



Category: Graduate Medical Education

Effective Date: August 1, 2014

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Page 1 of 8

Title: Institutional Clinical Experience and Educational Work Hour Policy

References: ACMGE Institutional and Common Program Requirements; ACGME Glossary of Terms

I. Purpose:

The purpose of this policy is to ensure effective oversight of institutional and program-level compliance with Accreditation Council for Graduate Medical Education (ACGME) clinical and educational work hour requirements (IR 4.11). It further sets the expectations for programs and residents and fellows ("residents") training in ACGME accredited residency and fellowship programs at the University of Texas Rio Grande Valley School of Medicine (UTRGV) to create a clinical learning environment that promotes the best outcomes for patients, and the well-being of residents and faculty members.

II. Scope:

This policy applies to the UTRGV Graduate Medical Education Programs.

III. Definitions:

A. Clinical & Educational Work Hours (CEWH)- Defined as all clinical (patient care) and academic activities related to the training program.

1. Patient Care:

- a. Inpatient and outpatient care occurring at the hospital or while at home
- b. Administrative duties related to patient care occurring at the hospital or while at home
- c. Electronic Medical Record (EMR) note writing, preparation of discharge summaries, phone calls related to
- d. patient care, while at home or at the hospital
- e. The provision for transfer of patient care / sign-outs
- f. Time spent in-house during call activities

2. Education and Academic:

- a. Scheduled academic activities such as conferences or unique educational events or Research
- b. Time spent at regional/national conferences/meetings when attendance at the meeting is required by the program, or when the resident acting as a representative of the program (i.e. presenting paper or poster).
- c. Only actual meeting time counts towards work hours.
- d. Hours spent on activities that are required by the accreditation standards, such as membership on hospital committee, or that are accepted practice in residency programs, such as residents' participation interviewing residency/fellowship candidates.

3. Activities excluded from work hour reporting:

- a. Academic preparation time, such as time spent preparing for presentations, journal club, board review, or other reading and study time.
 - b. Travel and non-conference time when at a regional/national conference/meeting.
 - c. Time spent at regional/national conferences/meetings when attendance at the meeting is NOT required by the program.
- B. Moonlighting: Voluntary, compensated, medically related work performed beyond a resident's or fellow's clinical experiences and education hours and additional to the work required for successful completion of the program.
- 1. *Internal Moonlighting*: Voluntary, compensated, medically related work performed within the site of the resident's or fellow's program, including the primary clinical site and any participating sites.
 - 2. *External Moonlighting*: Voluntary, compensated, medically related work performed outside the site of the resident's or fellow's program, including the primary clinical site and any participating sites.
- C. At-home call (pager call): Call taken outside the assigned site.
- D. In-house call: Clinical and educational work hours, beyond the scheduled workday, when residents are required to be immediately available within an assigned site, as needed for clinical responsibilities. In-house call does not include night float, being on call from home, or regularly scheduled overnight duties.

IV. Policy:

- A. The Institution recognizes that a sound academic and clinical education should be carefully planned and balanced with concerns for patient safety and resident well-being.
 - 1. The learning objectives of the program should not be compromised by excessive reliance on residents to fulfill service obligations.
 - 2. Each program must use the clinical and educational work hour module in the resident management suite, New Innovations (NI) to monitor compliance with institutional, common, and specialty specific program requirements.
 - 3. The Graduate Medical Education Committee (GMEC) will review work hour reports to ensure compliance with requirements as well as address issues as needed.
- B. **Program Structure and CEWH**: UTRGV programs must design an effective program structure that is configured to provide residents with clinical experience and educational opportunities, as well as reasonable opportunities for rest and personal activities (CPR Section 6). All programs must adhere to the following requirements:
 - 1. **Maximum Hours of Clinical and Educational Work per Week (CPR 6.20)**
 - a. Clinical and educational work must be limited to no more than 80 hours per week, averaged over a 4-week period (28 days) or the length of the rotation block, whichever is shorter.
 - b. Rotations shorter than 4 weeks (28 days) must be fully compliant with the 80-hour and one-day-off-in seven rules. Averaging shorter blocks of high intensity and low intensity rotations is not permitted.
 - c. When vacation is taken during a block, the remainder of the block must be compliant with all clinical and educational work hour rules.

