

<b>Policy Title</b>	<b>Clinical and Educational Work Hours</b>
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POLICY	
<b>PURPOSE</b>	<p>The purpose of this policy is to support the physical and emotional well-being of residents and fellows in MHS-sponsored postgraduate training programs. These procedures have been developed to monitor Trainees’ (as defined below) clinical and educational work hours for compliance with the ACGME Common Program and Institutional Requirements. In delineating appropriate Trainee clinical and educational work hours, the educational goals of the training program and the learning objectives of Trainees shall not be compromised by excessive reliance on them to fulfill clinical service obligations. Didactic and clinical education must have priority in the allotment of Trainee time and energy. However, clinical and educational work hours shall reflect that responsibilities for continuing patient care are not automatically discharged at specific times. The structuring of clinical and educational work hours and on-call schedules shall focus on the needs of the patient, continuity of care and the educational needs of the Trainee. The below policy is taken from the ACGME Common Program Requirements but Programs must also follow any specialty specific duty hour rules should such exist.</p>
<b>SCOPE</b>	<p>The policy applies to all MHS-sponsored GME residency and fellowship training programs, both accredited and non-accredited. The term "Trainee" refers to all medical graduate trainees (residents and fellows) in all postgraduate GME training programs sponsored by MHS.</p> <p><i>Note:</i> In addition to being subject to specific policies and procedures required by all applicable accrediting bodies, Trainees are also subject to policies and procedures applicable to MHS employees generally and enjoy those benefits of employment applicable to MHS employees of comparable classification.</p>
<b>ACRONYMS</b>	<p>ACGME — Accreditation Council for Graduate Medical Education            CAO — Chief Academic Officer            CMO (H) – Chief Medical Officer of individual hospitals in MHS            CMO (S) –Chief Medical Officer of MHS            CPME – Council on Podiatric Medicine            DIO — Designated Institutional Official            GME – Graduate Medical Education            GMEC — Graduate Medical Education Committee            MHS — Memorial Healthcare System            OAA – Office of Academic Affairs            PD — Program Director            RMS – Residency Management System (ie. MedHub)            RRC — Resident Review Committee</p>
<b>DEFINITIONS</b>	<p><b>At-Home Call</b> - Same as pager call. Call taken from outside the assigned site. Clinical work done while on at-home call, including time spent in the hospital and work done at home, such as taking calls or entering notes in an electronic health record (EHR), counts against the 80-hour-per- week limit but does not restart the clock for time off between scheduled in-house clinical and educational work periods. The remaining time, free of clinical work, does not</p>

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count. At-home call may not be scheduled on a Trainee’s one free day per week (averaged over four weeks).

**Clinical and Educational Work Hours**—All clinical and academic activities related to the program: patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. These hours do not include reading, studying, research done from home, and preparation for future cases.

**Fatigue Mitigation** – Methods and strategies for learning to recognize and manage fatigue to support physician/caregiver well-being and safe patient care (e.g., strategic napping; judicious use of caffeine; availability of other caregivers; time management to maximize sleep off-duty; learning to recognize the signs of fatigue, and self-monitoring performance and/or asking others to monitor performance; remaining active to promote alertness; maintaining a healthy diet; using relaxation techniques to fall asleep; maintaining a consistent sleep routine; exercising regularly; increasing sleep time before and after call; and ensuring sufficient sleep recovery periods).

**In-House Call** - Clinical and educational work hours, beyond the scheduled workday, when Trainees are required to be immediately available within an assigned site, as needed, for clinical responsibilities. In-house call does not include night float, being on call from home, or regularly scheduled overnight duties.

**Moonlighting** - Voluntary, compensated, medically-related work performed beyond a Trainee’s clinical experience and education hours and additional to the work required for successful completion of the program.

- **Internal Moonlighting** – Voluntary, compensated, medically-related work performed within the site where the Trainee is in training or at any of its related participating sites.
- **External Moonlighting** – Voluntary, compensated, medically-related work performed outside of the site where the Trainee is in training or at any of its related participating sites.

**Night Float** - A rotation or other structured educational experience designed either to eliminate in-house call or to assist other Trainees during the night. Trainees assigned to night float are assigned on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. Such a rotation must have an educational focus.

