee (RRC) and the ACGME institutional requirements. The structuring of work hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident.
 - i. Work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting hours. Internal and external moonlighting hours must be counted as part

Title: Graduate Medical Education - Work Hour - Policy

of the resident's total work hours. Some specialties do not allow moonlighting.

- ii. Residents must be provided with one (1) day (24 hours) in seven (7) free from all educational and clinical responsibilities averaged over a four-week period, including conferences. No at-home call can be assigned during any of these 24-hour periods.
 - iii. Mandated time off between assigned "shifts" (clinical and education work) must be provided to allow adequate time for rest and personal activities.
 - iv. PGY-1 residents **must** have 8 hours, but **should** have 10 hours, off between scheduled shifts.
 - v. Intermediate-level residents (defined by program-specific RRC) must have 8 hours, but should have 10 hours, off between scheduled shifts. Also, they must have 14 hours free after a 24-hour period of in-house work.
 - vi. Senior-level/chief residents (as defined by program specific RRC) must be prepared to enter the unsupervised practice of medicine and care of patients over irregular and extended periods. This preparation must occur within the context of the 80-hour maximum work period length and 1-day-free-in-7 standards. While it is desirable to have 8 hours off between shifts, there may be circumstances when these residents must continue clinical and educational work hours to care for their patients or return to the hospital less than 8 hours after their prior shift. These instances **must** be monitored by the Program Director.
- c. Continuous On-Site Clinical and Educational Work Hours
- i. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. An additional 4 hours (totaling 28 hours) may be used for hand-offs and educational activities. However, there should be no additional clinical activities during these additional 4 hours (clinics, consultations, etc.). In unusual circumstances, a senior-level resident may choose voluntarily to stay beyond his/her assigned work period to provide care to a single patient. These instances must be documented by the program director as to the educational validity. The care of other patients on the service must be turned over to another physician. No new patients may be accepted after 24 hours of continuous clinical and educational work hours.
- d. Maximum In-House Call Frequency
- i. Residents must be scheduled for in-house call no more frequently than every third night averaged over 4 weeks.

Title: Graduate Medical Education - Work Hour - Policy

- e. At-Home Call (or Pager Call)
 - i. At-home call must not be so frequent as to preclude rest and reasonable personal and study time for each resident.
 - ii. Residents taking at-home call must be provided with one day (24 continuous hours) in seven (7) completely free from all educational and clinical responsibilities averaged over a 4-week period.
 - iii. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour weekly limit on work hours.
 - iv. Internal and external moonlighting must be considered part of the 80-hour weekly limit on work hours.
 - v. Residents may come in at night to see established, or new patients, and this will not violate the 8-10 hour rule, but they must count the time in-house as part of their work hours.
- f. For information and policies regarding sleep facilities and safe transportation Home Options, refer to the Alertness Management and Fatigue Mitigation Policy (GME-05)
- g. For information and policies regarding continuity of care, refer to the Transitions of Care policy (GME-21)

IV. Attachments

- a. [Graduate Medical Education - Alertness Management and Fatigue Mitigation - Policy](#)
- b. [Graduate Medical Education - Transitions of Care - Policy](#)

V. References, Regulatory References, Related Documents, or Links

- a. Not Applicable