Clinical and Educational Work Hours
IUSM-GME-PO-0006

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Scope

This policy applies to all Indiana University School of Medicine (IUSM) Graduate Medical Education (GME) residents.

Reason for Policy

The purpose of this policy is to 1) define rules and regulations for GME resident work hours; 2) define oversight and monitoring for compliance with the regulations; 3) define institutional strategies for avoiding fatigue and sleep deprivation.

Policy Statement

ACGME Requirements

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Per the ACGME Common Program Requirements (Reference 1), the program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must monitor resident clinical and educational work hours, according to sponsoring institutional policies, with a
frequency sufficient to ensure compliance with ACGME requirements. The program 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.

Clinical and Educational Work Hours

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. Work assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients. The structuring of work hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. The clinical and educational work hours policy applies to all participating hospitals where training of residents occurs.

a. Work hours are defined as 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 work site.

b. 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.

c. 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. Additional patient care responsibilities must not be assigned to a resident during this time.

d. Residents must be scheduled for a minimum of 1 day in 7 free from clinical work and required education averaged over a 4-week period, inclusive of call (at-home call cannot be scheduled for this day). One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. At-home call cannot be assigned on these free days.

e. 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.

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

Clinical and Educational Work Hour Exceptions

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 to continue to provide care to a single severely ill or unstable patient, to provide 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.

In-House Night Float and On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those work hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. 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

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. Work done from home includes time spent updating medical records or answering work-related phone calls, and not the entirety of the home call period. Studying and research do not count as work done at home.

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.

Procedures

Oversight

a. Each program director must implement policies and procedures consistent with the institutional and program requirements for resident work hours. To that end, program directors must monitor resident work hours, according to sponsoring
institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements.

b. Monitoring of work hours is required on a consistent basis to ensure an appropriate balance between education and service. All institutions that participate in the training of residents will be included in the monitoring process.

c. All IUSM residents (with the exception of Psychology residents) are required to log their work hours in MedHub daily, every other day, or weekly at the latest. Hours must be entered for the current week by the end of the next week, at which time the week will be closed for entry.

   a. Program directors must monitor, through MedHub that all residents are entering work hours on a continuous basis.
   b. Program directors must monitor, through MedHub, that all residents are in compliance with work hours regulations.
   c. For any four week period with non-compliance, program directors must provide an explanation of how any non-compliance will be remedied.
   d. Programs will be expected to have an average submission rate of 90% for each four week period.

d. The GME Office will monitor programs for compliance. If a program fails to have adequate consistent monitoring, the GMEC will request that the program director appear before the GMEC with an explanation as to why work hours are not being continuously entered.

   1. Any issues of non-compliance that are due to excessive service demands and that have not been successfully addressed by the program in cooperation with the affiliated hospital will be referred to the GME Office.
      1. Any program director who does not sufficiently and adequately address all non-compliance issues must appear before GMEC with a plan of action to come into immediate compliance.

   e. Residents who have unresolved concerns related to work hour violations and non-compliance with the work hour regulations should report the violations to the GME Office.

Requests for Work Hour Exceptions

An ACGME Residency Review Committee (RRC) may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures. Prior to submitting the request to the Review Committee, the program director must obtain approval from the Sponsoring Institution’s GMEC and DIO.
Fatigue Management and Mitigation

a. The Program must:

1. educate all faculty and residents to recognize the signs of fatigue and sleep deprivation;
2. educate all faculty and residents in alertness management and fatigue mitigation processes;
3. encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. Each program must ensure continuity of patient care, consistent with the program’s policies and procedures, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue.
4. The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home.

 Definitions

ACGME is the Accreditation Council for Graduate Medical Education.

A resident is an IUSM resident or fellow, or a non-IUSM resident or fellow electively rotating through IUSM who provides clinical care as part of a GME program.

 Implementation

The Designated Institutional Official (DIO) for Graduate Medical Education is responsible for implementation of this policy.

 Oversight

Policy authority for this document resides with the Graduate Medical Education Committee. The DIO and the Graduate Medical Education Committee are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

 Related Information

1. ACGME Common Program Requirements can be found at:

 History
1. Policy IUSM-GME-PO-0006 approved by GMEC on 13 February 2013.