**One Day Off** -One continuous 24-hour period free from all administrative, clinical, and educational activities.

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<b>PROCEDURES</b>	<p>1. <u>MAXIMUM HOURS OF CLINICAL AND EDUCATIONAL WORK PER WEEK</u> Clinical and educational work hours <b>must</b> be limited to no more than <b>80 hours per week</b>, averaged over a four-week period, inclusive of all in house clinical and educational activities, clinical work done from home, and all moonlighting.</p> <p>2. <u>MANDATORY TIME FREE OF CLINICAL WORK AND EDUCATION</u> The program must design an effective program structure that is configured to provide Trainees with educational opportunities, as well as reasonable opportunities for rest and personal well-being.</p> <p>Trainees <b>should</b> have <b>eight hours off between</b> scheduled clinical work and education periods. There may be circumstances when Trainees 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 <b>must</b> occur within the context of the 80- hour and the one-day-off-in-seven (when averaged over four weeks) requirements.</p> <p>Trainees <b>must</b> have at least <b>14 hours free of clinical work and education after 24 hours of in-house call</b>.</p> <p>Trainees <b>must</b> be scheduled for a minimum of <b>one day in seven</b> free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.</p> <p>3. <u>MAXIMUM CLINICAL WORK AND EDUCATION PERIOD LENGTH</u> Clinical and educational work periods for Trainees <b>must not exceed 24 hours of continuous scheduled</b> clinical assignments.</p> <p>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 Trainee education.</p> <p>Additional patient care responsibilities <b>must not</b> be assigned to a Trainee during this time.</p> <p>4. <u>CLINICAL AND EDUCATIONAL WORK HOUR EXCEPTIONS</u> In rare circumstances, after handing off all other responsibilities, a Trainee, on their 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.</p> <p>These additional hours of care or education will be counted toward the 80-hour weekly limit.</p> <p>5. <u>MOONLIGHTING</u> Moonlighting is permitted at the discretion of the residency/fellowship training program. All Trainees participating in Moonlighting must first obtain written approval by their Program Director and/or Administrative Director of GME prior to undertaking such activity. Moonlighting must not interfere with the ability of the Trainee to achieve the goals and</p>
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objectives of the educational program and must not interfere with the Trainee’s fitness for work nor compromise clinical performance or patient safety. Moonlighting is not a requirement of any GME Program at Memorial.

All Moonlighting activities (Internal and External) must be counted towards the 80-hour weekly limit on clinical and educational work (defined by the ACGME as 80 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. CPR VI.F.1).

PGY-1 Residents are not permitted to moonlight.

Trainees on a J-1 visa are expressly prohibited from Moonlighting or engaging in any work outside of their approved program of graduate medical education.

All requests for Moonlighting must be reviewed and approved by the MHS Office of Compliance.

All approvals for Moonlighting shall remain in force for the academic year unless otherwise terminated by the Program Director and/or Administrative Director of GME. Moonlighting requests must be re-evaluated on an annual basis and approved in writing before the Trainee may undertake the Moonlighting activities each academic year.

It is the Trainee’s sole responsibility to ensure that the Program Director and/or Administrative Director of GME is informed of all changes in Moonlighting activities throughout the academic year.

It is the sole responsibility of the Trainee to ensure that they are fully licensed to support any and all Moonlighting activities. Approval of Moonlighting activities by Memorial does not constitute Memorial’s endorsement that the Trainee has the appropriate license for the Moonlighting activities.

- Residents who Moonlight Internally must do so under their Physician-in-training license. Residents who Moonlight Externally must meet the credentialing/licensure requirements of the hosting institution.
- Fellows who Moonlight Internally must meet all the qualifications and requirements for membership under Memorial’s Medical Staff. Fellows who Moonlight Externally must meet the credentialing/licensure requirements of the hosting institution.

Trainees are not permitted to Moonlight under a training DEA # provided by Memorial.

Trainees who Moonlight as an employee of Memorial will be covered for professional liability insurance in accordance with the GME Policy on Professional Liability and Insurance, so long as they are acting within their level of training and within their scope of employment.

Trainees who Moonlight outside of employment at Memorial are not covered under Memorial’s program of self-insurance and shall not be entitled to Memorial’s protection of

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sovereign immunity pursuant to Section 768.28, Florida Statutes, for any activities related to such Moonlighting. Trainees who Moonlight outside of employment at Memorial are responsible for their own professional insurance.

The Trainee is responsible for disclosing all hours worked, including Internal and External Moonlighting hours in Medhub on a weekly basis. Trainees who are Moonlighting and are found to be in violation of the clinical work and educational hour rules or fail to report hours worked will be deemed to have voluntarily relinquished their Moonlighting approval and may be subject to other disciplinary action.

