

**MARSHALL UNIVERSITY
JOAN C. EDWARDS SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION**

POLICY ON CLINICAL EXPERIENCE AND EDUCATION

SECTION 1. PURPOSE OF POLICY

This policy is to meet the Accreditation Council on Graduate Medical Education’s (ACGME) charge that all Sponsoring Institutions ensure formal written policies governing resident clinical experiences and education, formerly duty hours, are established at both the institutional and program level. The ACGME Common Program Requirements (CPR) specify programs, in partnership with the Sponsoring Institutions, must “design an effect program structure configure to provide trainees with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.”

SECTION 2. DEFINITIONS

- 2.1 In accordance with the CPR, all terms reflected in the Marshall School of Medicine Joan C. Edwards School of Medicine Graduate Medical Education Committee policies that refer to the terms “duty hours,” “duty periods,” and “duty” shall be replaced with the terms “clinical experience and education,” “clinical and educational work,” and “clinical and educational work hours” as described within this policy.
- 2.2 For the purpose of this policy, the term “trainee” or “trainees” shall mean an intern, resident or fellow enrolled in graduate medical education at the Marshall University Joan C. Edwards School of Medicine.

SECTION 3. MAXIMUM HOURS OF CLINICAL AND EDUCATONAL WORK PER WEEK

- 3.1. All programs must limit their trainees’ clinical 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.
- 3.2 Programs share the responsibility with their trainees to ensure that the 80-hour maximum weekly limit is not exceeded. Trainees may remain beyond their scheduled work periods to care for a patient or participate in an educational activity but must account for these additional hours in the allocated 80-hours when averaged over four weeks.
- 3.3. When scheduling, programs must account for the potential for trainees to remain beyond their assigned work periods to avoid exceeding the 80-hour maximum weekly limit, averaged over four weeks.

- 3.3.1. Programs that regularly schedule trainees to work 80-hours per week are likely to exceed the 80-hour maximum should trainees remain beyond their scheduled work period and should account for such when scheduling. To remain in substantial compliance, these programs should adjust schedules to ensure trainees work fewer than 80-hours per week to permit remaining beyond the scheduled work period when needed without violating the 80-hour requirement.
- 3.3.2. The use of night float and/or adjusting the frequency of in-house call may be implemented to ensure compliance with the 80-hour maximum weekly limit.
- 3.4. As referred to in Section 13 of this policy, programs must remain aware that the Office of Graduate Medical Education will strictly monitor and enforce compliance with the 80-hour requirement. All programs and trainees will be required to adhere to the 80-hour maximum weekly limit when averaged over a four-week period to remain substantially compliant.
- 3.5. Should violations of the 80-hour requirement be identified, programs will be subject to Graduate Medical Education Committee (GMEC) and Designated Institutional Official (DIO) involvement and are at risk for adverse accreditation action.

SECTION 4. CLINICAL WORK COMPLETED AT HOME

- 4.1. Clinical work completed from home must be counted toward the 80-hour maximum weekly limit. As such, programs should structure scheduling to allow trainees to complete most work on site during scheduled clinical work hours without requiring them to take work home. This will ensure trainees are not working in excess of 80-hours per week, averaged over four weeks.
 - 4.1.1. Types of work from home that must be counted include using an electronic health record and taking calls from home. Decisions by the trainee 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 their supervisor. In such circumstances, trainees should be mindful of their professional responsibility to complete work in a timely manner and to maintain patient confidentiality.
 - 4.1.2. Reading completed in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours.
- 4.2. Trainees are to assume responsibility for documenting clinical work completed at home. Decisions regarding whether to report infrequent phone calls of very short duration will be left to the individual trainee. According to the Core Program Requirements, programs are not required to assume responsibility for documenting clinical work at home but are to ensure residents report their time from home and that schedules are

structured to ensure residents are not working in excess of the 80 hours per week, averaged over four weeks.

- 4.3. PGY-1 and PGY-2 residents may not have the experience to make decisions about when it is appropriate to utilize flexibility or may feel pressured to use it when unnecessary. Programs are responsible for ensuring that residents are provided with manageable workloads that can be accomplished during scheduled work hours. This includes ensuring that a resident's assigned direct patient load is manageable, that residents have appropriate support from their clinical teams, and that residents are not overburdened with clerical work and/or other non-physician duties.

SECTION 5. MANDATORY TIME FREE OF CLINICAL WORK AND EDUCATION

- 5.1. Programs must design an effective program structure that is configured to provide trainees with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
 - 5.1.1. Trainees must have a minimum of eight hours off between scheduled work periods. However, the ACGME recognizes that there may be circumstances when trainees voluntarily choose to remain beyond their scheduled time or return to the clinical site during this period off to care for a patient. The requirement preserves the flexibility for trainees to make those choices. The CPR also notes that that 80-hour weekly limit (averaged over four weeks) is a deterrent for scheduling fewer than eight hours between clinical and education work periods, as it would be difficult for a program to design a schedule that provides fewer than eight hours off without violating the 80-hour rule.
 - 5.1.2. Trainees must be scheduled for a minimum of one day in seven free of clinical work and scheduled required education (when averaged over four weeks). At-home call cannot be assigned on these free days. Programs should follow the "day off" definition in the ACGME Glossary of Terms as "one (1) continuous 24-hour period free from all administrative, clinical, and educational activities."
 - 5.1.3. Trainees must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
 - 5.1.4. Whenever possible, trainees' preference regarding how their days off are distributed are to be considered as schedules are developed. Programs are encouraged to distribute days off in a fashion that optimizes trainee well-being, and educational and personal goals, including scheduling two consecutive days whenever possible.

