

*GMEC approved April 18, 2024*

## **Clinical and Educational Work Hours (IV.K)**

**Background:** Formerly Resident Duty Hours

**ACGME Institutional Requirements (IV.K)** Clinical and Educational Work Hours: The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. (Core)

III.B.5.a) The Sponsoring Institution must oversee:

(1) resident/fellow clinical and educational work hours, consistent with the Common and specialty/subspecialty specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner. (Core)

### **Procedures:**

1. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period.
  - a. In rare circumstances, after handing off all other responsibilities, a Resident, on his/her own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. These additional hours of care or education must be counted toward the 80-hour weekly limit.
  - b. Times spent by Residents in internal and external moonlighting must be counted toward the 80-hour limit.
  - c. Night float must occur within the context of the 80-hour limit.
  - d. Time spent on patient care activities by Residents on at-home call must count toward the 80-hour limit, including any hours that the Resident returns to the hospital to care for patients.
2. Residents shall be provided with eight hours off between scheduled clinical work and education periods.
3. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
4. Residents must be scheduled for a minimum of one day off within every seven days (when averaged over a four-week period) of clinical work and required education.
  - a. At-home call cannot be assigned on these free days.
  - b. Night float must accommodate this requirement.
5. Clinical and educational work for Residents must not exceed 24 hours of continuous scheduled clinical assignments.
  - a. 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.



- b. Additional patient care responsibilities and care of new patients must not be assigned to a Resident during this time.
  - c. Residents who extend their hours beyond 24 hours must be assessed for fatigue and supervision provided.
6. 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.
7. Moonlighting must not interfere with the ability of the Resident to achieve the goals and objectives of the Program and must not interfere with the Resident's fitness for work nor compromise patient safety.
  - a. Programs must have their own policies regarding allowance of moonlighting and eligibility.
  - b. Programs are responsible for monitoring moonlighting hours for compliance with duty hours.
8. Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
9. 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 a four-week period.
  - a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident.
  - b. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients.
10. The Program must design an effective structure that provides Residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
11. The 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.
  - a. Prior to submitting such a request to the Review Committee, the Program Director must obtain approval from the GMEC and DIO (such a request will only be heard at GMEC's scheduled meetings).
  - b. In preparing a request for an exception, the Program Director must follow the clinical and education work hour exception policy from the ACGME Manual of Policies and Procedures.
  - c. Such requests are not encouraged and shall only be considered with a strong educational rationale that is in the best interest of the Resident.

### **Responsibilities:**

1. Residents
  - a. Residents are expected to report their work hours in an honest, accurate, and timely manner when requested.
  - b. Residents shall recognize fatigue in themselves and responsibly manage that fatigue through the use of fatigue mitigation processes and/or asking for back-up.



- c. Residents must manage their personal and professional lives in a manner that allows for optimal performance at all times of direct patient care.
  - d. It is essential that Residents are aware of work hour requirements for their specialty and notify their supervisor and Program Director (PD) before a violation occurs so it can be avoided.
  - e. Residents must notify their supervisor and PD if they are unable to perform their patient care responsibilities due to excessive fatigue, illness, or family emergency.
  - f. Residents should discuss concerns about fatigue in another Resident with the Resident, supervisor, and/or Program Director
2. Faculty
    - a. Faculty are expected to maintain a learning environment that supports adherence to all work hours requirements for the Program and this policy.
    - b. Faculty must fulfill all Program requirements for faculty education in fatigue recognition and management.
    - c. Faculty must recognize fatigue in themselves and others and responsibly manage that fatigue through the use of fatigue mitigation processes or back-up systems.
3. Program Directors (PD)
    - a. PDs must make education available to Residents and faculty on their professional responsibilities to come to work fit for duty, to recognize signs of fatigue, to know strategies for fatigue mitigation, and to know the work hour expectations of UMKC SOM and the Program.
    - b. PDs must develop Resident schedules to allow the Resident to adhere to work hour expectations and be excused from patient care due to fatigue, illness, or family emergency.
    - c. If Residents need to be excused from scheduled clinical work, the Program must have policies that allow residents to be relieved from duty without fear of negative consequences.
    - d. PDs must monitor work hours of Residents and immediately implement changes that comply with work hour requirements if any issue comes to the PD's attention.
    - e. Monitoring of work hours may include review of Resident annual surveys, anonymous GME Resident quarterly work hour survey results review, reviews of New Innovations work hours entered by Residents, and Program internal work hour surveys.
4. GMEC
    - a. GMEC must oversee all aspects of work hours management for all Programs including, but not limited to, each Program's processes, education, monitoring, and requirement adherence.
    - b. GMEC will monitor compliance in a number of ways, including activities such as review of Resident/faculty annual surveys, Programs' Annual Program Evaluations, Clinical Learning Environment Review (CLER) site visit data, anonymous GME Resident quarterly work hour survey results, Ombudsman reporting, and House Staff Council concerns.
    - c. Any Program found to have issues with compliance of work hours will be closely monitored and required to initiate procedural changes to ensure compliance.



References:

[https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency\\_2023.pdf](https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2023.pdf)

**Administered By:**

A handwritten signature in black ink that reads "Phil Byrne". The signature is written in a cursive, flowing style.

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