

VIII. Policy on Clinical and Educational Work Hours *Revised 12/01/2021*

I. References

In accordance with Section IV.K of the ACGME Institutional Requirements, the Sponsoring Institution shall maintain a clinical and educational work hours policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements.

II. Purpose

Each ACGME-accredited residency program sponsored by Tulane University School of Medicine is responsible for designing an effective program structure configured to provide residents with educational and clinical experiences and reasonable opportunities for rest and personal activities. Residency programs and residents are jointly responsible for ensuring that limitations on Work Hours (defined below) are not exceeded. Programs must comply with ACGME Institutional, Common Program and Specialty/Subspecialty Requirements and with this Policy.

Each residency program must be committed to, and responsible for, promoting patient safety and resident well-being and for providing a supportive and safe educational environment. Work Hour limitations set out in this Policy and in ACGME requirements apply regardless of the location of the rotation. Resident schedules, Work Hours and clinical and educational work periods must be structured to focus on the needs of the patient, continuity of care and the educational needs of the resident. Clinical and education assignments must also recognize that faculty and residents collectively have the responsibility for the safety and welfare of patients and that didactic and clinical education must have priority in the allotment of residents' time and energy to ensure that the learning objectives of each residency program for a resident are not compromised.

III. Definitions

1. At-Home Call (pager call): call taken from outside Tulane Medical Center or a residency program participating site. Clinical work done while on at-home call, including time spent in the hospital and work done at home, such as taking calls or entering notes in an electronic health record (EHR), counts against the 80-hour-per-week limit but does not restart the clock for time off between scheduled in-house clinical and educational work periods. The remaining time, free of clinical work, does not count against the 80-hour-per week limit. At-home call may not be scheduled on a resident's One Day Off.
2. In-House Call: 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.
3. Moonlighting: voluntary, compensated, medically-related work, performed beyond a resident's clinical experience and education hours, and in addition to the work required for successful completion of a residency program. Moonlighting may be "External" (i.e., voluntary, compensated, medically-related work performed outside the site where the resident is in training

and any of its related participating sites), or “Internal” (i.e., voluntary, compensated, medically-related work performed within the site where the resident is in training or at any of its related participating sites).

4. Night Float: a rotation or other structured educational experience designed either to eliminate In-House Call or to assist other residents during the night. Residents assigned to night float are assigned on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. Such a rotation must have an educational focus.
5. One Day Off: one continuous 24-hour period free from all administrative, clinical, and educational activities.
6. Work Hours or Clinical and Educational Work Hours: all clinical and academic activities related to the residency program, i.e., patient care (inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent on in-house call, time spent on clinical work done at home, and other scheduled academic activities, such as conferences, grand rounds, didactic sessions or other educational activities. Work Hours/Clinical and Educational Work Hours do not include reading, studying, research done from home, and preparation for future cases.

IV. Work Hour Requirements

A. Program Requirements

All residency programs are required to ensure that Work Hours comply with the following standards. If a residency program’s ACGME Specialty/Subspecialty Requirements include more restrictive limitations or standards (e.g., emergency medicine), in which case the more restrictive limitations control:

1. Each resident’s Work Hours must be limited to no more than 80 hours per week, averaged over a four-week period (or averaged over the period of the rotation if it is shorter than four weeks) inclusive of all in-house clinical and educational activities, clinical work done from home, and all Moonlighting. Tulane University does not permit residency programs to apply for rotation-specific exceptions to the Work Hour requirements.
2. Resident clinical and educational work periods must be no longer than 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time is permitted for activities related to patient safety; however, additional patient care responsibilities cannot be assigned to a resident during this time.
3. It is expected that resident schedules will be structured to ensure that residents are provided with a minimum of eight, but preferably ten, hours off between scheduled work periods for rest and personal activities. There may be circumstances when residents choose to return to the hospital or stay to care for their patients with fewer than eight hours between clinical work and education periods. This shall occur within the context of the 80-hour and One Day Off in seven requirements.
4. Each resident must have at least 14 hours off after 24 hours of In-House Call.
5. Residents must be scheduled to have at least One Day Off in seven free of clinical work and required education, averaged over a four week period. At-Home Call cannot be assigned on

