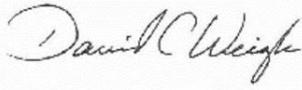

Policy Title: Clinical and Educational Work Hours



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PURPOSE

It is the goal of UT Southwestern to provide residents with a sound academic and clinical education. This requires the Institution to provide formal written policies and procedures governing resident work hours.

A. Definitions based on ACGME Requirements

Work Hours: Work hours include all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent on in-house call, and other scheduled activities, such as conferences. Work hours do not include reading and preparation time spent away from the duty site.

Hours spent on activities that are required by the accreditation standards, such as membership on a hospital committee, or that are accepted practice in residency programs, such as residents' participation in interviewing residency candidates, must be included in the count of work hours. It is not acceptable to expect residents to participate in these activities on their own hours; nor should residents be prohibited from taking part in them.

At-Home Call: Same as pager call or call taken from outside the assigned site. Time spent in the hospital, exclusive of travel time, counts against the 80 hour per week limit but does not restart the clock for time off between scheduled in-house duty periods. At-Home Call may not be scheduled on the resident's one free day per week (averaged over four weeks). PGY-1 residents are not allowed to take at-home call because appropriate supervision (either direct supervision or indirect supervision with direct supervision immediately available) is not possible when a resident is on at-home call.

Continuous time on duty: The period that a resident or fellow is in the hospital (or other clinical care setting) continuously, counting the resident's (or fellow's) regular scheduled day, time on call, and the hours a resident (or fellow) remains on duty after the end of the on-call period to transfer the care of patients and for didactic activities.

External moonlighting: Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

Fatigue management: Recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.

In-House Call: Duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

Internal Moonlighting: Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

Night Float: Rotation or educational experience designed to either 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 and are

responsible for admitting or cross-covering patients until morning and do not have daytime assignments. Rotation must have an educational focus.

One Day Off: One (1) continuous 24-hour period free from all administrative, clinical and educational activities.

Scheduled duty periods: Assigned duty within the institution encompassing hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

B. Procedure

Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Program Director Responsibilities

The program director must implement policies and procedures consistent with relevant program and institutional requirements and this policy, and, to that end, must:

- a. distribute these policies and procedures to the residents and faculty;
- b. monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with relevant requirements;
- c. adjust schedules as necessary to mitigate excessive service demands and/or fatigue;
- d. if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue;
- e. obtain review and approval of the sponsoring institution's GMEC/DIO before submitting to the ACGME or any accrediting/approval body information or requests for increases or any change to resident duty hours; and
- f. comply with any additional requirements as outlined in specialty specific program requirements.

C. Standard

UT Southwestern has developed the following Duty Hour guidelines applicable to every resident in all GME training programs:

1. Institution

- a. 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. ;
- b. Programs 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. 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 requirements.
- c. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.;
- d. Residents 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.;
- e. 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. However, additional patient care responsibilities must not be assigned to a resident during this time.

- f. 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:
 - i. to continue to provide care to a single severely ill or unstable patient;;
 - ii. humanistic attention to the needs of a patient or family; or,
 - iii. to attend unique educational events.

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

- g. Time spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit. PGY-1 residents are not permitted to moonlight. Please refer to the *Moonlighting* policy for additional information regarding moonlighting.
- h. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements
- i. Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). 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. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. 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 maximum weekly limit.
- j. MedHub: Each resident and/or fellow enrolled in a GME training program is required to document his or her daily work hours in MedHub utilizing 2-week rolling window blocks to report work hours for the prior and current week. All approved internal and external moonlighting hours must be reported in MedHub by the residents and fellows. If a resident or fellow remains beyond their scheduled period of work to continue to provide care of a single patient, the resident/fellow must document the reason as part of their work hours in MedHub. Work periods must comply with any other requirements as outlined in specialty specific program requirements. Questions or concerns with the data reported should be brought to the GME Office's attention within 21 days to address any reporting errors in a timely manner.
- k. All programs must use MedHub to monitor and track the work hours of all trainees. Each Program Director will review work hours reported for every block rotation or with a frequency sufficient to ensure compliance with relevant requirements. The GMEC will review quarterly Work Hour reports and resident surveys when available. Programs deemed noncompliant with this policy will be required to submit a corrective plan to GMEC within 60 days of such a request.

2. Programs

- a. Adhere to the Work Hour guidelines as stated in this policy and by the ACGME, appropriate specialty-specific Review Committees, and any other applicable entities.(e.g., the Texas Medical Board, etc.);
- b. Implement policies and procedures for work hours consistent with the institutional and program requirements for resident work hours and the working environment, including moonlighting;
- c. Distribute the work hour policies to faculty and residents;
- d. Educate residents and faculty members concerning the professional responsibilities of physicians to appear for work appropriately rested and fit to provide the services required by their patients;
- e. Ensure the residents and fellows report their work hours (including assigned clinical activities and moonlighting activities, as directed).
- f. Monitor honest and accurate reporting of in-house work hours by residents and/or fellows;
- g. Monitor at-home call;
- h. Monitor all moonlighting to assure it does not interfere with the goals and objectives of the program; and
- i. Encourage residents to use alertness management and fatigue mitigation strategies in the context of patient care responsibilities.

D. Exceptions

- 1) UT Southwestern programs may request an exception to the 80-hour work hour limit.
 - a) Requests for an exception must be based on a sound educational justification. An increase in work hours above 80 hours per week can be granted only when there is a very high likelihood that this will improve residents' educational experiences. This requires that all hours in the extended work week contribute to resident education.

- b) Current accreditation status of the program and of the sponsoring institution should be provided in the formal request.
- c) The GMEC must review and formally endorse the request for an exception.

E. Reporting

In addition to the usual lines of reporting concerns, residents may report concerns about work hours to the University institutional compliance hotline, which is available 24 hours a day and to which reports may be made anonymously.

**Work Hours Hot Line 24 hours a day, 365 days a year:
1 877 507 7319, or to www.utsouthwestern.net/hotline
You may choose to remain anonymous.**