

Clinical Experience and Education Work Policy

Wisconsin Northern & Central GME Consortium (WiNC)

Initial GMEC Approval:	10-15-2019
Last GMEC Review Date:	

Scope

This policy pertains to all WiNC-sponsored residency/fellowship programs. The term resident/residency is used synonymously with fellow/fellowship unless otherwise specified. (GMEC approved 10/20/2022) Requirements, 1. f-h, do not apply to ABPS fellows.

Purpose

Programs, in partnership with the Sponsoring 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 activities that complies with ACGME work hours limitations.

Policy Guidelines

Requirements

1. Clinical Experience and Education
 - a. Hours/week: 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. Requests for exceptions to this limitation are not permitted.
 - b. Mandatory time free of clinical work and education
 - i. Residents should have eight hours off between scheduled clinical work and education periods.
 - ii. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
 - iii. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education, when averaged over 4-weeks. At-home call cannot be assigned on these free days.
 - c. Maximum Clinical Work and Education Period length
 - i. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
 1. 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.
 2. Additional patient care responsibilities must not be assigned to a resident during this time.
 - d. Clinical and Educational Work Hour Exceptions
 - i. 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
 1. To continue to provide care to a single severely ill or unstable patient;
 2. Humanistic attention to the needs of a patient or family; or,
 3. To attend unique educational events.
 - ii. These additional hours of care or education will be counted toward the 80-hour weekly limit.
 - e. Moonlighting
 - i. 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.
 - ii. Time spent by residents moonlighting must be counted toward the 80-hour maximum

weekly limit.

Requirements, 1. f-h do not apply to ABPS fellows.

- f. In-house night float
 - i. Night float must occur within the context of the 80-hour and one-day-off in seven requirements.
- g. Maximum In-House Call Frequency:
 - i. Residents must be scheduled for in-house call no more frequently than every third night when averaged over a 4-week period.
- h. At-Home Call
 - i. Time spent in the hospital while on at-home call must be included in the 80-hour weekly maximum. 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.
 - ii. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for residents.
 - iii. 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 patient care must be included in the 80-hour maximum weekly limit.

2. Fatigue Mitigation

Programs must:

- a. Educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation at least annually.
- b. Educate all faculty members and residents in alertness management and fatigue mitigation processes at least annually.
- c. Encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning

3. Work/Duty hours documentation, reporting, and compliance:

- a. Residents must track and verify their work hours at least monthly.
- b. The program will ensure resident work hours are verified and approved at least monthly and that any duty hours violations are accompanied by an explanation. At least quarterly, the DIO/Designee will compile Duty Hours Audit Reports to be reviewed by GMEC.
- c. At least quarterly the GMEC must review of Duty Hours Audit Reports. Any violations or negative trends will be addressed and corrective action determined. Review of the corrective action plan occurs at the following GMEC meeting for compliance.
- d. Each program is required to maintain substantial compliance in tracking duty hours and in submitting their Duty Hours Audit Report.

Responsibilities

- 1. The WiNC Graduate Medical Education Committee is responsible for:
 - a. Ensuring that each WiNC program has written policies and systems that address compliance with work hours and resident fatigue requirements. This will be accomplished by:
 - i. Reviewing the Duty Hours Audit Reports received from programs.
 - ii. Addressing any violations or negative trends in the Duty Hours Audit Reports through a corrective action plan.
 - iii. Reviewing results from the annual confidential survey of all residents in training
 - iv. Reviewing results from resident surveys conducted by the ACGME
 - v. Information gathered during Self Studies
 - vi. Periodic review of written program policies/procedures
 - vii. Program reports as requested
 - b. Staying current on work hour accreditation requirements.
- 2. Each WiNC-sponsored residency program under the leadership of the Program Director, is responsible for:
 - a. Developing a learning and working environment that emphasizes a culture of safety.
 - b. Developing and implementing written program policies/procedures for resident work hours, compliance, and patient safety consistent with this institutional policy and accreditation

- requirements.
 - c. Scheduling resident assignments in compliance with work hour requirements.
 - d. Establishing and implementing systems to monitor resident work hours with sufficient frequency to ensure an appropriate balance between education and service, and compliance with requirements.
 - e. Providing to residents and faculty at least annually, and more often as needed:
 - i. Written work hours policies/procedures
 - ii. Education on work hour requirements, local program policy/procedures, signs of fatigue and sleep deprivation, education in alertness management and fatigue mitigation and physicians' personal responsibility to provide safe patient care.
 - iii. Providing a training at a residency education conference.
 - f. Establishing back up support systems for residents when patient care responsibilities are especially difficult or prolonged, and encouraging residents to use alertness management strategies when providing patient care.
 - g. Monitoring the demands of at-home call, and making adjustments as necessary to eliminate excessive service demands and/or fatigue for residents.
 - h. Making changes and/or implementing interventions as needed, to ensure program compliance with resident work hours requirements and management of resident fatigue.
 - i. Providing the Duty Hours Audit Report to the DIO/designee as requested for oversight purposes by the Graduate Medical Education Committee.
 - j. Setting up processes for when residents remain beyond their scheduled period of work on their own initiative to continue provision of patient care in unusual circumstances; reviewing documentation of the circumstances; and tracking both individual resident and program-wide episodes of additional duty.
3. Residents are responsible for:
- a. Participating in educational sessions on work hours, program policy/procedures, signs of fatigue and sleep deprivation, alertness management, fatigue mitigation, and physicians' responsibility to provide safe patient care.
 - b. Monitoring their hours to ensure compliance with resident work hour requirements.
 - c. Fully completing surveys/logs/reports/etc. required by their program for monitoring, documenting, and verifying their work hours at least twice per year.
 - d. Knowing and using alertness management strategies when providing patient care.
 - e. Offering suggestions to their program on how to better ensure compliance with work hours requirements and management of resident fatigue, as appropriate
 - f. Discussing and reporting work hours violation concerns to the Program Director or Education Coordinator and with the Designated Institutional Official or Chair of GMEC in the event that communication with the program is unsatisfactory, if this situation arises.

Program and Institutional References

1. Local program policies/procedures pertaining to resident duty hours.
2. WiNC Resident Impairment Policy
3. WiNC Resident Moonlighting Policy

For GMEC ACGME Reference

ACGME Institutional Requirements (2022)

III.B.5. Clinical Experience and Education

III.B.5.a) The Sponsoring Institution must oversee:

III.B.5.a).(1) resident/fellow clinical and educational work hours, consistent with the Common and specialty-/subspecialty- specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner; ^(Core)

III.B.5.a).(2) systems of care and learning and work environments that facilitate fatigue mitigation for residents/fellows; and, ^(Core)

III.B.5.a).(3) an educational program for residents/fellows and faculty members in fatigue mitigation. ^(Core)

**For more detailed information please refer to the ACGME Family Medicine Common Program Requirements 2021 section VI.F.—VI.F.8.b)

ACGME website – <http://www.acgme.org>