

MARSHALL COMMUNITY HEALTH CONSORTIUM POLICY ON WORK HOURS

SECTION 1. STATEMENT AND SCOPE OF POLICY

This policy is to ensure compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Standard that the Sponsoring Institution and its programs must provide a clinical and educational environment that complies with the maximum hours of clinical and educational work per week.

To ensure compliance, this policy requires that each program must develop and implement a written policy regarding maximum hours of clinical and educational work per week that a resident can complete.

SECTION 2. PROCEDURE

2.1 The Consortium Graduate Medical Education Committee requires that each program:

- 2.1.1 Limit clinical education and educational work hours to no more than 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.
- 2.1.2. Has an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
- 2.1.3. Provides residents with a minimum of eight hours off between scheduled clinical work and education periods.
- 2.1.4. Must schedule residents at least 14 hours free of clinical work and education after 24 hours of in-house call.
- 2.1.5. Must schedule residents 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.
- 2.1.6. Limit Clinical and educational work periods for residents that do not exceed 24 hours of continuous scheduled clinical assignments.
 - 2.1.6. 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.
 - 2.1.6. b. Additional patient care responsibilities must not be assigned to a resident during this time.

2.2. This policy recognizes that 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.

- 2.3. 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:
 - 2.3.1. To continue to provide care to a single severely ill or unstable patient;
 - 2.3.2. To provide humanistic attention to the needs of a patient or family; or,
 - 2.3.3. To attend unique educational events
- 2.4. These additional hours of care or education will be counted toward the 80-hour weekly limit.
- 2.4. In-House Night Float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
- 2.5. Residents must be scheduled for in-hour call no more frequently than every third night (when averaged over a four-week period).

SECTION 3. REVIEW COMMITTEE

- 3.1. 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.
- 3.2. 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*.
- 3.3. Prior to submitting the request to the Review Committee, the program director must obtain approval from the GMEC and DIO.

SECTION 4. MOONLIGHTING

- 4.1. 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.
- 4.2. 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.
- 4.3. PGY-1 residents are not permitted to moonlight.

Effective Date: July 1, 2017

Approved by Consortium Graduate Medical Education Committee: February 14, 2018

Approved by DIO: February 14, 2018