

University of Colorado School of Medicine

Graduate Medical Education

Policy: Clinical and Educational Work Hours Policy		
Original Approval: March 12, 2003	Effective date: June 23, 2011	Revision Date: April 13, 2011 April 16, 2014 (Editorial) April 26, 2017 June 21, 2017 (Editorial) June 27, 2017 (Editorial) April 18, 2018 August 8, 2019 (Editorial) November 6, 2019 (Editorial)

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.

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. Duty hours do *not* include reading and preparation time spent away from the duty site.¹

ACGME Clinical and Educational Work Hour requirements include:

1. Maximum Hours of Work Per Week²

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, and all moonlighting.

2. Mandatory Time Free of Clinical and Educational Work³

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 and educational work after 24 hours of in-house call.

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

i. There may be certain circumstances, within the context of the 80 hour and one-day-off-in-seven requirements, when Residents choose to stay to care for their patients or return to the hospital with fewer than 8 hours free.

3. Maximum Clinical and Educational Work Period Length⁴

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.

¹ ACGME Common Program Requirements Frequently Asked Questions, 21

² ACGME Common Program Requirements VI.F.1

³ ACGME Common Program Requirements VI.F.2

⁴ ACGME Common Program Requirements VI.F.3

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- i. Additional patient care responsibilities must not be assigned to a Resident during this time.
- 4. Clinical and Educational Work Hour Exceptions⁵**
- A. 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:
 - i. To continue to provide care to a single severely ill or unstable patient
 - ii. Humanistic attention to the needs of a patient or family
 - iii. To attend unique educational events
 - B. These additional hours will be counted toward the 80-hour weekly limit.
- 5. Moonlighting⁶**
- 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 Float⁷**
- 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:⁸
 - i. In-house call is defined as those clinical and educational work hours beyond the normal work day when Residents are required to be immediately available in the assigned institution. 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:⁹
 - i. At-home call (pager call) is defined as call taken from outside the assigned site. 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 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.
 - ii. Residents 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 care must be included in the 80-hour maximum weekly limit.
- 8. Averaging Methodology:**
- A. 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 requires that vacation or leave days be omitted from the numerator and the denominator for calculating clinical and educational work hours, call

⁵ ACGME Common Program Requirements VI.F.4

⁶ ACGME Common Program Requirements VI.F.5

⁷ ACGME Common Program Requirements VI.F.6

⁸ ACGME Common Program Requirements VI.F.7

⁹ ACGME Common Program Requirements VI.F.8

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frequency or days off.

Alertness Management/Fatigue Mitigation

1. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence¹⁰. This responsibility, as it regards alertness management and fatigue mitigation, must include:
 - A. Attention to scheduling, work intensity, and work compression that impacts resident well-being.¹¹
 - B. Encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.¹²
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 must 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.¹³

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 Resident on a monthly basis. Certain fellowships are allowed to complete the survey on a quarterly basis provided they meet the following criteria:
 - A. The most recent ACGME Resident Survey indicates results that are above the national-average for questions related to work hours.
 - B. Fellows reported no work hour violation in the previous year
 - C. Fellows maintain 70% completion on the work hours survey
 - D. Fellows do not take at-home call.
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.

¹⁰ ACGME Common Program Requirements VI.C

¹¹ ACGME Common Program Requirements VI.C.1.b

¹² ACGME Common Program Requirements VI.D.1.c

¹³ 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).
- 7. Quarterly reports of clinical and educational work hours are provided to the Graduate Medical Education Committee (GMEC).