Memorial Hospital at Gulfport				
Policy/Procedure Title	Resident Clinical Environment and Educational Work Hours	**Manual Location**		GME
Policy/Procedure #	500.48	**Effective**		Page **1** of **6**
Department Generating Policy	Graduate Medical Education			
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Dept / Committee Approval (If Applicable)	Graduate Medical Education Committee	**Date/Title**		
Medical Staff Approval (If Applicable)		**Date/Title**		
Board Approval (If Applicable)		**Date/Title**		
Standard ACGME	VI.F.1, VI.F.2, VI.F.3, VI.F.4, VI.F.6, VI.F.7, VI.F.8, VI.D, III.B.5.a, III.B.3, VI.E.3			

Purpose

Memorial Hospital at Gulfport policy is that resident physician duty hours will be in compliance with the guidelines established by the Accreditation Council for Graduate Medical Education (ACGME). Individual specialty Review Committees' may impose stricter duty hour restrictions in their program requirements. Each program's leadership should be familiar and fully comply with these requirements.

This policy addresses the ***ACGME Institutional Requirement III.B.5 Clinical Experience and Education.*** **The Sponsoring Institution must oversee:** a) 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; b) systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellow; and c) an educational program for residents/fellows and core faculty in fatigue mitigation.

Definitions

Clinical and Education work hours are defined as all clinical and academic activities related to the residency/fellowship program. This includes inpatient and outpatient clinical care, in-house call, short call, night float, and day float, transfer of patient care, and administrative activities related to patient care, such as completing medical records, ordering and reviewing lab tests, and signing orders. **Fatigue management**: recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.

Supervising Physician: is a physician, either faculty member or more senior resident, designated by the program director as the supervisor of a junior resident. Such designation must be based on the demonstrated medical and supervisory capabilities of the physician.

Policy

It is recognized that excessive numbers of hours worked by intern, resident and fellow physicians can lead to errors in judgement and clinical decision-making. This can have an impact on patient safety through medical errors, as well as the safety through medical errors, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness related complications. There will be a high degree of sensitivity to the physical and mental well-being of resident/fellows and every attempt will be made to avoid scheduling excessive work hours leading to sleep deprivation. The following work hours apply to all residents/fellows in all specialties.

All programs must design an effective structure that is 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 much be limited to no more than eighty (80) hours per week, averaged over a four (4) week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours.

Hours spent on activities that are required in the accreditation requirements, such as membership on a hospital committee, or that are accepted practice in residency/fellowship programs, such as residents'/fellows' participation in interviewing residency/fellowship candidates, must be included in the count of clinical and educational work hours.

Time residents and fellows devote to military commitments counts toward the 80-hour limit only if that time is spent providing patient care.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives outlined by the educational program. All time spent by residents in Moonlighting must be counted towards the 80-hour Maximum Weekly Limit. (Refer to Policy on Resident Moonlighting).

Moonlighting is only allowed when permitted by an individual program. PGY-1 residents are not permitted to moonlight.

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 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.

Maximum 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.

Additional patient care responsibilities must not be assigned to a resident during this time.

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:

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.

Under these circumstances, the resident must:

Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director and the office of GME.

The Program Director will review the submission of each additional service and track both individual and program-wide episodes of additional duty and report this to the GMEC.

Minimum Time Off between Scheduled Duty Periods

Residents should have eight (8) 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 (8) 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.

While it is desirable that residents in their final years of education have eight (8) hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight (8) hours free of duty.

Circumstances of return-to-hospital activities with fewer than eight (8) hours away from the hospital by residents in their final years of education must be monitored by the program director and reported to the GME committee.

Maximum Frequency of In-house Night Float

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

Maximum In-house On-Call Frequency

Residents must be scheduled for in-house call not more frequently than every third night (when averaged over a four-week period).

The frequency of at-home call is not subject to 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 as frequent or taxing as to preclude rest or reasonable personal time for each resident.

Time devoted to clinical work done from home counts towards the 80-hour weekly limit. Types of work from home that must be counted include using an electronic health record and taking phone calls.

Residents are permitted to return to the hospital while on at home call to provide direct care for new or established patients. When residents/fellows return to the hospital to care for patients, a new time-off period is not initiated, and therefore the requirement for eight (8) hours between shifts does not apply. The hours of in-patient care must be included in the 80-hour maximum weekly limit.

Procedure
Fatigue Mitigation

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

Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue.

Residents are strongly encouraged to utilize the hospital sleep facilities when they may be too fatigued to safely return home.

Residents are strongly encouraged to use alertness management strategies in the contact of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 PM and 8:00 AM, is strongly suggested.

Transitions of Care

Critical to patient safety and resident education are effective transitions in care.

Sponsoring Institution must facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care.

Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.

Programs, in partnership with their Sponsoring Institutions, must ensure and monitor, effective, structured hand-over process to facilitate both continuity of care and patient safety.

Programs must ensure that residents are competent in communicating with team members in the hand-over process.

Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care.

Residents may remain on-site four (4) additional hours in order to accomplish these tasks. This must be reported by the resident physician in writing with rationale to the Program Director and reviewed by the GMEC for monitoring individual residents and program.