

University of Chicago Medical Center  
Graduate Medical Education Policy Manual

**Clinical and Educational Work Hours (formerly Duty Hours)**

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Working Environment  
Graduate Medical Education Policy 08

**Purpose**

The purpose of this policy is to ensure training programs sponsored by the University of Chicago Medical Center (UCMC) meet the ACGME requirements established for clinical experience and education. The structure of the learning and working environment is guided by emphasis on patient safety, professionalism, and a commitment to well-being of the students, residents, faculty members, and all members of the health care team. To this end, clinical and educational work hour assignments recognize that faculty, residents and other members of the health care team collectively have responsibility for the safety and welfare of patients and that residents should be afforded reasonable opportunities for rest and personal activities.

**Definitions**

**Clinical and Educational Hours** include all clinical and educational work related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care whether completed in-house or at home, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Clinical and educational hours do not include reading, studying, research and non-clinical preparation time spent away from the duty site.

**In-house Call** is defined as those duty hours beyond the normal work hours when residents are required to be immediately available in the assigned institution.

**At-home (pager) Call** is defined as call taken from outside the assigned institution.

**Clinical Experience and Educational Work Hour Requirements**

**Maximum Hours of Clinical and Educational Work Per Week**

- Clinical and educational work hours must be limited to 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.

## **Mandatory Time Free of Clinical Work and Education**

- Residents should have eight hours off between scheduled clinical and educational work periods.
- Residents must have at least 14 hours free of clinical educational work hours after 24 hours of in-house call.
- Residents must be provided with 1 day in 7 free from all clinical and educational work hours averaged over a 4-week period. At-home call cannot be assigned on these free days. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- **Maximum Clinical and Educational Work Hours**
  - Continuous on-site clinical and educational work periods, including in-house call, must not exceed 24 consecutive hours.
  - Residents may remain on duty for up to four additional hours to participate in activities related to patient safety, such as transfer care of patients, and/or resident education, and maintain continuity of medical and surgical care as further specified by the Review Committee.
  - No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous clinical and educational work hours.

## **Clinical and Educational Work Hours Exceptions for Individual Residents**

- 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 to continue to provide care to a single severely ill or unstable patient, attend to the humanistic needs of a patient or family, or to attend unique educational events.
- In circumstances when residents choose to stay to care for patients or return to the hospital with fewer than eight hours free of clinical experience and education, they must still comply with the 80-hour and one-day-off in seven requirements.
- Under these circumstances, residents must document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
- The program director must review each submission of reduced break time, and track both individual resident and program-wide episodes.
- Additional hours of care or education will be counted towards the 80 hour weekly limit.

### **In-House Night Float**

- In-house night float must occur within the context of the 80-hour and one-day-off in seven requirements. Maximum consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.

### **In-House Call**

- In-house call must occur no more frequently than every third night, averaged over a four-week period.

### **At-Home Call**

- Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit.
- The frequency of at-home call is not subject to the every third night limitation. However, at home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
- Residents taking at-home call must be provided with 1 day in 7 completely free from all clinical and educational work hours or responsibilities, averaged over a 4-week period.
- When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

### **Time for Personal Care Appointments (Resident Well-Being)**

- Program policies must include provisions for residents to request time off and find coverage to attend medical, mental health, and dental care appointments within a reasonable timeframe.

### **Moonlighting**

- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, must not compromise patient safety, and must not interfere with the resident's fitness for work.

- Moonlighting, both internal and external, must be counted toward the 80-hour weekly limit on clinical and educational work hours.
- PGY-1 residents and are not permitted to moonlight. Pursuant to federal regulations and ECFMG policies, J-1 visa holders are also not permitted to moonlight. *See also GME Policy 7 Extra Service Pay Activity for Residents and Fellows Including Moonlighting.*

## **Oversight**

- The Graduate Medical Education Committee (“GMEC”) is responsible for establishing and implementing formal written policies and procedures governing resident clinical and educational work hours in compliance with the Institutional and Program Requirements. Requirements for residents on-call or clinical and educational work hours should reflect an educational rationale and patient need (including continuity care), and a focus on resident well-being.
- Each program must establish written policies and procedures with regard to resident clinical and educational work hours and the working environment consistent with the Institutional and Program Requirements. These formal policies must apply to all participating institutions used by the residents. The policies must be available to the GMEC and distributed to the residents and the faculty.
- Resident duty hours and on-call time periods must be in compliance with the Institutional and Program Requirements. The structuring of clinical and educational work hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs and well-being of the resident.
- Programs must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.
- Programs must educate all faculty and residents to recognize the signs of fatigue and sleep deprivation; provide education in alertness management and fatigue mitigation processes; and adopt and apply policies to prevent and counteract the potential negative effects on patient care and learning such as back-up call schedules and naps.
- Programs are to monitor the duty-hours and call schedules and adjustments made as necessary to address excessive service demands and/or resident fatigue.

## **Monitoring**

- Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service. Program directors are responsible for obtaining data on compliance with the Resident clinical and educational work hours policy for their programs. Each resident will be responsible for providing accurate and timely data on

compliance with the policy to her/his program director and the ACGME when this information is requested.

- The Graduate Medical Education Office will be responsible for providing an institutional Residency Management System for measuring compliance with clinical and educational work hours. The system will be available to all programs, and they are encouraged to use this system. It is the responsibility of each program to actually apply the system to its residents.

### **Compliance**

- Program compliance will be reviewed by the GME Office on a regular basis. Semi-annual reports regarding Duty Hours Compliance will be available to the GME office upon request and may be reviewed by the GMEC. Each program should be cognizant of what data it may need for its RRC, regardless of the schedule of GMEC review.
- If a program is found to be out of compliance, that Program may be required to submit monitoring data on a more frequent basis in the future..

### **Clinical and Educational Work Hours Exception for Programs**

- Where permitted by the respective RRC, programs may apply for an exception to the 80-hour duty requirement. In the rare circumstance that programs believe an exception would be justifiable, prior review and approval by the GMEC and DIO are required.

### **Additional Resources for the Learning and Working Environment**

- Residents on duty are to be provided with adequate and appropriate sleeping quarters, food services 24 hours a day, and safe transportation options for residents too fatigued to safely return home. For further details regarding safe transportation, consult program guidelines.
- Appropriate security and personal safety measures are to be provided to residents at all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities (eg, medical office building).

### **Interpretation, Implementation, Revision**

- The Graduate Medical Education Committee (GMEC) is responsible for the interpretation of this policy, and the GMEC and Program Directors are responsible for the implementation of this policy.

- **The Graduate Medical Education Office and Legal Affairs are responsible for the revision of this policy.**