

CHRISTIANA CARE HEALTH SERVICES

POLICY:	Resident/Fellow Clinical and Educational Work Hours
DEPARTMENT:	GMEC
DATE OF ORIGIN:	October 26, 1994
LAST REVISION DATE:	August 7, 2018
REGULATORY REFERENCE:	ACGME

POLICY:

Resident/fellow clinical and educational work hours, including on-call time periods, must be based on the combination of the educational needs of the resident/fellow as well as the needs of patients including continuity of care. Thus, clinical and educational work hours usually cannot be on a fixed schedule. Nevertheless, Christiana Care Health System (CCHS) recognizes the importance of clinical and educational work hours being balanced with time away for rest and personal activities. In order to assure that clinical and educational work hours and on-call time are not excessive, CCHS requires all graduate medical education programs – and resident/fellows -- to comply with clinical and educational work hour requirements prescribed by the Accreditation Council of Graduate Medical Education (ACGME) and/or American Osteopathic Association (AOA).

PURPOSE:

The purpose of this policy is to ensure that all graduate medical education programs with residents and fellows comply with clinical and educational work hour requirements as established by the ACGME and/or AOA.

DEFINITION:

CLINICAL AND EDUCATIONAL WORK HOURS include all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences, moonlighting activities, and clinical work done from home

SCOPE:

All residents and fellows.

PROCEDURE:

Maximum Hours of Clinical and Educational Work per Week:

- Resident/fellows must not be scheduled for more than 80 hours per week, averaged over a four-week period, inclusive of all in-house call educational activities, all moonlighting and all clinical work done from home. (*Note: PGY-1 residents are not permitted to moonlight*).
- Residents/fellows may be scheduled for a maximum of 24 hours of continuous duty in the hospital. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on site in order to accomplish these tasks;

however, this period of time must be no longer than an additional four hours. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

- In unusual circumstances, residents/fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Exceptions for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must: appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question and submit that documentation within 7 days to the program director (either through New Innovations or via email). These additional hours of care will be counted toward the 80 hour weekly limit. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty. In addition, the program director must report each instance and program-wide episodes to Academic Affairs on a quarterly basis.

Minimum Time Off between Scheduled Duty Periods:

- Residents/fellows should have 8 hours off between scheduled clinical work and education periods.
- Residents/fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- Residents/fellows 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.
- Residents/fellows in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. The minimum time off between scheduled clinical and educational work periods should be determined by the individual programs. This preparation must occur within the context of the 80-hour, maximum clinical and educational work period length and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of clinical and education work between scheduled duty periods, there may be circumstances (as defined by the Review Committee) when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of clinical and educational work. Program directors must monitor the circumstances surrounding instances when residents in their final years of education must return to the hospital for patient care activities with fewer than eight hours between clinical and educational work periods.

Maximum Clinical Work and Education Period Length:

- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

Maximum Frequency of In-House Night Float:

- Night float must occur within the context of the 80-hour and one-day off in-seven requirements – See ACGME Program Specific Requirements.

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 4-week period).

At-Home Call:

- Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly hour 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 duty, when averaged over four 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 weekly maximum and will not initiate a new “off-duty period.”

Signs of Fatigue and Sleep Deprivation:

- Resident/fellows will always be under the supervision of a credentialed attending and/or a supervising resident/fellow. Such supervision will also include the responsibility of recognizing fatigue in the resident/fellow and assuring that proper relief can be provided for the protection of the resident/fellow and patients.
- Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
- Supervising resident/fellows and faculty shall receive education in the signs of fatigue and sleep deprivation, and be prepared to take appropriate actions when these are identified in resident/fellows.
- Program Directors should periodically monitor resident/fellows for signs of stress and fatigue, such as tracking the number of times that a resident/fellow requires relief from their duties for necessary sleep.
- Each program must assure provision of adequate sleep facilities and/ or safe transportation options for residents/fellows who may be too fatigued to safely return home.

Program-Specific Requirements:

- In any instance where a specific Review Committee’s requirements differ from this policy, the Program will comply with the requirements of the specific Review Committee. (e.g., Emergency Medicine)

CCHS believes that compliance with clinical and educational work requirements is very important. A resident/fellow who fails to comply with the rules regarding clinical and educational work shall be subject to disciplinary action up to and including termination from the graduate medical education program.

Experimentation and Innovation:

Requests for experimentation and innovative projects that may deviate from ACGME and/or AOA institutional, common and/or specialty-specific program requirements must be approved in

advance by the corresponding Review Committee. In preparing requests for such projects, the program director must follow the ACGME and/or AOA procedures. Once a Review Committee approves a project, the sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

SIGNATURES/APPROVALS:

Dr. Vaughn V. Wright

Reviewed 02/15/2019