Clinical Work and Education Oversight (Formerly Duty Hour Oversight) (IR.III & IR I.V.J.)

GMEC approved: March 2007
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GMEC updated and approved: April 2017

**Purpose**

To ensure an appropriate learning and working environment and compliance with Clinical Work and Education hour requirements 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.

**Definition:**

Clinical Work and Education hours are defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care including clinical work done from home, the provision for transfer of patient care, time spent in-house during clinical and educational activities such as conferences and moonlighting. Clinical Work and Education hours do not include reading, studying or academic preparation time such as time spent away from the patient care unit preparing for presentations or journal club.

**Policy**

WSU GME is committed to providing a supportive learning environment where sound academic and clinical education is carefully planned and balanced with concerns for patient safety and resident/fellow well-being. WSU GME fosters a culture of professionalism that supports patient safety and personal responsibility. WSU GME is committed to providing an educational and work environment which encourages residents to raise and resolve concerns in a confidential and protected manner without fear of intimidation or retaliation.

The clinical responsibilities for each resident/fellow is based on PGY-level, patient safety, education, severity and complexity of patient illness/condition and available support services. Resident care for patients in an environment that maximizes effective communication utilizes inter-professional teams and ensures effective hand-over processes. Resident are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

Resident and core faculty members are educated concerning the fulfillment of educational and professional responsibilities of physicians that include: scholarly pursuits, accurate completion
of required documentation, the identification of resident mistreatment and to appear for Clinical Work and Education appropriately rested and fit to provide the services required by their patients. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider. (see Handoffs & Transitions of Care policy)

Each program must ensure that the learning objectives of the program are accomplished through an appropriate blend of supervised patient care responsibilities (see Supervision and Accountability policy), clinical teaching and didactic educational events; and are not compromised by excessive reliance on resident to fulfill non-physician service obligations. Didactic and clinical education must have priority in the allotment of resident time and energies. Clinical Work and Education hour assignments must recognize that faculty and resident, collectively, have responsibility for the safety and welfare of patients. Programs may adopt more restrictive Clinical Work and Education hour requirements which also apply to resident/rotating in that program.

Mandatory Time Free of Clinical Work and Education

Clinical Work and Education hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all internal and external moonlighting. The maximum Clinical Work and Education period is 24 hours (24 hours plus four hours transition and education for a total of 28 hours. Additional patient care responsibilities must not be assigned to a resident during this time).

Residents are required to have time off from all educational and clinical responsibilities. Residents should have 8 hours off between scheduled clinical work and education periods. Residents must have at least 14 hours free of clinical work and education after a 24-hour shift, inclusive of call.

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: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit. 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 days. One day is defined as one continuous 24-hour period from all clinical, educational and administrative activities.

In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. Each specialty may further specify the maximum number of consecutive weeks
of night float, and maximum number of months of night float per year as determined by their respective Review committee

Maximum In-House On-Call Frequency

Residents must be scheduled for in-house call no more frequently than every third night (when 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, but 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 or taxing as to preclude rest or reasonable personal time for each resident.

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 care must be included in the 80-hour maximum weekly limit.

Procedure

Resident Clinical Work and Education hours are self-reported through the residency management software

Faculty and resident are educated to recognize the signs of fatigue and sleep deprivation and to employ procedures to prevent and counteract its potential negative effects on patient care and learning. Mandatory educational requirements on fatigue are assigned to resident via an online course prior to their first year. The program must have an educational program that educates Faculty and residents about Clinical Work and Education hours and fatigue mitigation.

Each program adopts fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, including naps and back-up call schedules. In addition, each program must have a process to ensure continuity of patient care in the event that a resident/fellow may be unable to perform his/her patient care duties. Programs will encourage residents to use alertness management strategies in the context of patient care. Strategic napping, especially after 16 hours of continuous Clinical Work and Education, is strongly suggested.

The WSU GME ensures that all residents have access to call rooms at each participating site and/or safe transportation options for residents who may be too fatigued to return home safely.

Monitoring
The GMEC reviews and monitors working conditions, resident supervision, Clinical Work and Education hours for residents and ancillary support, and resident participation in department scholarly activity as set forth in the ACGME institutional, common and applicable specialty program requirements.

- Bi-monthly review of Clinical Work and Education hour reports from each program at the GMEC meeting. The GMEC will request a report from the program director of any violations identified as patterns of non-compliance.
- Program policies: Copies of program-specific policies and procedures are maintained on residency management software.
- Annual GME resident evaluation of program: Residents are asked to complete a confidential (only the program is identified) web-based survey. Included in the survey are questions about program compliance with Clinical Work and Education hours and other work environment issues.
- Annual GME faculty evaluation of program: Faculty are asked to complete a confidential (only the program is identified) web-based survey. Included in the survey are questions about program compliance with Clinical Work and Education hours and other work environment issues.
- ACGME resident survey: The ACGME surveys residents about their clinical and educational experiences. This survey is not administered in conjunction with a program’s site visit, although the information gathered will be used at the time of the program’s site visit.
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- Anonymous contact: Residents are encouraged to contact the anonymous hotline at 248-457-5120 to report violations of the Clinical Work and Education hour policy or any other grievance. They can also access the Confidential Complaint Form on the WSU GME website.
- Special review: Questionnaire includes specific questions regarding program policies on Clinical Work and Education hours and compliance with requirements. Special review committee members meet with residents and ask for their confidential assessment of program compliance with requirements.
- Resident Council – residents have the opportunity to report any complaints to their council representative or to bring the matter to the attention of the council directly. The council will address the issue with the GMEC and provide information back to the resident on any resolutions that may occur.