

DIGNITY HEALTH EAST VALLEY
GRADUATE MEDICAL EDUCATION OFFICE

GRADUATE MEDICAL EDUCATION MANUAL

Title: Clinical and Education Work Hours Policy	
<i>Policy #: IV.I</i>	
<i>Date(s) Reviewed and/or Revised: 3/9/21</i>	<i>Date Approved by GMEC: 3/9/21</i>

I. Purpose

GME programs must design effective program structures that are configured to provide residents with educational and clinical experience opportunities as well as reasonable opportunities for rest and personal activities.

II. Scope

The policy applies to all Dignity Health East Valley residents, fellows, and their respective training programs and applies whether programs are ACGME accredited or not.

III. Definitions

- » *Clinical and Educational Work Hours:* Clinical and educational work hours are inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. It does not include educational activities, research, or studying done at home.
- » *Work from Home:* Types of work from home that must be counted include documenting in an electronic health record and taking calls from home. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours. Resident 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 resident's supervisor. In such circumstances, residents should be mindful of their professional responsibility to complete work in a timely manner and to maintain patient confidentiality.
- » *Moonlighting/Volunteer Work:* Moonlighting is defined as any voluntary activity, not related to training requirements, in which an individual performs duties as a physician. This can include both paid and unpaid (volunteer) work. The hours spent in these activities are counted toward the total hours worked for the week. No other work hour requirements apply; however, these outside activities must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- » *Day Off:* This is one continuous 24-hour period completely free from all administrative, clinical, and educational activities. Home call cannot occur on a day off.
- » *Work Hour Flexibility:* Residents who have appropriately handed off patients following the conclusion of scheduled work periods have the flexibility to voluntarily remain at work in un-

sual circumstances if, in their judgment, those circumstances benefit patient care or education. Such additional time must be counted toward the 80-hour limit. The resident must not stay if fatigued. It is important to note that a resident may remain or return only if the decision is made voluntarily. Residents must not be scheduled beyond work period restrictions or required to stay by an attending or more senior resident/fellow.

IV. Policy

Clinical and educational assignments must be assigned while recognizing that faculty and residents collectively are responsible for the safety and welfare of patients. The ACGME common program requirements recognize that residents may choose to work beyond their scheduled time or return to the clinical site during a time-off period to care for a patient. The requirements preserve the flexibility for residents to make those choices as long as residents recognize the responsibility to work rested and fit for duty.

A. Resident Logging

- » Residents are required to document their duty hours in the resident tracking software.
- » In the case of a duty-hour violation, the resident must document why there was a violation. The program director will then review and document the violation. A violation may be justifiable, but the program director must approve. Please see the section on flexibility to see examples of what is justifiable.
- » If duty-hour logging procedures are not documented by the seventh day of each month, program directors have the right to implement and discuss consequences, as needed to assist with compliance.

B. Time Off between Scheduled Clinical Work and Education Periods

- » Residents should have 8 hours off between *scheduled* clinical work and education periods.
- » Residents **must** have at least 14 hours free of clinical work and education after 24 hours of in-house call.

C. Days Off

Residents **must** be scheduled for a minimum of one 24-hour day in seven free of clinical work and required education. This can be averaged over four weeks to allow flexibility in scheduling time off. Home call cannot be assigned on a free day.

D. In-House Call

- » Residents **must** not be scheduled for in-house call more frequently than every third night when averaged over a four-week period.

- » Work periods for residents **must** not exceed 24 hours of continuous scheduled clinical assignments. A resident may have an additional 4 hours for care of established patients. These additional 4 hours cannot include ambulatory work or new patients to care for.

E. Home Call

- » A rest period is not required after an assignment of home call overnight.
- » At-home call is not subject to the every-third-night limitation but must not be so frequent or taxing to preclude rest or reasonable personal time for each resident.

F. Night Float

- » Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
- » The number of consecutive weeks of night float and maximum number of months of night float per year may be further specified by a specialty's review committee.

G. Flexibility at Resident's Discretion

There may be circumstances when residents choose to stay to care for their patients beyond a work period 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 work week and the one day off in seven requirements.

H. Institutional Oversight/Dealing with Noncompliance

- » Each department's work hours are reported monthly to the GMEC. If a program has an 80-hour violation, they are required to report to the GMEC the reasons leading up to the violation and how they intend to remedy the situation. The GMEC then votes on whether to accept the report and the remediation plan.
- » Additionally, the GMEC will require the DIO to perform unannounced, random surveys of the resident management software for duty hour policy adherence for all programs to ensure compliance and identify any patterns of deficiency. The DIO may address any identified concerns or trends with the program director and will have the option to escalate repeated issues or performance failures to the GMEC.
- » If a program has less than 100% compliance for their resident logging duty hours for more than three months in a row, the PD must report to the GMEC as to how they are going to remedy the situation and create a plan of corrective action. The program director will be required to present updates at subsequent GMEC meetings until the matter is resolved to the satisfaction of the GMEC. The GMEC can offer suggestions to the PD as to how to improve the logging. Further violations for these programs may result in them being placed under special review.

V. Amendments or Termination of This Policy

Dignity Health East Valley reserves the right to modify, amend, or terminate this policy at any time.

This policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and this GME policy, this GME policy shall govern.