



MERCYHEALTH

Regional Academic Affairs

TITLE: Clinical Experience and Education Hours	POLICY NUMBER:	S/P-01
DEPARTMENT: Graduate Medical Education	Effective Date:	07/01
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POLICY:

The Graduate Medical Education programs of Mercy Health - St. Vincent Medical Center, in partnership with the institution, must 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 well-being. must ensure that each residency establishes Clinical Work and Education hours that foster medical education and facilitate the care of patients.

PURPOSE:

1. To provide residents with sound academic and clinical education, which must be carefully planned and balanced with concerns for patient safety and resident's well-being.
2. For each program to ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations.
3. That didactic and clinical education has priority in the allotment of resident's time and energies.
4. That Clinical work assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients
5. To assure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.
6. To assure that resident Clinical Work and Education hours and on-call time periods are not excessive. The structuring of the clinical and on-call schedules must focus on the needs of the patient, continuity of care and the educational needs of the resident.
7. To assure that there is adequate opportunity for rest and sleep when a resident is on call for 24 hours or more.
8. To assure that specific RRC/CPME standards with respect to Clinical Work and Education hours are established by each residency
9. To assure that call schedules and schedules of assignments are made available to each resident.

DEFINITIONS:

Clinical Work and Education Hours: are all clinical and academic activities related to the residency program, i.e., both inpatient and outpatient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conference. Clinical Work and Education hours **do not** include reading and preparation time spent away from the clinical site.

In-House Call: those hours beyond the normal work day when residents are required to be immediately available in the assigned institution

At-Home Call: (pager call)-call taken from outside the assigned institution

Moonlighting: any physician activity outside of recognized residency training requirements

One Day: one continuous 24-hour period free from all administrative clinical, and educational

Must: A term used to identify a requirement which is mandatory or done without fail. This term indicates an absolute requirement.

Should: A term used to designate requirements so important that their absence must be justified. A program or institution may be cited for failing to comply with a requirement that includes the term 'should'.

PROCEDURE:

Each Program must have written policies and procedures consistent with the Institutional and Program Requirements for resident **Clinical Experience and Education**.

Maximum Clinical Work and Education Hours per week

1. Clinical Work and Education 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. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over a four-week rotation). At home call cannot be assigned on these free days.
3. Residents should have eight hours off between scheduled clinical work and education periods.
 - a. There may be circumstances when residents 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.
4. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
5. 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.
6. Residents are responsible to monitor their compliance and notify their service if relief from Clinical Work is necessary to avoid a violation of the Clinical Work and Education Hour requirements (Senior Resident, Chief Resident, Rotation Director, Program Director as appropriate)

Maximum Clinical Work and Education Period Length

1. Clinical work and education periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
 - a. 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.

- i. Additional patient care responsibilities must not be assigned to a resident during this time.
2. Clinical and Educational Work Hour Exceptions
 - 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; or,
 - iii. to attend unique educational events.
 - b. These additional hours of care or education will be counted toward the 80-hour weekly limit.

Maximum Hour Exception

1. No rotation-specific Clinical and Educational Work hour exceptions will be granted for Mercy Health - St. Vincent Medical Center sponsored residency programs.

Moonlighting

1. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.
2. All moonlighting i.e. internal and external moonlighting, **must** be counted towards the 80-hour maximum weekly limit.
3. PGY-1 residents are not permitted to moonlight.
4. Also refer to institutional policy S/P – 07.

In house Night Float/Night Shift

1. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
2. Programs will also adhere to any ACGME-RRC specialty specific language regarding night float/night shift regarding maximum number of consecutive weeks of night float/night shift and maximum number of months of night float/night shifts per year.
3. Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

At-Home CALLu

1. 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 of one day in seven free of clinical work and

education, when averaged over four weeks.

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

Oversight

1. Monitoring of Clinical Work and Education hours is required with frequency sufficient to ensure an appropriate balance between education and service. Clinical Work and Education Hour Logs must be reviewed by the Program Director and a compliance report submitted monthly to Academic Affairs (report form attached).
2. Monthly Reports will be reviewed by the GMEC. The GMEC may request a formal action plan be developed by a Program Director if trends/exceptions are identified in a specific program.
3. Back-up support systems **must** be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

Resident Responsibilities

1. Residents are expected to log hours accurately.
2. Upon receipt of the rotation schedule, residents must review the schedule for any potential Clinical Work and Education hour violations and communicate the same to their program director.
3. Throughout a rotation, residents are expected to be vigilant for any potential clinical work and education hour violations and at the earliest time-point when an impending violation is noted to alert their rotation chief resident, rotation director and/or program director as appropriate for resolution to maintain compliance.

Approved by:



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