

# University of Colorado School of Medicine

## Graduate Medical Education

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| Policy: <b>Clinical and Educational Work Hours Policy</b> |                                  |  |
| Original Approval:<br>March 12, 2003                      | Effective date:<br>June 23, 2011 | Revision Date:<br>April 13, 2011<br>April 16, 2014 (Editorial)<br>April 26, 2017<br>June 21, 2017 (Editorial)<br>June 27, 2017 (Editorial)<br>April 18, 2018<br>August 8, 2019 (Editorial)<br>November 6, 2019 (Editorial)<br>May 24, 2023<br>September 27, 2023 |

**In this document, “Resident” refers to both specialty Residents and subspecialty Fellows.**

### Policy

The University of Colorado School of Medicine ensures compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common Program Requirements relevant to Clinical and Educational Work. All work hour requirements in this policy apply to Residents in ACGME-accredited programs.

**Trainees in Non-Standard Training (NST) programs are subject only to the 80 hours per week and One Day in Seven Days Free requirements.<sup>1</sup>**

### Clinical and Educational Work Defined

Clinical and educational work is 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 clinical and educational activities, clinical work done from home, and other scheduled academic activities such as conferences. These hours do not include reading, studying, research done from home, and preparation for future cases.<sup>2</sup>

### **ACGME Clinical and Educational Work Hour requirements include:**

#### **1. Maximum Hours of Clinical and Educational Work Per Week<sup>3</sup>**

Clinical and educational work hours must 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 (i.e. using an electronic health record, taking calls), and all moonlighting.

#### **2. Mandatory Time Free of Clinical Work and Education<sup>4</sup>**

A. Residents 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.

i. One day is defined as one continuous 24-hour period free from all clinical, required educational activities and administrative activities.

B. Resident must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

C. Residents should have 8 hours off between scheduled clinical work and education periods

i. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than 8 hours free of clinical experience and education.

This occurs within the context of the 80-hour and the one-day-off-in-seven requirements.

<sup>1</sup> ACGME Requirement for SIs with Non-Standard Training Programs for J-1 Visa Sponsorship I.I.C.4. & I.I.C.5.

<sup>2</sup> ACGME Glossary of Terms, p.2

<sup>3</sup> ACGME Common Program Requirements VI.F.1

<sup>4</sup> ACGME Common Program Requirements VI.F.2

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### 3. Maximum Clinical Work and Education Period Length<sup>5</sup>

- A. Clinical and educational work periods for Residents must not exceed 24 hours of continuous scheduled clinical assignments.
- B. 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 Resident during this time.

### 4. Clinical and Educational Work Hour Exceptions<sup>6</sup>

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: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. These additional hours must be counted toward the 80-hour weekly limit.

### 5. Moonlighting<sup>7</sup>

- A. Moonlighting must not interfere with the ability of the Resident to achieve the goals and objectives of the educational programs, and must not interfere with the Resident's fitness for work nor compromise patient safety.
- B. Time spent by Residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit.
- C. PGY-1 Residents are not permitted to moonlight.

### 6. In-House Night Float<sup>8</sup>

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

### 7. On-Call Activities

#### A. Maximum In-House On-Call Frequency:<sup>9</sup>

- i. In-house call is defined as those clinical and educational work hours, beyond the scheduled workday, when residents are required to be immediately available within an assigned site, as needed, for clinical responsibilities. In-house call does not include night float, being on call from home, or regularly scheduled overnight duties.<sup>10</sup>
- ii. Residents must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period). Some Programs, such as Internal Medicine, do not allow for averaging over a four-week period, and limit in-house call to every-third-night, as specified by the Review Committee.

#### B. At-Home Call:<sup>11</sup>

- i. At-home call is defined as call taken from outside the assigned site.<sup>12</sup>
- ii. Time spent on patient care activities by Residents on at-home call (i.e. using an electronic health record, taking calls) 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 and educational work, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident.

