Tilman J. Fertitta Family College of Medicine

Graduate Medical Education Policies

CLINICAL AND EDUCATIONAL WORK HOURS

ACGME Policies

IR.IV.K. Clinical and Educational Work Hours: The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements.

Background

The COM is committed to sponsoring ACGME-accredited training programs which prioritize the educational goals and learning objectives for residents/fellows. Clinical and educational work hours should be structured to support that mission, and not be compromised by reliance on residents/fellows to fulfill service obligations. Residents/fellows should also train in an environment which allows them to fully develop as professionals, but still maintain a rich personal life and interests outside of the practice of medicine.

Procedure

It is the policy of the COM that all ACGME-accredited programs comply with the requirements established by the Accreditation Council for Graduate Medical Education (ACGME) concerning the Residents' Working and Learning Environment.

Program Directors, faculty, staff and trainees share the responsibility of ensuring that ACGME duty hours standards are met. Residents/fellows are responsible for logging duty hours worked in a timely and accurate fashion. The COM GMEC will monitor duty hours' reports and ensure that concerns are identified and corrected in an expedited manner.

Maximum Hours of Clinical and Educational Work Per Week (ACGME CPR 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.

While the ACGME acknowledges that, on rare occasions, a resident may work in excess of 80 hours in a given week, all programs and residents utilizing this flexibility

will be required to adhere to the 80-hour maximum weekly limit when averaged over a four-week period. The ACGME Review Committees will strictly monitor and enforce compliance with the 80-hour requirement.

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 residents are able to complete most work on site during scheduled clinical work hours without requiring them to take work home. The new requirements acknowledge the changing landscape of medicine, including electronic health records, and the resulting increase in the amount of work residents choose to do from home. Activities such as reviewing medical records and taking phone calls must still be counted toward the 80-hour limit. Studying, reading and research done from home are not counted towards this limit.

Residents/fellows must also be instructed as to how to maintain patient confidentiality when taking work products or accessing electronic medical records from an off-site location.

PGY-1 and PGY-2 residents may not have the experience to make decisions about when it is appropriate to utilize flexibility or may feel pressured to use it when unnecessary. Programs are responsible for ensuring that residents are provided with manageable workloads that can be accomplished during scheduled work hours. This includes ensuring that a resident's assigned direct patient load is manageable, that residents have appropriate support from their clinical teams, and that residents are not overburdened with clerical work and/or other non-physician duties.

Mandatory Time Free of Clinical Work and Education

The program must design an effective program structure that is configured to provide residents/fellows with educational opportunities, but also provide reasonable opportunities for rest and personal well-being.

All ACGME-accredited programs at the COM will construct schedules to ensure residents/fellows have eight (8.0) 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 (8.0) hours free of clinical duties and education. This must still occur within the context of the 80-hour and the one-day-off-in-seven requirements.

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

Residents must be scheduled for a minimum of one (1.0) day in seven (7.0) free of clinical work and required education, averaged over four (4.0) weeks. At-home call **cannot** be assigned on these free days.

Maximum Clinical Work and Education Period Length

Clinical and educational work periods for residents/fellows must not exceed 24 hours of continuous scheduled clinical assignments. Up to four (4.0) 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.

In rare circumstances, 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:

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

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

Exceptions

While some Resident Review Committees may grant rotation-specific exemptions, the COM and its affiliated hospital and/or clinical partners do not support such exceptions.

In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. Other specifications may be further specified by RRC's. It is the responsibility of the Program director to remain in compliance.

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.

At-Home Call

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

Time spent on patient care activities by residents/fellows 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 (1.0) day in seven (7.0) free of clinical work and education, when averaged over four (4.0) 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 care must be included in the 80-hour maximum weekly limit.

Reporting

Residents/fellows shall enter all duty hours into the residency management software by the 5th day of the following month of the rotation. For example, August duty hours are due by September 5th.

The program coordinator will then have five (5.0) working days to compile the reports, including explanations for any violations of duty hours, and submit those to the DIO.

Reports will be reviewed by the Clinical Learning Environment Subcommittee, and presented at the next set GMEC meeting, along with action plans for corrective action, if required. It is anticipated as a new program begins rotations that changes will be necessitated in responsibilities assigned as reality meets theory. Program directors and clinical leadership will be expected to exhibit the organizational agility to make these changes quickly, to stress the importance of education and patient safety over work duties.

Any program which has a rotation necessitating changes will present updates to the Clinical Learning Environment Subcommittee and the full GMEC on those changes for a minimum of 90 days, or until the corrective action has proven successful.

EFFECTIVE DATE: September 1, 2021

APPROVAL DATE: August 31, 2021

NEXT REVIEW DATE: January 31, 2024