

RESIDENT CLINICAL EXPERIENCE AND EDUCATIONAL WORK (FORMERLY DUTY/ON-CALL HOURS)

I. Definition

Duty hours are defined as 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 responsibility, time spent in-house during call activities, time spent at home doing clinical work and scheduled academic activities such as conferences. Duty hours *do not* include reading and preparation time spent away from the duty site.

II. Requirements

1. All Programs, regardless of their accrediting body, are required to meet the ACGME Institutional Requirements related to duty hours as well as all Residency Review Committee requirements as described in the Program Requirements for each specialty.
2. *Each* Residency Training and Fellowship Program will establish a formal policy governing resident clinical and educational work hours and working environment. This policy must comply with the ACGME Common Program Requirements as well as that specialty's Residency Review Committee Program Requirements. Such policies are designed to optimize both resident education and the care of patients.

III. Policy

1. Maximum of Clinical and Educational Work Hours:
 - a. Clinical and educational work hours must be limited to 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.
 - i. Work done from home includes: use of EMR and taking call
 - ii. Reading in preparation for following day's cases, studying and research do not count towards 80 hours
 - iii. Decisions to leave before all work is completed should be made with consultation with supervisor.
 - b. Exceptions to the 80 hour limitation may be made with approval of the UNLV School of Medicine GMEC, DIO and the appropriate ACGME Review Committee which may grant a 10% rotation specific exemption (88 hours).
 - 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 ensuring effective transitions of care and/or resident education (28 hours total in house). NO new or additional patient care responsibilities may be assigned to these residents.
 - d. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. No home call may be on this day.
 - e. Time spent at hospital or at home performing clinical responsibilities by residents on home-call must count towards the 80 hour maximum limit. Frequency of home call is not restricted to every third night but must include one day in seven off.

- f. Night float must conform to the 80 hour week and the one day off in seven. Additional requirements may be imposed by individual ACGME Review Committees.
- g. Programs must have a system for tracking resident work hours and must be able to document the number of hours each resident works each week.
- h. Each program must have a written policy and procedure regarding work hours that is consistent with this institutional policy and must review their policy annually.

2. On Call Activities:

- a. In-house call is defined as work hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
 - i. Residents must not be scheduled in-house call more frequently than every third night, averaged over a four week period.
 - ii. Duty periods of residents may be scheduled up to a maximum of 24 hours and must not be assigned additional clinical responsibilities after 24 hours of continuous duty. Residents may be allowed to remain on-site for a maximum of four additional hours in order to accomplish effective transitions of care and education.
 - iii. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.
- b. At-home call (pager call) is defined as call taken from outside the assigned institution.
 - i. Residents/fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care must be included in the 80 hour weekly maximum but will not initiate a new "off duty" period.
 - ii. At home call must not be so frequent as to preclude rest and reasonable personal time for each resident/fellow. Residents/fellows taking at home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a four week period.
 - iii. The program must develop a procedure for monitoring the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue. The program must develop a procedure for tracking the number of hours spent in the hospital from at-home call.
- c. Each program must have a written policy and procedure regarding on-call activities (may be incorporated into the work hours policy) that is consistent with this institutional policy and must submit that policy and annual updates of that policy to the GME office each July.

3. Moonlighting

- a. Professional and patient care activities that are external to the educational program are called "moonlighting". Programs must ensure that moonlighting activities do not interfere with the ability of residents/fellows to achieve the goals and objectives of the educational program
- b. Each program must have a written policy and procedure regarding moonlighting that is consistent with the institutional policy for moonlighting (moonlighting policy) and reviewed/updated annually.
- c. All moonlighting – both internal and external – must be included in the 80 hour weekly work hour maximum

d. PGY1 residents are not permitted to moonlight.

4. Back-up System

- a. Each program must develop a back-up system to cover patient care responsibilities when those responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident/fellow fatigue sufficient to jeopardize patient care.
- b. Each program must have a written policy and procedure consistent with the institutional GME policy regarding back-up systems and that department policy and annual updates must be submitted to the GME office every July.

5. The following principles underlie all program-specific duty hours policies:

- a. The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Clinical and educational work hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. Programs must ensure that residents are provided backup support when patient care responsibilities are especially difficult or prolonged.
- b. Resident duty hours and on-call schedules must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident. Clinical and educational work hours must be consistent with the institutional and program requirements that apply to each program.
- c. The institution must provide services and develop systems to minimize the work of residents that is extraneous to their educational program.

IV. Graduate Medical Education Requirements

- 1. Program Directors will provide updated copies of their policy clinical and educational work hours to the Office of Graduate Medical Education at the beginning of each academic year if changed.
- 2. Program directors MUST provide a written copy of their clinical and educational work hours policy to their faculty and house staff at the beginning of each academic year.
- 3. Program Directors are responsible for monitoring the effects of clinical and educational work hours responsibilities and making necessary modifications to scheduling in order to mitigate excessive service demands or fatigue.
 - a. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service. Issues need to be brought to the GMEC for discussion.
 - b. Clinical and educational work hours policies will be evaluated at the time of special reviews of the training program or if concerns arise through the duty hours violation button to the GME office.
 - c. Compliance with clinical and educational work hours regulations will be evaluated quarterly. Non-adherence will be reported to the GMEC for further action.

V. Institutional Support

UNLV School of Medicine provides institutional support for both residents and fellows through institutional compliance monitoring.

1. Institution-level Monitoring

- a. The Office of Graduate Medical Education reviews ACGME clinical and educational work hours for each program through new innovations. Any reports of non-adherence of clinical and educational work hours policies will be investigated and reported to the GMEC for discussion and action.
- b. The GME website provides for a confidential reporting mechanism where violations of duty hours may be reported anonymously and untraceably. Reporting a violation triggers an email to the GME office for an independent investigation while protecting the anonymity of any individual reporting a potential violation. All clinical and educational work hours violation reports through this mechanism will be thoroughly investigated through the training program.

Approved by GMEC April 2017