USF Health– Morsani College of Medicine
GRADUATE MEDICAL EDUCATION POLICY & PROCEDURE

<table>
<thead>
<tr>
<th>Title: Clinical Experience and Education Work Hours of Residents</th>
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</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Page: 1 of 3</td>
<td></td>
</tr>
</tbody>
</table>

Policy Statement

The University of South Florida Morsani College of Medicine (hereinafter “USF”) are committed to promoting patient safety and resident well-being and to provide a supportive educational environment. The procedures set forth have been developed to monitor Resident and Fellow (hereinafter “Resident”) Clinical Experience and Education Work hours (Previously known as duty hours) for compliance with this policy and with the Accreditation Counsel for Graduate Medical Education (“ACGME”) Institutional and Program Requirements.

Clinical Experience and Education Work Hours (hereinafter “Work Hours”) are defined as all clinical and academic activities related to the training program, i.e., patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-House during call activities and scheduled academic activities such as conferences.

More restrictive work hour requirements may have been set forth by various Residency Review Committees (“RRC”). Where required, each program shall adopt the Clinical Experience and Educational Work Hours policies as mandated by the ACGME or the RRC for a particular specialty. In the absence of more stringent ACGME requirements, the following common requirements for ACGME Clinical Experience and Educational Work Hours shall be followed.

- Work Hours shall be limited 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. When a Resident on off-site, on-call duty must return to the hospital, such time in the hospital shall be included in the 80 hour limit.

- All Residents may be scheduled to a maximum of 24 hours of continuous duty. Residents may remain on site for an additional four hours for effective transition of patient care. Additional patient care responsibilities must not be assigned to a resident during this time.

- Each Resident shall be scheduled for a minimum of one day (one continuous 24-hour period) free of clinical work and required education every week averaged over a four week period. At-home call cannot be assigned on these free days. Particular attention should be paid to individual Residency Review Committee program requirements in the event the one day free of clinical work and required education in seven days is to be averaged over a shorter period, such as over seven days.

- Each Resident shall have reasonable opportunities for rest and personal well-being. Residents must also have at least 14 hours free of clinical work and education after 24 hours of in-House call. Residents should have eight hours off between scheduled clinical work and education periods.
• There may be circumstances when a Residents chooses 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.

On-Call Activities

• 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 (pager call) is defined as call taken from outside the assigned institution. Time spent on patient care activities by Residents on at-home call must count towards 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 as frequent or taxing as to preclude rest or reasonable personal time for each Resident. The training program director must monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Moonlighting

• The Moonlighting Policy is set forth in GME Policy and Procedure 208-A. Consistent with that policy and the ACGME common requirements each program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the training program and must not interfere with the resident’s fitness for work nor compromise patient safety. Moonlighting shall be counted toward the 80 hour weekly limit on duty hours.

• PGY 1’s and J1-Visa are not allowed to moonlight.

Supervisory Back-up

• Programs must provide supervisory back-up when a Resident is in jeopardy of violating the work hour limits. (see supervision policy)

Resident Fatigue

• Faculty and Residents shall be educated to recognize the signs of fatigue. Each program shall develop policies and procedures to prevent and counteract the potential negative effects of fatigue.

Logging Work Hours

• Residents will log duty hours no less than monthly, accounting for all hours in New Innovations. Programs will monitor and address duty hour violations in an expedient manor. Residents who fail to log duty hours are subject to disciplinary action up to and including termination.
• Programs may have more stringent requirements related to duty hours but cannot have lesser standards.

Procedure

Resident must logs all work hours and learn to recognize signs of fatigue. Residents must comply with the GME Moonlighting policy and all other policies relating to work hours.

Program Director must monitor Residents work hours with oversight from the Graduate Medical Education Committee (“GMEC”). Monitoring must be done for all work hours and any internal or external moonlighting approved by the Program Director. Program Director must also monitor Residents for fatigue and establishes policies and procedures to prevent and counteract the potential negative effects of fatigue. Program Director must also develop rotations mindful of work hour restrictions.

The GMEC oversees clinical experience and educational work hours reporting any work hour violations.

APPROVED:

[Signature]

Associate Dean, Graduate Medical Education

APPROVED BY GMEC 7/17/02