

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Clinical and Educational Work Hours**Policy Number:** 950-09-009

Responsible Officer:	Associate Dean for Graduate Medical Education
Responsible Office:	Graduate Medical Education
Origination Date:	03/16/11
Date of Revision:	04/14/2021
Scope:	The Graduate Medical Education Committee endorses and adheres to the Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements (Section VI.F., effective July 1, 2020).

I. Policy Summary

- A.** The UC Riverside School of Medicine, is committed to providing residents and fellows with optimal educational and clinical experiences, as well as a variety of strategies and opportunities for adequate rest and the promotion of personal well-being.
- B.** Each ACGME-accredited training program must have a program-level policy on clinical experience and education, which references the ACGME Common Program Requirements and the UC Riverside Graduate Medical Education institutional policies, and formally states that it endorses and adheres to these policies.
- C.** Programs are responsible for ensuring that residents are provided with manageable workloads which can be accomplished during scheduled work hours. This includes ensuring that a resident's assigned direct patient load is reasonable, that residents have appropriate support from their clinical teams, and that residents are not overburdened with clerical work and/or other non-physician duties.
- D.** Time spent on clinical experiences and education must be continuously documented in
- E.** New Innovations (effective July 1, 20221-MedHub) with internal weekly audits performed by all training programs.

II. Definitions

- A. At-Home Call:** A call taken from outside the assigned site. Time in the hospital, exclusive of Travel time counts against the 80 hour per week limit (averaged over four weeks) but does not re-start the clock for time off between scheduled in-house responsibilities. At Home Call may not be scheduled on the resident's one free day per week (averaged over four weeks).
- B. In-House Call:** Clinical experiences beyond the normal workday when residents are required to be immediately available in the assigned institution.
- C. Clinical Experience and Education:** All clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent on in-house call, and other scheduled activities, such as

conferences. This term replaces the terms “duty hours,” “duty periods,” and “duty.” (Reading done in preparation for the following day’s cases, studying, and research done from home do not count toward the 80 hour/week average limit).

- D. Resident:** Any physician in an ACGME-accredited graduate medical education program, including interns, residents, and fellows.

III. Responsibilities

It is the program leadership’s responsibility to:

- A.** Require residents to log hours in real time to optimize accurate recall. Through regular monitoring and tracking, programs must ensure 100% resident logging compliance.
- B.** Promote a culture that is supportive of each resident’s well-being and a learning environment in which residents are comfortable providing timely, accurate, and honest documentation of work hours.
- C.** Remind residents that timely and accurate documentation of clinical work and education hours is an integral part of the expectation for competency in the domain of professionalism.
- D.** Set an alert in New Innovations (effective July 1, 2021-MedHub) so that the Program Director and/or Program Coordinator are immediately notified of any work hour violations.
- E.** Perform weekly audits with a report showing resident logging compliance and number/type of violations. Program Directors must adjust schedules immediately to eliminate any risk of a work hour violation.
- F.** Immediately investigate any violations of the clinical experience and work policy. Identify trends and determine root causes with subsequent development of a corrective action plan to minimize chances of recurrences.
- G.** Establish a culture of zero tolerance for any actions or statements that may be interpreted as retaliatory.

If there is an ACGME work hour citation, low ACGME work hour survey compliance rates (<90%) or any other indicators of non-compliance with the ACGME or the UCR GME work hour policies, then the UCR Graduate Medical Education Committee (GMEC) will require the program to provide quarterly reports of work hour data. This report will include compliance rate of resident logging, number/type of work hour violations for each month, names of the rotations at high risk for work hour violations, and updates on corrective action plans. In addition, these programs must:

- A.** Establish a task force, composed of residents and faculty, to monitor resident logging compliance and number/type of violations, identify concerning trends, formulate corrective action plan, and track metrics to ensure efficacy of interventions. This task force must meet at least monthly for a minimum of 3 months. Once an effective action plan has been established, this task force may decrease the frequency of meetings to once per quarter at the discretion of GMEC.

