

UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE
RESIDENT WORK HOURS POLICY & PROCEDURE

BACKGROUND (INTENT)

The Accreditation Council on Graduate Medical Education (ACGME) has charged sponsoring institutions, in this case the University of Louisville School of Medicine, with ensuring that formal written policies governing resident clinical and educational work hours be established at both the institutional and program level. Programs, in partnership with their Sponsoring Institutions, 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.

The Graduate Medical Education Committee is responsible for and has established procedures for reviewing requests for exceptions to the weekly work hours limits of up to 10 percent or a maximum of 88 hours. Requests must be justified on educational grounds and must be approved by the GMEC before consideration by the appropriate Residency Review Committee. Requests for an exception must follow the clinical and educational work hour exception policy from the *ACGME Manual of Policies and Procedures* and the *GMEC Procedure for Endorsing Requests for Resident Work Hours Exceptions*.

Any questions or concerns regarding this policy or work hour entry in Med-Hub should be directed to the GME Office via the REWE Coordinator at (502) 852-5271. The GME Office can be reached anonymously or confidentially through the Resident Ombuds line at (502) 852-0387 or through the DIO Anonymous Message to DIO/GME Director in Med-Hub [See Messaging]. For additional resources for addressing work hour issues residents can contact a House Staff Council (HSC) Representative by visiting the website: <http://louisville.edu/medicine/org/housestaff>.

DEFINITIONS (AS USED IN THIS POLICY)

Resident: Any physician in a University of Louisville graduate medical education program recognized by the GME Office, including interns, residents, and fellows. Residents in University of Louisville School of Medicine residency programs are classified as students (see item #7 in the Resident Agreement).

Clinical and educational work hours (Work Hours): defined as all clinical and academic activities related to the residency/fellowship program. This includes inpatient and outpatient clinical care, in-house call, short call, night float and day float, transfer of patient care, and administrative activities related to patient care, such as completing medical records, ordering and reviewing lab tests, and signing orders.

- Hours spent on activities that are required in the accreditation requirements, such as membership on a hospital committee, or that are accepted practice in residency/fellowship programs, such as residents'/fellows' participation in interviewing residency/fellowship candidates, must be included in the count of clinical and educational work hours.
- For call from home, time devoted to clinical work done from home and time spent in the hospital after being called in to provide patient care count toward the 80-hour weekly limit. Types of work from home that must be counted include using an electronic health record and taking calls.
- Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours.

Specific types of Work Hours include:

- **External moonlighting:** Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.
- **In-House Call:** Duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
- **Internal Moonlighting:** Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.
- **Night Float:** Rotation or educational experience designed to either 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 and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments. Rotation must have an educational focus.

- **Home/Pager Call:** call taken from outside the assigned institution by pager or phone,

Continuous time on duty: The period that a resident or fellow is in the hospital (or other clinical care setting) continuously, counting the resident's (or fellow's) regular scheduled day, time on call, and the hours a resident (or fellow) remains on duty after the end of the on-call period to transfer the care of patients and for didactic activities.

Scheduled duty periods: Assigned duty within the institution encompassing hours which may be within the normal work day, beyond the normal work day, or a combination of both.

One Day Off: One (1) continuous 24-hour period free from all administrative, clinical and educational activities.