- d. Additional details regarding calculation of clinical and educational work hours for long and short rotations are available in the attached document from NI.

2. Mandatory Time Free of Clinical Work and Education (CPR 6.21)

- a. Residents must be scheduled for a minimum of one day in seven that is free of clinical work and required education, when averaged over four weeks (CPR 6.21.b)
- b. At-home calls cannot be assigned on these free days.
- c. It is not permissible to have the day off regularly or frequently scheduled as a resident's post-call day, but in smaller programs it may occasionally be necessary to have the day off fall on a post-call day.
- d. Residents should have eight hours off between scheduled clinical work and education periods (CPR 6.21).
 - i. Residents may choose to stay to care for 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.
- e. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call (CPR 6.21.a.).

3. Maximum Clinical and Education Period Length

- a. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments (CPR 6.22).
- b. 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 (CPR 6.22.a.).
- c. Additional patient care responsibilities must not be assigned to a resident during this time.

4. Clinical and Educational Work Hour Exceptions (CPR 6.23)

- a. In rare circumstances, after handing off other responsibilities, a resident, on the resident's initiative, may elect to remain or return to the clinical site in the following circumstances:
 - i. To continue to provide care to a single severely ill or unstable patient
 - ii. To provide humanistic attention to the needs of a patient or family,
or
 - iii. To attend unique educational events.
- b. These additional hours of care or education will be counted toward the 80-hour weekly limit (CPR 6.23.a.).

5. Rotation Specific Exceptions

- a. Review committee may grant rotation-specific exceptions of up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale (CPR 6.24)
- b. The program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures (CPR 6.24.a).
- c. The GMEC must review and formally approve the request for an exception before submission to Review Committee.

6. Moonlighting

- a. Internal and External Moonlighting must be counted towards 80-hour maximum (CPR 6.25.a).
- b. Postgraduate year (PGY) 1 residents CANNOT moonlight (CPR 6.25.b.). Please see the [Moonlighting Policy](#).

7. **In-House Night Float:** Night float must occur within the context of the 80-hour and one-day-off-in-seven requirement (CPR 6.26). The maximum number of consecutive weeks of night float, and maximum number of night float per year may be further specified by the Review Committee.
8. **Maximum In-House Call Frequency:** Residents must not be scheduled for in-house calls more frequently than every third night (when averaged over a four-week period) (CPR. 6.27)
9. **At-Home Call:** Time spent on patient care activities at home call must count toward the 80-hour maximum weekly limit. Home call is only appropriate if the service intensity and frequency of being called in is low.
 - a. The frequency of at-home calls is not subject to every third-night limitations, but must satisfy the requirements for one-day-in-seven completely free of clinical work and education, when averaged over a four-week period (CPR 6.28).
 - b. At-home calls must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident (CPR 6.28.a.).
 - c. 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 limit.

- C. **Program Policies:** UTRGV SOM requires all ACGME accredited training programs to develop and maintain a policy on resident work hours and moonlighting consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty specific program requirements. The policy must also address:

1. How the program monitors work hours, according to UTRGV institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements.
2. How residents will record work hours spent on clinical services while on home call.
3. Protocols for adjusting schedules due to work intensity, and work compression that impacts resident well-being (CPR 6.13.a).
4. How the program monitors the demands of at-home call and protocols for adjusting schedules as necessary to mitigate excessive demands, if applicable.
5. How the program monitors the need for and ensures the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged.
6. Mechanisms used by the program to ensure that residents report their work hours (including assigned clinical activities and moonlighting activities) in NI.

