

POLICY FOR CLINICAL AND EDUCATIONAL WORK HOURS

Applies to: All graduate medical education (GME) residency or fellowship programs, regardless of accrediting body or status.

Note: The term 'resident' in Carolinas Medical Center Graduate Medical Education Policies refers to both specialty residents and subspecialty fellows regardless of accreditation status.

Policy Statement: The Graduate Medical Education Committee (GMEC) and the Sponsoring Institution must oversee resident/fellow clinical and educational work hours, consistent with the Common and specialty specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner; systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows and an educational program for residents/fellows and faculty members in fatigue mitigation (ACGME Institutional Requirements III.B.5).

- I. **Clinical Experience and Education**
Programs, in collaboration with the Department of Graduate Medical Education must design an effective program structure that is configured to provide residents with excellent educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.
- II. **Maximum Hours of Clinical and Educational Work per Week**
Clinical and educational 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 required educational activities, clinical work done from home, and all moonlighting. Reading done in preparation for the following days cases, studying, and research done from home do not count toward the 80-hour maximum.
- III. **Mandatory Time Free of Clinical Work and Education**
 - a. Residents should have eight hours off between scheduled clinical work and education periods.
 - i. 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.
 - b. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
 - c. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.
- IV. **Maximum Clinical Work and Education Period Length**
 - a. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
 - i. 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.
 - ii. Additional patient care responsibilities must not be assigned to a resident during this time.
- V. **Clinical and Educational Work Hour Exceptions**
 - a. 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 in the following circumstances:


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- to continue to provide care to a single severely ill or unstable patient; 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.
- b. A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.
 - c. For non-ACGME programs, exceptions must be discussed with the DIO and the GME Office.
 - d. 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.
 - e. Prior to submitting the request to the Review Committee, the program director must obtain approval from the Sponsoring Institution's GMEC and DIO.
- VI. Moonlighting**
- a. PGY-1 residents are not permitted to moonlight.
 - b. 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.
 - c. Time spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit.
 - d. Moonlighting must be approved each academic year per the Moonlighting policy.
- VII. In-House Night Float**
- a. Night float must occur within the context of the 80-hour and one-day-off in-seven requirements.
 - b. In some cases, 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 Review Committee. Programs must follow these RC requirements.
- VIII. Maximum In-House On-Call Frequency**
- a. Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
- IX. At-Home Call**
- a. 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.
 - i. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 - ii. 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 80-hour maximum.
 - b. 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.
- X. Fatigue Mitigation**
- a. Programs must educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation; educate all faculty members and residents in alertness management and fatigue mitigation processes; and encourage residents to use fatigue

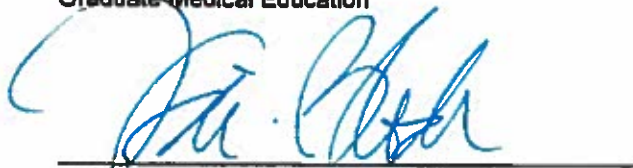
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mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

- XI. Reporting and Monitoring Clinical Work and Educational Time (applies to all programs)**
- a. Residents and Fellows are required to accurate reporting of clinical and educational work hours. Hours must be submitted in MedHub each week.
 - b. Timely submission of hours as well as compliance with the requirements will be monitored by the individual programs. **NOTE: MedHub will automatically lock out resident/fellow every two weeks.**
 - c. Program directors are responsible for reviewing issues with noncompliance of clinical and educational work hour requirements. The Program Director will develop a plan for addressing the noncompliance issue and the GME Office will monitor it monthly until the issue is satisfactorily resolved and resolution maintained. If there is a pattern of noncompliance with reporting, that concern is also addressed with the specific Program Director and compliance is monitored more frequently until successful resolution.
 - d. The GMEC will review quarterly reports of work hours and provided details on all violations. Both compliance with requirements and compliance with reporting requirements will be reported.


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5/17/2023
Date


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05/17/2023
Date

Created: 7/01/2003
Reviewed: 10/04, 1/07, 8/07, 9/08, 2/12, 8/17, 8/18, 8/19
Revised: 9/08, 2/12, 10/14, 8/17, 8/18, 8/19, 8/22