POLICY/PROGRAM REQUIREMENTS

1. Each sponsored training program at the U of L School of Medicine must have a formal, written policy on resident Work Hours. The written policy must be provided to all residents and faculty. All programs must submit a copy of the program specific written policy on Resident Work Hours to the Office of Graduate Medical Education (GME) by loading into Med-Hub. Whenever changes are made to this document, the GME Office must have a record of the most current policy.
2. The policy must foster resident education, facilitate patient care, and be consistent with the current published institutional and program requirements of the specialties and subspecialties that apply to each program. The policy must cover all institutions to which residents rotate. In the event an individual RRC publishes standards which differ from those stated in this policy, the program should follow its published RRC standards.
 - a) Resident work hours must not exceed 80 hours per week averaged over four weeks which is inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
 - b) Residents should have 8 hours off between scheduled clinical work and education periods. 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.
 - c) In-house call must occur no more frequently than every third night, averaged over a four-week period. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
 - d) In-House 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 committees.
 - e) Clinical and educational work periods for residents must not exceed 24-hours maximum continuous on-site work with up to 4 additional hours permitted for activities related to patient safety such as providing effective transition of care, and/or resident education. There must not be additional patient care responsibilities assigned to a resident during this time. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of work to continue to provide care to a single, severely ill patient, to provide humanistic attention to the needs of a patient or family, or to attend unique educational events. These additional hours will be counted toward the 80-hour work week.
 - f) Resident time spent in the hospital or on patient care activities at home during at-home call must be counted toward the 80-hour maximum weekly limit. At-home call is not subject to the every 3rd night limitation however it must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. At-home call must not be so frequent as to preclude rest and reasonable personal time for residents.
 - g) All residents, including those assigned at-home call, must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. At home call cannot be assigned on these days.
3. Program Directors must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Resident moonlighting must be approved in advance with the

approval documented in MedHub, and monitored by the program director. Programs must implement mechanisms to monitor resident moonlighting to ensure compliance with both program and institutional policies. All moonlighting that occurs both within the residency program and/or the sponsoring institution or outside the sponsoring institution must be counted toward the 80-hour weekly limit on duty hours. Moonlighting cannot be required by the program; PGY-1 residents are not permitted to moonlight. For additional information, please see institutional GME Policy & Procedure on Resident Moonlighting and Extra Duty Pay.

4. Work hours must be monitored by the program to assure compliance with ACGME requirements. Work hour reporting must be completed by the resident, and not the program. On the 15th of the month, Med-Hub will lock the prior month's work hour activity, which makes the resident work hours unamendable for program administrators.
5. Program Directors must monitor resident well-being and develop policies for educating faculty and residents to recognize the signs of stress and fatigue and for dealing with residents identified as stressed or fatigued.
6. The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home.
 - Sleep facilities (Call Rooms) are available at the major participating sites and access procedures varies by program. It is the program's responsibility to communicate this information to residents.
 - The House Staff Council Uber transportation program was implemented to assist residents who feel too fatigued or sleepy to drive home, particularly but not limited to after being on-call. The program is provided free to UofL residents and funding is provided through the Office of Graduate Medical Education. For additional information, please visit website: <http://louisville.edu/medicine/gme/current-residents/cab-voucher-program>.
7. Residents must at all times have appropriate support and supervision in accordance with current published ACGME institutional and program requirements and with the School of Medicine Resident Supervision Policy & Procedure. Programs must ensure that residents are provided appropriate back-up support when patient care responsibilities are particularly difficult or prolonged. Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties, per the Transitions in Care Policy & Procedure.

RESIDENT REQUIREMENTS

1. All residents who sign contracts through the GME Office are required to enter and submit their work hours in the MedHub system weekly.
2. Residents have two weeks in which to document and submit work hours after which they are locked out. Lockout occurs at 12:01am EST Sunday morning for the previous week. Residents that have failed to log and submit any work hours for the prior week will be reminded by email and alert on their portal page. They still would have a full week to document and submit work hours for the previous week.
3. Resident work hour timesheets include an extensive amount of information to make documenting Resident work hours as quick and painless as possible.
 - Each Resident Work Hour Timesheet includes the date, scheduled activity, in time, and out time
 - A 'Submit Completed Work Hours' link that automatically calculates the entered hours against ACGME regulations *
 - Color coded calendars showing compliance history
 - Automatic calculation of *potential* violations against ACGME regulations which automatically requires a mitigating reason. MedHub work hour functionality is proactive rather than reactive. Activity flagged by MedHub and requiring a mitigating reason should be considered a "*potential violation*" because it is calculated against a single weekly time sheet rather than the ACGME 4-week average. When averaged, over the full period it may result in no violation at all.

1. By design, there is no Resident unlock. Residents who have not completed documenting (logging and submitting) their work hours prior to the deadline have been locked out of editing and submitting work hours and must go to their residency Program Director or Administrator to have the hours logged and submitted.

