

UTHSCSA Graduate Medical Education Policies

Section 2	General Policies & Procedures	Effective:	April 2003
Policy 2.7.	Clinical and Educational Work Hours (Resident Duty Hours)	Revised:	November 2006 June 2011, August 2014, September 2017
		Responsibility:	Designated Institutional Official

Clinical and Educational Work Hours

Purpose	It is the policy of the UTHSCSA Graduate Medical Education Committee to follow requirements established by the ACGME regarding clinical and educational work hours for residents and fellows in accredited training programs. Specific details can be found on the ACGME website, www.acgme.org and are subject to change without notice.
Definitions	<p>Clinical and educational work hours are defined as all clinical and academic activities related to the residency/fellowship program. This includes inpatient and outpatient clinical care, in-house call, short call, night float and day float, time engaged in transitions of care, assigned research activities which are part of the program’s required curriculum, and administrative duties related to patient care, such as completing medical records, ordering and reviewing lab tests, and signing orders. If attendance at an off-site conference is required by the program (e.g., a resident is presenting a paper or poster), those hours (but not travel time or non-conference hours) should be included as clinical and educational hours. In addition, hours spent on activities that are required in the accreditation requirements, such as membership on hospital committees, or that are accepted practice in programs, such as residents’/fellows’ participation in interviewing residency/fellowship candidates, must be included in the count of clinical and educational work hours.</p> <p>Types of work from home (either during home call or during “off time”) that must be counted include using an electronic medical record and taking patient care related telephone calls. While on home call, time spent in the hospital counts towards the 80 hour limit, but does not trigger the start of a new duty hours period.</p> <p>Reading done in preparation for the following day’s cases, studying, and research done from home do not count towards the 80 hours.</p> <p><u>Internal Moonlighting</u>: Clinical and administrative activities performed within the residency program and/or the sponsoring institution or the non-hospital sponsor’s primary clinical site(s) which are voluntary and NOT required, and for which additional compensation is given. This time must be counted toward the 80-hour weekly limit on duty hours.</p>

Policy

Each program must have written policies and procedures consistent with the Institutional and Program Requirements for clinical and educational work hours and the working environment. These policies must be distributed to the residents and the faculty. All residency programs must monitor resident duty hours, on an ongoing basis, using New Innovations. The GMEC will review program data. All programs must monitor residents for evidence of stress and fatigue related to service obligations and duty hours related to scheduled workload and moonlighting, educate faculty in monitoring residents, and develop backup plans for affected residents. When necessary for safe travel, a taxi voucher is available to fatigued residents/fellows.

Duty Hour policies:

1. Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all clinical and educational work hours and all internal and external moonlighting hours.
2. Residents must be scheduled for a minimum of one day in seven free from all educational and clinical responsibilities, averaged over a four week period, inclusive of call (including at home call). One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities (including home call).
3. 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. In addition, an abbreviated rest period shorter than eight hours creates an obligation for the program director and faculty to monitor the residents/fellows for signs of excessive fatigue.
4. Residents must have at least 14 hours free of duty after 24 hours of in-house call.
5. In-house call must occur no more frequently than every third night, averaged over a four-week period.
6. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four additional hours may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education, such as assigned conferences. Additional patient care responsibilities must not be assigned to a resident during the four hour transition/resident education period, such as the care of new patients in any patient care setting, assignment to any outpatient clinic including continuity clinics, or assignment to participate in any new procedure, such as an elective scheduled surgery.

UTHSCSA Graduate Medical Education Policies

7. In rare circumstances, after handing of 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
8. These additional hours of care or education will be counted toward the 80-hour weekly limit. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. Time spent by residents moonlighting must be counted toward all duty hours rules. PGY-1 residents are not permitted to moonlight.
9. Night float must occur within the context of the 80-hour and one day off in seven requirements. The maximum number of consecutive weeks of night float and maximum number of months of night float per year may be further specified by a program's Review Committee.
10. Residents must not be scheduled for in-house call more frequently than every 3rd night (when averaged over a 4-week period).
11. Time spent on patient care activities by residents on at-home call, as described in "Definitions" above, 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 care must be included in the 80-hour maximum weekly limit.
12. When an individual RC maintains a more restricted requirement, the RC requirement will supersede the requirements listed above.

Extension of Duty Hours by 10% (to 88 hours per week)

The GMEC will not entertain requests for waivers to extend duty hours to 88 hours per week.

Duty Hours reporting requirements

All UTHSCSA GME programs must document compliance with ACGME clinical and educational work hour standards via logging through New Innovations. The GME Office monitors logging compliance and adjudicates logged violations. Summaries of logging compliance and violations are reported through the Compliance and Accreditation Standing Committee to the GMEC.