- D. **Compliance:** UTRGV SOM and the GMEC monitor compliance with clinical and educational work hour limits through the residency management suite, NI. All residents are responsible for accurate reporting hours, including all time spent in internal and external moonlighting, per institutional and program requirements.
1. *All hours for a month* should be logged by the **7th day of the following month**.
 2. Clinical and educational work hour limits and submissions rates must be monitored by each program. The GMEC will monitor submission rates and clinical and educational work hour limits. Programs repeatedly not found in compliance may be recommended for a Focused Special Review, such as less than 80% of resident compliance. Questions or concerns with the data reported should be brought to the immediate attention of the GME Office to ensure any reporting errors are addressed in a timely manner.
- E. **Reporting Concerns:** Residents, Coordinators and Faculty are encouraged to contact the GME Office anonymously or confidentially to report work hour violations through the GME Report, a concern form.
- F. **Patient's Best Interest:** Residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider (CPR 6.12).

Duty Hours Check Periods and Averaging

Through a clarification in the ACGME standards, a resident's duty hours must be checked according to the length of the rotation they're scheduled on. This is particularly important for the rules that require an average over a four-week period (80 Hour Rule, Day Off Rule, and Call Rule). What if the rotation is a month long? What if it is a longer rotation? Or a shorter rotation? Below are examples.

1) Rotations **shorter than 28 days will be pro-rated up to a 28-day standard.**

Number of Days in a Rotation	Max Hours Allowed @ 80 hours	Max Hours Allowed @ 88 hours	Max Calls Allowed (Rounded)	Number of Days Off Required
1	11	13	1	0
2	23	25	1	0
3	34	38	1	0
4	46	50	1	1
5	57	63	2	1
6	69	75	2	1
7	80	88	2	1
8	91	101	3	1
9	103	113	3	1
10	114	126	3	2
11	126	138	4	2
12	137	151	4	2
13	149	163	4	2
14	160	176	5	2
15	171	189	5	2
16	183	201	5	2
17	194	214	6	2
18	206	226	6	3
19	217	239	6	3
20	229	251	7	3
21	240	264	7	3
22	251	277	7	3
23	263	289	8	3
24	274	302	8	3

25	286	314	8	4
26	297	327	9	4
27	309	339	9	4
28	320	352	9	4

- 2) Monthly Rotations: **Rotations which are more than 28 days, up to 31 days will be prorated:**

Number of Days in a Rotation	Max Hours Allowed @ 80 hours	Max Hours Allowed @ 88 hours	Max Calls Allowed	Number of Days Off Required
29	331	365	10	4
30	343	377	10	4
31	354	390	10	4

- 3) Rotations that are **longer than 31 days**: We will check consecutive 28-day periods for averaging. If the last check period contains less than 28 days, we will check the last 28 days of that rotation.

Example: A resident is scheduled on their rotation from August 1 to September 30. This represents a rotation that is 61 days long. These are the steps the software takes to check four-week periods:

Step 1: Check days August 1 – August 28 (28 days)

Step 2: Check days August 29 – September 25 (28 days)

Step 3: Check days September 3 – September 30 (28 days)

First Check Period:

August							September						
	1	2	3	4	5	6				1	2	3	
7	8	9	10	11	12	13	4	5	6	7	8	9	10
14	15	16	17	18	19	20	11	12	13	14	15	16	17
21	22	23	24	25	26	27	18	19	20	21	22	23	24
28	29	30	31				25	26	27	28	29	30	

Second Check Period:

August							September						
	1	2	3	4	5	6				1	2	3	
7	8	9	10	11	12	13	4	5	6	7	8	9	10
14	15	16	17	18	19	20	11	12	13	14	15	16	17

21	22	23	24	25	26	27	18	19	20	21	22	23	24
28	29	30	31				25	26	27	28	29	30	

Third Check Period:

August							September						
	1	2	3	4	5	6					1	2	3
7	8	9	10	11	12	13	4	5	6	7	8	9	10
14	15	16	17	18	19	20	11	12	13	14	15	16	17
21	22	23	24	25	26	27	18	19	20	21	22	23	24
28	29	30	31				25	26	27	28	29	30	