PROCEDURE: MONITORING OF RESIDENT SUBMISSION OF HOURS

1. It is the programs responsibility to monitor resident submission of work hours. Programs should not rely on communications and reminder from the GME Office.
2. The GME Office will generate a “work hours submission” report for each program the first week of each month that will show which residents have not logged and/or submitted hours for the previous month (i.e., a report of residents who have not logged and/or submitted hours for December will be run the first week of January).
3. These reports will be sent to the appropriate Program Directors by the 7th of each month. Program Directors or Administrators are responsible for working with the resident to have all work hours brought up to date.
4. Once the reports are distributed, residents will be given until the 15th to meet with the Program Director or Administrator to enter and submit the missing hours before the Program Director and Administrator are also locked out of the prior month.
5. If the resident has not successfully communicated with the Program Director or Administrator regarding entering and submitting the missing hours by the 15th day of the month,
 - a) It will be recommended to the Dean that the resident be placed on academic probation, following the Policy & Procedure for Probation, Suspension, and Dismissal. A copy of the recommendation will be forwarded to the resident and the Program Director.
 - b) After the 15th, the resident will need to work with the GME Office to either correct the hours or the program will need to request temporary access (for the Program Director and Administrator) for the hours to be entered and submitted.
6. Once placed on probation, the resident will be placed on a watch list for a 60 day period to improve work hour logging and submission practices. If not improved by the end of 60 days, a recommendation for suspension from program activities and payroll will be forwarded to the Dean.

PROCEDURE: MONITORING OF WORK HOUR VIOLATIONS

1. It is the program’s responsibility to monitor and address work hour violations.
2. The GMEC Subcommittee titled the Resident Educational and Work Environment (REWE) Subcommittee will meet every other month and as needed. Work hour or educational environmental concerns will be brought to and addressed by the committee through the following channels:
 - a) There will be an administrative staff member of the GME office dedicated to work hour monitoring. The Resident Education and Work Environment Coordinator (REWE Coordinator) will monitor work hour violations across all programs and report to the Vice Dean for Graduate Medical Education & Continuing Medical Education, as well as to the REWE Subcommittee. The REWE Coordinator will report areas where persistent problems are noted in order for the subcommittee to work with Program Directors, Departments or others to facilitate solutions.
 - b) There will be an Ombuds position within the GME office. The Ombuds will be an ad-hoc member on the GMEC and the REWE Subcommittee. This position has the support of the Vice Dean of Graduate Medical Education & Continuing Medical Education as well as the Dean of the Medical School. The Ombuds also serves as the Work Hours Ombuds. Residents can raise work hour concerns with the Ombuds anonymously and without fear of intimidation or retaliation.
3. The GMEC’s Resident Educational and Work Environment Subcommittee will report to the Vice Dean for Graduate Medical Education & Continuing Medical Education as well as the GMEC.
4. In the event that recurrent work hour violations within a program cannot be resolved through the efforts of the Program Director and/or Program Evaluation Committee (PEC), the REWE Subcommittee will meet to investigate

and address problems with the support of the Vice Dean for Graduate Medical Education & Continuing Medical Education.

5. Work Hour violations must be addressed in the programs Annual Program Evaluation (APE) report submitted to the GME Office each academic year.

REFERENCES & RELATED POLICIES

ACGME Institutional Requirements, Effective July 1, 2018, section IV.J: Clinical and Educational Work Hours: The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. (Core)

ACGME Institutional Requirements, Effective July 1, 2018, section III.B.5.b): The Sponsoring Institution, in partnership with its ACGME- accredited program(s), must ensure adequate sleep facilities and safe transportation options for residents/fellows who may be too fatigued to return safely home. (Core)

ACGME Common Program Requirements, Effective July 1, 2017 (Section VI Changes)

Resident Supervision Policy & Procedures

Probation, Suspension, and Dismissal Due Process Procedure

Work Hour Exceptions Procedure

*Program Specific for Resident Work Hours Policy & Procedures

APPROVAL

Effective: 03/19/2008

Revised: 09/15/2010

Revised 3/16/2011 GMEC; Effective 7/1/2011

Revised 4/17/2013

Revised 9/25/2015; Approved by GMEC 11/18/2015

Revised March 27, 2019; Approved by GMEC 4/1/2019