- B.** On a monthly basis, present aggregated and de-identified work hour data to residents, faculty, and the Department Chair with an opportunity for residents to provide feedback. Resident feedback and faculty engagement are both critical to ensuring compliance with work hour rules.
- C.** Establish a program-level anonymous online feedback form so residents may comfortably report concerns about work hours, supervision, or any other work-related issue.

The office of Graduate Medical Education (including the DIO) gets notified from new innovations (effective July 1, 2021 Med hub) if there is an educational and/or work hour violation by a resident/fellow. The GME office immediately sends a notification to the program/fellowship director for a response to the violation. The response must include the circumstances in which it occurred and measures taken by the program to prevent it from happening in the future. The violation and the response are presented to the GMEC for its review.

The Office of Graduate Medical Education will perform quarterly audits (if repeated non-compliance with the policy) for any program about the clinical experiences and education time documented in New Innovations (effective July 1, 2021-MedHub) to ensure compliance with this institutional policy.

The Graduate Medical Education Committee will review and determine appropriate actions for each program on a quarterly basis if programs are found in repeated dereliction of the policy. A special review may be initiated if a program is identified to be non-compliant with this institutional policy.

IV. Procedures

A. Clinical Experience and Education – Work Hour Limitations

1. Clinical experiences and educational endeavors must be limited to no more than eighty 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.
2. 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 eighty-hour and the one-day-off-in-seven requirements.
3. Residents must have at least fourteen hours free of clinical work and education after twenty-four hours of in-house call.
4. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day off is defined in the ACGME Glossary of Terms as one continuous 24-hour period free from all clinical, educational, and administrative duties. At-home call cannot be assigned on these free days.
5. Adequate time for rest and personal activities must be provided. This should consist of a ten-hour time period provided between all daily duty periods and after in-house call.

6. Clinical and educational work periods for residents must not exceed twenty-four 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.
7. The UCR Graduate Medical Education Committee and the ACGME Review Committees will strictly monitor and enforce compliance with the above requirements. Where violations of these requirements are identified, programs will be subject to citation and at risk for an adverse accreditation action.

B. Well-Being and Fatigue Mitigation

Each program is responsible for the following:

1. Education of all faculty members and residents to recognize the signs of fatigue and sleep deprivation and receive training on alertness management and fatigue mitigation processes.
2. Encouragement of residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.
3. Assurance that both faculty and housestaff are aware of procedure to ensure continuity of patient care, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue, sickness or a family emergency.
4. Access to adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home. The UCR Office of Graduate Medical Education ensures that their affiliate sites provide safe, private sleep rooms and the program to provide transportation reimbursement, if required.
5. Provision of educational opportunities, as well as reasonable opportunities for rest and personal wellbeing.

C. Moonlighting

1. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.
2. Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.
3. Please see Moonlighting policy for further details.

D. In-House Night Float

1. Night float must occur within the context of the 80-hour and one-day-off- in-seven requirements.
2. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the specialty Review Committee.

E. Maximum In-House On-Call Frequency

1. Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

F. At-Home Call

1. 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.
2. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
3. 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, averaged over four weeks.

G. Clinical Work Done from Home

1. Only the time residents devote to patient care activities, such as completing electronic health records and taking calls related to their patients, counts towards the eighty-hour maximum.
2. Reading done in preparation for the following day's cases, studying and research done from home do not count toward the eighty hours.

V. Forms/Instructions

N/A

VI. Related Information

ACGME Work Hour guidelines

<https://www.acgme.org/Program-Directors-and-Coordinators/Welcome/Program-Directors-Guide-to-the-Common-Program-Requirements>

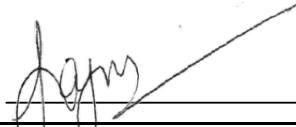
VII. Revision History

03/16/2011

04/14/2021

Approvals:

GRADUATE MEDICAL EDUCATION COMMITTEE (04/14/2021)



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