- 5.1.5. Program shall be cognizant the ACGME recognizes that it is desirable that days off be distributed throughout the month, but some trainees may prefer to group their days off to have a consecutive Saturday and Sunday free from work. According to the Common Program Requirements, the requirement for one free day in seven should not be interpreted as precluding a consecutive Saturday and Sunday. Where feasible, schedules may be designed to provide trainees with a weekend, or two consecutive days, free of work. The applicable Review Committee will evaluate the number of consecutive days of work and determine whether they meet educational objectives.
- 5.2. It shall be the trainee's responsibility to return to work rested. Trainees are expected to use scheduled time off to obtain adequate rest and to prioritize sleep over discretionary activities.

SECTION 6. MAXIMUM CLINICAL WORK AND EDUCATION PERIOD LENGTH

- 6.1. Clinical and educational work periods for trainees must not exceed 24 hours of continuous scheduled clinical assignments.
 - 6.1.1. 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 trainee during this time.
 - 6.1.2. This 24 hours and up to an additional four hours must occur within the context of 80-hour weekly limit, averaged over four weeks.
- 6.2. It is essential that the trainee continue to function as a member of the team in an environment where other members of the team can assess resident fatigue, and that supervision for post-call trainees is provided.

SECTION 7. CLINICAL AND EDUCATION WORK HOUR EXCEPTIONS

- 7.1. In rare circumstances, after handing off all other responsibilities, a trainee, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
 - 7.1.1. To continue to provide care to a single severely ill or unstable patient;
 - 7.1.2. To provide humanistic attention to the needs of a patient or family; or,
 - 7.1.3. To attend unique educational events.

These additional hours of care or education will be counted toward the 80-hour weekly limit.

- 7.2. To provide trainees with some control over their schedules, trainees may voluntarily remain beyond the scheduled responsibilities under the circumstances described above.
- 7.2.1. Trainees may remain to attend a conference, or return for a conference later in the day, only if the decision is voluntarily. Trainees must not be required to stay.
 - 7.2.2. Programs allowing trainees to remain or return beyond the scheduled work and clinical education period must ensure that the decision to remain is initiated by the resident and that trainees are not coerced. This additional time must be counted toward the 80-hour maximum weekly limit.
- 7.3. 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.
- 7.3.1 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.
 - 7.3.2. Approval from the Sponsoring Institution’s GMEC and DIO must be obtained prior to the program director’s submission of the request to the Review Committee.

SECTION 8. MOONLIGHTING HOURS

- 8.1 As indicated by the GMEC Moonlighting Policy, time spent by trainees in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit.
- 8.2 The GMEC Moonlighting Policy should be consulted for provisions and restrictions associated with moonlighting.

SECTION 9. IN-HOUSE FLOAT

- 9.1. Night float must occur within the context of the 80-hour and one-day off-in-seven requirements.
- 9.2. 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 respective program’s Review Committee.

SECTION 10. MAXIMUM IN-HOUSE ON-CALL FREQUENCY

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

SECTION 11. AT HOME-CALL

11.1 Time spent on patient care activities by trainees 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.

11.1.1. At-home call activities that must be counted include responding to phone calls and other forms of communication, as well as documentation, such as entering notes in an electronic health record.

11.1.2. Activities such as reading about the next day's case, studying, or research activities do not count toward the 80-hour weekly limit.

11.2. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

11.3. Trainees are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

11.4. The Review Committee may further specify under any requirements.

SECTION 12. RESIDENT REPORTING AND MONITORING

12.1 Trainees are charged with reporting all clinical and educational work hours on a regular basis as determined by the program. Failure to self-report clinical and educational work via New Innovations on a regular basis will result in penalties as determined by the program upon consultation with the Designated Institutional Officer (DIO).

12.2. Trainees are to enter justifications for any clinical and educational work hour violations in New Innovations. Program Director/Program Administrator must comment on the rationale for the justification.

12.3. Repeated failure to self-report hours on a timely basis may violate the Graduate Medical Education Committee's professionalism policy and result in disciplinary action as outlined in that policy, including up to dismissal.

SECTION 13. GMEC OVERSIGHT MONITORING PROCESS

- 13.1 The Office of Graduate Medical Education shall conduct monthly audits of the clinical and ACGME educational work hour experiences to ensure compliance as established by the ACGME Core Program Requirements. Should violations be identified, the DIO shall address such violations with the Program Director.
- 13.2. The Graduate Medical Education Committee (GMEC) shall be provided with a summary report of all violations and corrective actions at each meeting.

Adopted by GMEC: June 8, 2020