

CLINICAL EXPERIENCE & EDUCATIONAL WORK HOURS
(“DUTY HOURS”)**Resident Clinical and Educational Work Hours in the Learning and Working Environment**

Clinical and educational work hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative work related to patient care, the provision for transfer of patient care, time spent in-house during call activities, moonlighting (internal and external), and scheduled academic activities such as conferences. Clinical and educational work hours do not include reading and preparation time spent away from the work site. Graduate medical education (GME) clinical and educational work hour standards incorporate the concept of graded and progressive Resident responsibility leading to the unsupervised practice of medicine.

Clinical and Educational Work Hours Oversight

Clinical and educational work hour compliance is a collective responsibility of GME leadership, Faculty, and Residents. Each program is required to use the Duty Hour Module in New Innovations to monitor compliance with ACGME requirements, particularly in accordance with the revised Common Program Requirements (Section VI), effective July 1, 2017. Program Directors must monitor Resident clinical and educational work hours and adjust Resident schedules as needed to mitigate excessive service demands and/or fatigue and to prevent negative effects of clinical and educational work hours on learning and patient care. This includes monitoring the need for and ensuring the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged. Residents and Faculty have a personal role and professional responsibility in the honest and accurate reporting of Resident clinical and educational work hours. Duty Hour logs reported in New Innovations must accurately and truthfully reflect hours counted as part of the clinical and educational work hours reported and documented. Failure to report truthful information about duty hours is a violation of ethical and professional standards and may impact a Resident’s evaluations and recommendations.

Clinical and educational work hour reports will be submitted by all our GME programs as requested by the GME Department with a frequency to ensure compliance with requirements. Reports will be reviewed by the GMEC and compliance issues addressed as needed.

Clinical Experience and Educational Standards

Each ACGME-accredited training program is required to establish a formal written policy governing Resident clinical experience and educational work hours. The policy at a minimum must document that the standards stipulated in the 2017 Common Program Requirements Section VI regarding “The Learning and Working Environment” and “Clinical Experience and Educational Work Activities” are met. These standards reflect the need for programs to design schedules and clinical assignments to match Residents’ levels of training and competencies in order to improve education and patient safety. Individual program policies may have additional specialty specific clinical and educational work hour restrictions. Each program must distribute its program policy and procedures annually to its Residents and Faculty.

The UT College of Medicine Chattanooga and our GME programs must design effective program structures that are configured to provide Residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

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 call clinical and educational activities, clinical work done from home, and all moonlighting.

Mandatory Time Free of Clinical Work and Education

The program must design an effective program structure that is configured to provide Residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

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 80-hour and the one-day-off-in-seven requirements.

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

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.

Clinical Work and Education Period Length

Clinical and educational work periods for Residents must not exceed 24 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.

Clinical and Educational Work Hour Exceptions

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 family; or,
- to attend unique educational events.

These additional hours of care or education will be counted toward the 80-hour weekly limit.

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.

In preparing a request for an exception, the Program Director must follow the duty clinical and educational work hour exception policy from the *ACGME Manual of Policies and Procedures*.

The UT College of Medicine Chattanooga GMEC and Designated Institutional Official (DIO) must grant approval for any program's exception request prior to submitting the request to the Review Committee.

In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

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.

Maximum In-House On-Call Frequency

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

Home Call

Time spent on patient care activities by Residents on at-home call must count toward the 80-hour maximum weekly hour 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.

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident.

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 maximum weekly limit.

Moonlighting

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.

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.

PGY-1 Residents are not permitted to moonlight.

Residents on J-1 visas cannot moonlight, nor can Residents on H-1B visas moonlight under their University of Tennessee sponsorship. Individual programs may have additional moonlighting restrictions and will distribute their program policy and procedures to Residents and Faculty.

Moonlighting is strongly discouraged and must be approved in advance by the Program Director. Before seeking permission to moonlight, Residents should closely review the UT College of Medicine Chattanooga GME Policy on Moonlighting.

Residents should not participate in moonlighting if it will violate the GME policy that Residents should have eight hours of time off from duty before participating in moonlighting activities and before returning to duty after moonlighting.

If written approval for a moonlighting activity is received from the Program Director, the Resident must enter in New Innovations all time spent in Internal and External Moonlighting including any voluntary, compensated, medically-related work performed inside (not related with training requirements) or outside the institution where the Resident is in training or at any of its related participating sites.

Professionalism, Personal Responsibility, Patient Safety and Quality Improvement

Residents and Faculty must be educated concerning the professional responsibilities of physicians, including their obligation to appear for duty be appropriately rested and fit to provide the care required by their patients. The GME program must be committed to and responsible for promoting patient safety and Resident well-being in a supportive educational environment. The Program Director must ensure that Residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

The learning objectives of the program must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; accomplished without excessive reliance on Residents to fulfill non-physician obligations; and, ensure manageable patient care responsibilities.

The UT College of Medicine Chattanooga and its Program Directors must provide a culture of professionalism that supports patient safety and personal responsibility. Residents and Faculty must demonstrate an understanding and acceptance of their personal role in the following:

- provision of patient- and family-centered care;
- safety and welfare of patients entrusted to their care; including the ability to report unsafe conditions and adverse events;
- assurance of their fitness for work
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, and substance abuse, in themselves, their peers, and other members of the health care team;
- commitment to lifelong learning;
- monitoring of their patient care performance improvement indicators; and,
- accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data.

All Residents and Faculty 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.

The UT College of Medicine Chattanooga and its GME programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, Residents, Faculty, and staff. The institution and its GME programs should have a process for education of Residents and Faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns.

*The term “Resident” refers to both Resident and Fellow trainees.

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