

Title: Resident Clinical and Educational Work Hours

Reference: ACGME Common Program Requirements (CPR) Section VI – The Learning and Working Environment

Purpose:

This policy delineates the clinical experience and education work hour limitations for residents and fellows (“residents”) training in Accreditation Council for Graduate Medical Education (ACGME) accredited residency and fellowship programs at the University of Texas Rio Grande Valley School of Medicine (UTRGV).

Definitions:

Clinical & Educational Work Hours- All clinical and academic activities related to the program.

- Patient Care:
 - Inpatient and outpatient care occurring at the hospital or while at home
 - Administrative duties related to patient care occurring at the hospital or while at home
 - Electronic Medical Record (EMR) note writing, preparation of discharge summaries, phone calls related to patient care, while at home or at the hospital
 - The provision for transfer of patient care / sign-outs
 - Time spent in-house during call activities
- Education and Academic:
 - Scheduled academic activities such as conferences or unique educational events
 - Research
 - 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). Only actual meeting time counts towards work hours.
 - 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 in interviewing residency/fellowship candidates.
- Activities excluded from work hour reporting:
 - Academic preparation time, such as time spent preparing for presentations, journal club, board review, or other reading and study time.
 - Travel and non-conference time when at a regional/national conference/meeting.
 - Time spent at regional/national conferences/meetings when attendance at the meeting is NOT required by the program.

Policy:

This policy applies to all UTRGV-sponsored ACGME residency and fellowship programs in all clinical learning environments.

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. Learning objectives of the program should not be compromised by excessive reliance on residents to fulfill service obligations. Each program is required to use the clinical and educational work hour module in New Innovations to monitor compliance with institutional, common, and specialty specific program requirements. The Graduate Medical Education Committee (GMEC) will review work hour reports to ensure compliance with requirements as well as address issues as needed.

Procedures:

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 VI.F). All must adhere to the following:

1. Maximum Hours of Clinical and Educational Work per Week
 - a. Clinical and educational work must be limited to no more than 80 hours per week, averaged over 28 days or the length of the rotation block, whichever is shorter.
 - b. Rotations shorter than 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 New Innovations.
2. Mandatory Time Free of Clinical Work and Education
 - 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).
 - i. At-home call cannot be assigned on these free days.
 - ii. 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.
 - b. Residents should have eight hours off between scheduled clinical work and education periods.
 - 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.
 - c. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
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.
 - 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.
 - i. Additional patient care responsibilities must not be assigned to a resident during this time.
4. Moonlighting
 - a. Internal and External Moonlighting must be counted towards 80-hour maximum.

- b. Postgraduate year (PGY) 1 residents CANNOT moonlight. Please see the [Moonlighting Policy](#).
5. In-House Night Float: Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
6. 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).
7. At-Home Call: At home call (pager call) is call taken from outside the assigned institution. While scheduled for at-home call, a resident may return to the hospital to provide direct patient care for new or established patients. Home call is only appropriate if the service intensity and frequency of being called in is low.
 - a. Frequency: The frequency of at-home call is not subject to the every third night limitation
 - i. At-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
 - ii. Residents taking at-home call must be provided with one-day-in-seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
8. Clinical and Educational Work Hour Exceptions
 - 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.

These additional hours of care or education will be counted toward the 80-hour weekly limit.
9. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled within work hours (CPR VI.C.1.d).(1)).
10. Programs must pay attention to scheduling, work intensity, and work compression that impacts resident well-being (CPR VI.C.1.b)).
11. 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 VI.B.5).
12. Residents are responsible for accurately reporting hours, including all time spent in internal and external moonlighting, per program requirements. All hours for a month should be logged by the 7th day of the following month.

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 averaging 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?

Here is how we do the math for the rules that average:

Rotations shorter than 28 days: 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

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

- 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 from 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	