- the One Day Off. It is desirable, but not required, that each resident have one 48-hour period free of all clinical work and required education each month.
6. In-House Call must not be scheduled more frequently than every third night, averaged over a four week period.
 7. Night Float shall 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 each residency program's associated ACGME Review Committee. Residency programs are required to comply with these further specifications if a program's ACGME Review Committee promulgates these additional limitations.
 8. The frequency of At-Home Call is not subject to the every-third-night limitation, but must satisfy the requirement for the One Day Off in seven that must be free of clinical work and education, averaged over a four week period. At-Home Call must not be so frequent or taxing as to preclude rest or personal time for each resident. As such, a resident on At-Home Call who is called into Tulane Medical Center or a participating site for an extensive period of time should be released from work the following day.
 9. Each Program Director is responsible for establishing a jeopardy system involving the residents and faculty, which ensures that the resident may be released from work the following day if the previous night's requirements were excessive. Residents are permitted to return to Tulane Medical Center or a participating site on At-Home Call to provide direct care for new or established patients. Time spent on patient care activities on At-Home must be included in the 80-hour maximum weekly limit.
 10. Moonlighting, if permitted, cannot interfere with resident fitness for work, compromise patient safety or compromise the ability of the resident to achieve the goals and objectives of his/her residency program. Program Directors are responsible for ensuring all time spent Moonlighting is included as part of the 80-hour maximum weekly limit in accordance with the graduate medical education *Policy on Moonlighting*. PGY-1 residents are not permitted to Moonlight.

B. Fatigue Mitigation

1. Residency programs must educate all faculty members and residents on recognizing the signs of fatigue and sleep deprivation, fatigue management and strategies for alertness management and fatigue mitigation. The GME office will provide an on-boarding session for all new residents and faculty on the signs, risks and methods of counteracting fatigue. Each Program Director is also responsible for having a yearly in-service to educate residents and faculty on the signs, risks and methods of counteracting fatigue.
2. Program Directors and faculty are responsible for adopting policies and procedures to prevent, monitor and counteract the effects of fatigue and for encouraging residents to use fatigue mitigation processes to manage the potential negative effects of fatigue. Each residency program must ensure the continuity of patient care in the event that a resident cannot engage in patient care due to fatigue. Residents are responsible with transitioning their clinical responsibilities to another Resident or to an attending physician if he/she is too fatigued.

3. Program leadership is responsible for ensuring that a resident has an alternative means of transportation home if he/she is too fatigued to safely return home. In such cases, residents should:
 - a. first, seek alternative transportation from colleagues, program faculty, or program administration; and
 - b. if this option is not feasible, the resident should take a taxi or ride service, and provide the receipt for his/her trip home to program leadership. The resident will subsequently be reimbursed for the taxi or ride service expense.

C. Reporting Fall-Outs in Work Hours

1. Program Directors have primary responsibility for monitoring Work Hours to ensure adherence to the ACGME Institutional, Common Program and Specialty/Subspecialty Requirements. The method of monitoring must be approved by the GME office and residents are required to follow their residency program's method of Work Hour reporting (e.g., reporting Work Hours timely and accurately in MedHub).
2. The GMEC, through the GME office, further monitors Work Hours. Residency programs are required to investigate Work Hour compliance issues or concerns identified by or reported to the residency program by the GME office or by the GMEC. Residency programs with a history of non-compliance incidents may be placed on monitoring and/or be subject to a Special or Internal Review in accordance with the procedures in the *Special Review and Internal Review Protocol and Policy Graduate Medical Education Programs* policy.
3. Tulane University School of Medicine encourages reports of any concerns related to Work Hours and all Work Hour fall-outs and is committed to timely addressing areas of non-compliance. Residents and faculty are responsible with reporting events that violate residency program Work Hour policies and this Policy. Residents and faculty should report Work Hour concerns through one of the following mechanisms:
 - a. Direct reporting to attending physicians, Program Directors, Chief residents, departmental Chairs, the GMEC, the GME office or DIO; and/or
 - b. The University's Professionalism Reporting Platform
<https://medicine.tulane.edu/education/professionalismenvironment-learning-program>.

V. References/Associated Policies

- Tulane University School of Medicine, Graduate Medical Education *VI. Policy on Moonlighting*
- Tulane University School of Medicine, Graduate Medical Education *Special Review and Internal Review Protocol and Policy Graduate Medical Education Programs*