### 8. Averaging Methodology:

Averaging (for the 80 hour rule, 1-in-7 off rule, and call every third night) must occur by rotation. This is done over one of the following: a four-week period; a one-month period (28-31 days); or the period of the rotation if it is shorter than four weeks. When rotations are shorter than four weeks in length, averaging must be made over these shorter assignments. If a Resident takes vacation or other leave, the ACGME

<sup>5</sup> ACGME Common Program Requirements VI.F.3

<sup>6</sup> ACGME Common Program Requirements VI.F.4

<sup>7</sup> ACGME Common Program Requirements VI.F.5

<sup>8</sup> ACGME Common Program Requirements VI.F.6

<sup>9</sup> ACGME Common Program Requirements VI.F.7

<sup>10</sup> ACGME Glossary of Terms, p.5

<sup>11</sup> ACGME Common Program Requirements VI.F.8

<sup>12</sup> ACGME Glossary of Terms, p.2

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requires that vacation or leave days be omitted from the numerator and the denominator for calculating clinical and educational work hours, call frequency, or days off.<sup>13</sup>

### **Fatigue Mitigation**

1. As it regards alertness management and fatigue mitigation, the responsibility of the program, in partnership with its Sponsoring Institution, must include:
  - a. Educating all residents and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes.<sup>14</sup>
  - b. Ensuring adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home.<sup>15</sup>
  - c. Attention to scheduling, work intensity, and work compression that impacts resident well-being.<sup>16</sup>
  - d. Evaluating workplace safety data and addressing the safety of residents and faculty members.<sup>17</sup>
2. All Residents and core Faculty are required to complete an online educational fatigue and sleep deprivation module.
3. Residents who are too tired to drive home safely should refer to the following resource, [Hospital Contacts for Sleep Facilities and Taxi Fares](#), located on the GME website.

### **The Designated Institutional Official (DIO) oversees that:**

1. All ACGME accredited programs comply with ACGME and GME work hour requirements, policies, and procedures.
2. Resident clinical and educational work hours are consistent with the Common and specialty/subspecialty-specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner.
3. Programs, in partnership with the Sponsoring Institution, 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 activities.<sup>18</sup>

### **Institutional Work Hour Oversight and Compliance**

1. All ACGME accredited Residents are required to complete the GME online work hours survey.
2. Programs are expected to maintain at least a 70% survey completion rate.
3. The survey is sent to each trainee in a Residency program on a *monthly* basis and to each trainee in a Fellowship program on a *quarterly* basis.
  - A. If a fellowship scores below the national average for questions related to work hours on the ACGME Resident Survey, the DIO will determine whether all trainees in that program will begin receiving the work hours survey on a *monthly* basis.
4. ACGME Residents are required to self-report work hour violations, reasons for violations, and provide comments to elaborate on circumstances, issues, and ideas for improvement.
5. Survey completion and violation data is reviewed by the DIO and promptly provided to the relevant Program Director for review and response (if required).
6. Program Director responsibilities include:
  - A. Ensure work hours compliance for all ACGME accredited Residents.
  - B. Identify reasons for violations, and ensure timely follow-up and resolution of identified issues.

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<sup>13</sup> ACGME Common Program Requirements Frequently Asked Questions, p.21

<sup>14</sup> ACGME Common Program Requirements VI.D.1

<sup>15</sup> ACGME Common Program Requirements VI.D.2

<sup>16</sup> ACGME Common Program Requirements VI.C.1.a)

<sup>17</sup> ACGME Common Program Requirements VI.C.1.b)

<sup>18</sup> ACGME Common Program Requirements VI.F

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- C. Ensure that program policies are compliant with ACGME Institutional and Common Program Requirements (IR III.B.5 and CPR VI.F).
- D. Monthly reports of clinical and educational work hours are provided to the Graduate Medical Education Clinical Learning Environment (CLER) Subcommittee. Quarterly summary reports are provided to GMEC by the CLER Subcommittee.