



**USF Health - Morsani College of Medicine
GME POLICY & PROCEDURE**

Title: Clinical Experience and Education Work Hours of Residents Policy	GME-208
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Scope: Applies to all University of South Florida Morsani College of Medicine (“USF MCOM”) residents and fellows (“Residents”) in Accreditation Council for Graduate Medical Education (“ACGME”) accredited and non-accredited/non-standard programs as appointed through the House Officer Contract issued by the USF MCOM Graduate Medical Education Office (“GME Office”).

Background: USF MCOM is 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 Clinical Experience and Education Work hours (Previously known as duty hours) for compliance with this policy and with the ACGME Institutional and Program Requirements (IR IV.K; CPR VI.F.1.).

Definition: Clinical Experience and Education Work Hours ("Work Hours"): All clinical and academic activities related to the training 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. This also includes time spent doing clinical work while on home call, moonlighting activities, and other scheduled activities, such as conferences. Clinical and Educational Work hours do not include reading done in preparation for cases, studying, and research done away from the duty site.

Continuous time on duty: The period that a Resident is in the hospital (or other clinical care setting) continuously, counting the resident’s regular scheduled day, time on call, and the hours a Resident remains on duty after the end of the on-call period to transfer the care of patients and for didactic activities.

In-house call: Work hours beyond the normal workday when residents are required to be immediately available in the assigned institution.

Scheduled work periods: Assigned work within the institution encompassing hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Policy: Programs, in partnership with the Sponsoring Institutions, must: (1) design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal well-being; (2) foster a culture of accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data; (3) establish a process that regularly oversees Resident clinical and educational work hours, consistent with the Common and specialty-/subspecialty specific Program Requirements across all programs, along with addressing areas of non-compliance in a timely manner.

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Each program must adopt the Work Hours policies as mandated by USF MCOM, ACGME or the Review Committee (“RC”) for a particular specialty. All programs must adhere to the following:

- Work Hours shall be limited to no more than 80 hours per week, averaged over a four-week period, (unless rotations are shorter than four weeks) inclusive of all in-house clinical and educational activities, clinical work done from home and all moonlighting.
 - Types of work from home that must be counted 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 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.
- 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.
- 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.
- Residents must have at least 14 hours free of work hours 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.
- 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.
- Each Resident shall have reasonable opportunities for rest and personal well-being.

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

Refer to the USF GME Moonlighting policy 209.

Contingency Plan

The program must have policies and procedures in place to ensure coverage of patient care. In addition, implementation of policies and procedures should occur without fear of negative consequences for the resident who is or was unable to provide the clinical work (GME-204).

Fatigue Mitigation

The program must educate all faculty members and Residents to recognize the signs of fatigue and sleep deprivation and in alertness management and fatigue mitigation processes. Programs must encourage Residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home.

Each program must develop policies and procedures to prevent and counteract the potential negative effects of fatigue.

Logging Work Hours

Residents will accurately log work hours no less than monthly, accounting for all hours in New Innovations. Residents approved for internal and external moonlighting activities are also required to report all moonlighting hours worked in New Innovations.

Responsible Party

Resident

Procedure

Action

Must accurately log clinical experience and education work hours, moonlighting hours, and learn to recognize signs of fatigue.

Residents are encouraged to contact the GME Office anonymously or confidentially to report work hour violations. Concerns will be directed to the Clinical Learning Environment Review (“CLER”) subcommittee for further assessment.

Program Director

Must develop and maintain a program specific policy addressing moonlighting, the program monitoring process and contingency plan processes.

Must monitor Resident’s work hours with oversight from the USF MCOM Graduate Medical Education Committee (“GMEC”). Monitoring must be done for all Work Hours and any internal or external moonlighting approved by the Program Director.

Must monitor Residents for fatigue and establishes policies and procedures to prevent and counteract the potential negative effects of fatigue. (See [Work Hour Policy Template](#))


Must develop rotations mindful of Work Hour restrictions.

Must provide education to all residents and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes.

GMEC/CLER Committee

GMEC in conjunction with the CLER Committee monitors compliance with Work Hours through New Innovations.

APPROVED:



Senior Associate Dean, Graduate Medical Education/DIO

Date of Origin	Effective	Revision/GMEC Approval:	Originally Policy #
01/1999	12/2022	06/2005; 08/2008; 07/2011; 06/2017; 12/2022; 10/2023; 12/2023	N/A