The Program Director is ultimately responsible for assuring that Moonlighting activities do not interfere with the ability of the Trainee to meet the goals, objectives, assigned duties and responsibilities of the GME program. They are expected to monitor all Moonlighting activities in their respective programs on an ongoing basis.

The Program Director or the Administrative Director of GME may prohibit, limit or revoke permission to Moonlight if, at any time, Moonlighting activities are seen as producing adverse effects on the Trainee’s performance in the Program or as they otherwise deem appropriate. Continuing to Moonlight after permission has been revoked may constitute grounds for disciplinary action, including dismissal from the GME program.

Trainees who Moonlight must remain in good standing with their GME program (*i.e.*, acceptable performance in all ACGME competencies and compliance with all Memorial standard practices and GME policies).

Trainees may not engage in Moonlighting during hours that are otherwise required by their training program.

Trainees may not accept employment or engage in other outside activity that may interfere with the performance of their clinical duties.

Trainees may not hold themselves out as employees of Memorial while engaging in Moonlighting activities, unless Trainee is a bona fide employee of Memorial and the moonlighting activity is within the scope of their employment at Memorial.

#### 6. 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.]

#### 7. NIGHT MEDICINE

For specialty programs that allow a night medicine experience, each individual residency program **must** follow the particular ACGME/RRC standards with regards to operationalizing night medicine for its Trainees.

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8. MAXIMUM IN-HOUSE ON-CALL FREQUENCY

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

9. AT-HOME CALL

Time spent on patient care activities by Trainees 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.

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

Trainees 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.

While it is not a comprehensive list, the following provides examples of activities that should be counted towards clinical and educational work hours:

- a. Patient care (inpatient and outpatient inclusive of call).
- b. Administrative duties related to patient care.
- c. Patient care transitions/handoffs.
- d. Scheduled didactic activities
- e. Research that is required by the program
- f. Time spent working on hospital committees.
- g. Time spent at regional or national conferences when attendance is required by the program; only actual meeting time is to be counted; travel and after hours activities are not to be counted.
- h. Moonlighting activities.

Study time, reading or preparing for conferences is NOT to be counted.

10. MONITORING COMPLIANCE AND MAKING ADJUSTMENTS

Programs must educate and distribute all clinical and educational work hour policies to its Trainees.

Programs must educate their trainees and faculty on clinical and educational work hour and fatigue management.

Programs must ensure that a back-up system is in place for Trainees should the clinical demands on any one Trainee become excessive.

Programs must adjust schedules as needed to ensure clinical and educational work hour

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	<p>compliance.</p> <p>Programs must ensure timely and consistent reporting of clinical and educational work hours in the RMS with investigation and counseling of Trainees as deemed necessary.</p> <p>In addition to monitoring clinical and educational work hours in the RMS on a consistent and regular basis, programs must communicate with Trainees about their work hours on a consistent and regular basis. In addition, programs should consider including clinical and educational work hour monitoring on rotational evaluations and semiannual evaluations with the Program Director.</p> <p>Program must report their “on paper” scheduled hours assigned for all major rotation in the annual program evaluation (APE) to the OAA.</p>
<b>REFERENCES</b>	<p>ACGME Institutional Requirements, effective July 2018</p> <p>ACGME Common Program Requirement, effective July 2020</p> <p>ACGME Program Specific Requirements – most recent as per RRC specialty</p> <p>ACGME Glossary of Terms, effective April 2020</p>
<b>ORIGINAL ISSUE DATE</b>	July 2017
<b>REVIEW/REVISION DATES</b>	July 2017, June 2020, December 2022
<b>POLICY OWNER</b>	<p>Office of Academic Affairs</p> <p>If any of the statements contained in this policy conflict with any verbal statements or agreements made by any representatives of MHS, then the statements contained in this policy shall control the outcome of any such conflict.</p> <p>Memorial reserves the right to modify this policy in whole or in part, at any time, at the discretion of the Healthcare System or as required by applicable law, regulation, or governing/accrediting body.</p> <p>Employees who have questions regarding information contained in this policy should contact the Office of Academic Affairs.</p> <p>This policy is intended to supplement standard MHS Human Resources (“HR”) policies. To the extent that this policy conflicts with any MHS HR policy, the standard HR policy shall govern and control.</p>