

<p>Name of Policy: GME: Clinical and Educational Work (Duty Hours) for Residents</p> <p>Policy Number: 3364-86-012-00</p> <p>Approving Officer: Dean, College of Medicine and Life Sciences</p> <p>Responsible Agent: Director, Graduate Medical Education</p> <p>Scope: UT College of Medicine Residents</p>	 <p>Revised/Reviewed date: 8/25/23</p> <p>Original Effective date: 4/2015</p>
<p><input type="checkbox"/> New policy proposal</p> <p><input type="checkbox"/> Major revision of existing policy</p>	<p><input type="checkbox"/> Minor/technical revision of existing policy</p> <p><input checked="" type="checkbox"/> Reaffirmation of existing policy</p>

POLICY

The University of Toledo and its Graduate Medical Education programs must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

PURPOSE

1. To provide residents with a sound academic and clinical education which must be carefully planned and balanced with concerns for patient safety and resident well-being.
2. For each program to ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations.
3. Didactic and clinical education must have priority in the allotment of residents' time and energies.
4. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.
5. To assure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.
6. To assure that resident duty hours and on-call time periods are not excessive. The structuring of the duty hours and on-call schedules must focus on the needs of the patient, continuity of care and the educational needs of the resident.
7. To assure that specific RRC standards with respect to duty hours are established by each residency.
8. To assure that call schedules and schedules of assignments are made available to each resident.

PROCEDURE

A Clinical and Educational (Duty Hours) policy must be developed by each training program.

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 duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, moonlighting, and scheduled academic activities such as conferences.

Types of work from home that must be counted toward the maximum hours of work per week include using an electronic health record and taking calls from home. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours. Resident decisions to leave the hospital before their clinical work has been completed and to finish that work later from home should be made in consultation with the resident's supervisor. In such circumstances, residents should be mindful of their professional responsibility to complete work in a timely manner and to maintain patient confidentiality.

Maximum Hours of Work per Week

1. Duty hours must be limited to 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.

Mandatory Time Free of Clinical Work and Education

1. 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
2. Residents should have eight hours off between scheduled clinical work and education periods. At-home call cannot be assigned on these free days.
3. 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.

Maximum Clinical Work and Education Period Length

1. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
2. 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. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
 - a. Additional patient care responsibilities must not be assigned to a resident during this time.

Clinical and Educational Work Hours Exceptions

1. 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:
 - a. to continue to provide care to a single severely ill or unstable patient;
 - b. humanistic attention to the needs of a patient or family; or,
 - c. to attend unique educational events.
2. These additional hours of care or education will be counted toward the 80-hour weekly limit.

In-House Night Float

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

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

At-Home Call

1. Time spent on patient care activities by residents 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.
 - 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 care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

Monitoring and Logging of Duty Hours

1. Program Director Responsibilities:
 - a. Program Directors will be expected to monitor compliance with residents' logging of duty hours and compliance with adhering to the RRC duty hour standards on a weekly basis.
 - b. Program Directors will submit a monthly report to the GME office attesting to the compliance of logging duty hours and compliance with adhering to the duty hours standards. If non-compliance of logging hours or an exception occurs, the Program Director will be expected to address the deficiency and form a corrective plan of action to address the deficiency.
 - c. The Associate Dean of Graduate Medical Education will meet with those Program Directors whose programs demonstrate continual, i.e. more than 2 months in a rolling 6 month period or a total of 3 months in an academic year, non-adherence to the duty hours standards to address the issue.
2. Resident Responsibilities:
 - a. Residents will be expected to submit accurate duty hours logs into New Innovations® on a weekly basis, with the expectation that all duty hours will be logged by the end of the month.
 - b. The GMEC will review the monthly duty hour log reports on a monthly basis. The following action will occur if residents are not compliant in logging in their duty hours for the month:
 - i. Warning Status: Residents will be provided one (1) 'pass' if all clinical and educational work hours are not logged in for the month.

