

**CONEMAUGH MEMORIAL MEDICAL CENTER
GRADUATE MEDICAL EDUCATION POLICY**

CLINICAL AND EDUCATIONAL WORK HOURS

Purpose

The purpose of this policy is to ensure that all residency/fellowship programs at Conemaugh Memorial Medical Center meet the accrediting organizations' requirements for resident/fellow duty hours and will support the physical and emotional well-being of all residents/fellows while fostering an educational environment that promotes patient care. Duty hour assignments recognize that faculty and residents/fellows collectively have responsibility for the safety and welfare of patients, including a process for residents/fellows to follow if their patient care responsibilities are especially difficult and prolonged or if unexpected needs create fatigue sufficient to jeopardize the safety of either the resident/fellow or of patient care during or following on-call periods.

Applies To

All Conemaugh Memorial Medical Center Graduate Medical Education (GME) residency/fellowship programs.

Policy

All GME programs will use standard criteria to coordinate resident/fellow duty hours and on-call schedules as mandated by the requirements of the educational accrediting organizations. All residents/fellows will use the duty hour's component of the GME web-based software program New Innovations to monitor resident/fellow duty hours. A process must be developed to address situations where resident/fellow fatigue may affect their ability to provide safe and effective patient care.

Definitions from the ACGME Glossary of Terms

- A. Duty Hours** are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent on in-house call, and other scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- B. In-house Call** is defined as duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
- C. At-home (pager) Call** is defined as a call taken from outside the assigned site. Time in the hospital, exclusive of travel time, counts against the 80 hour per week limit but does not restart the clock for time off between scheduled in-house duty periods. At-Home Call may not be scheduled on the resident's one free day per week (averaged over four weeks).
- D. Internal Moonlighting** is defined as voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

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- E. External moonlighting** is defined as voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

Procedure

A. Oversight

The Program Director is responsible for establishing and implementing formal written policies and procedures governing resident/fellow duty hours in compliance with the requirements of educational accrediting bodies. Requirements for resident/fellow's on-call or duty hours should reflect an educational rationale and patient need (including continuity of care).

1. All residency/fellowship programs have established written policies and procedures regarding resident/fellow duty hours and working environments consistent with the Institutional and Program Requirements.
2. Resident/Fellow duty hours and on-call periods are in compliance with the Institutional and Program Requirements. The structuring of duty hours and on-call schedules focus on the needs of the patient, continuity of care, and the educational needs of the resident/fellow.
3. All programs ensure that the residents/fellows are provided with appropriate back-up support when patient care responsibilities are especially difficult or prolonged.
4. All programs monitor duty hours and call schedules, and adjustments are made as necessary to address excessive service demands and/or resident/fellow fatigue.
5. Work that is extraneous to the resident/fellow educational programs is minimized.

B. Monitoring

All programs will establish a method for obtaining data on compliance with the requirements of the educational accrediting bodies. Each resident/fellow is responsible for providing accurate and timely data to the Program Director or his/her designee and will provide the ACGME or the AOA with this information, if requested.

C. Duty Hour Requirements

1. Duty hours are limited to a maximum 80 hours per week, averaged over a 4 week period. This includes all in-house and at-home call (actual time called into the hospital only) along with all moonlighting activity.
2. Residents/fellows should have eight hours off between schedule clinical work and education periods.
 - a. There may be circumstances when residents/fellows 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.
3. Residents/fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

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4. Residents/fellows must be scheduled 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.
5. Clinical and educational work periods for residents/fellows must not exceed 24 hours of continuous scheduled clinical assignments.
6. 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/fellow education.
 - a. Additional patient care responsibilities must not be assigned to a resident/fellow during this time.
7. In rare circumstances, after handing off all other responsibilities, a resident/fellow, 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.
8. These additional hours of care or education will be counted toward the 80-hour weekly limit.

D. Duty Hour Exception

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.
 - a. 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*.
 - b. Prior to submitting the request to the Review Committee, the program director must obtain approval from the Sponsoring Institution's GMEC and DIO.

E. Moonlighting

1. Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program, and must not interfere with the resident's/fellow's fitness for work nor compromise patient safety.
2. Time spent by residents/fellows in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit.
3. PGY-1 residents are not permitted to moonlight.

F. In-house Night Float

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

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G. Maximum In-House On-Call Frequency

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

H. At-Home Call

1. Time spent on patient care activities by residents/fellows 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.
2. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident/fellow.
3. Residents/fellows 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.

I. Resident/Fellow Fatigue

1. If patient care responsibilities are especially difficult and prolonged or if unexpected needs create fatigue sufficient to jeopardize the safety of the resident/fellow or of patient care during or following on-call periods. Stress and long hours can cause extreme fatigue and there may be times when a resident/fellow may require added consideration.
2. Programs must encourage residents/fellows to use alertness management strategies in context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
3. The Residents/Fellows should discuss the problem with the supervising attending or with their Program Director.
4. The Program Director will make appropriate arrangements to address the immediate problem of fatigue and ensure safe patient care.

References

CR: 6.20. (Clinical Experience and Education)

GMEC Revision: June 2011, 1/2016, 7/1/2017; 2/2026

GMEC Reviewed and Approved: July 2011, 3/15/2018; 2/19/2026