

The following are responsible for the accuracy of the information contained in this document

**Responsible Policy Administrator**  
Associate Dean for Graduate Medical Education

**Responsible Department**  
Graduate Medical Education

**Contact** (508) 856-2903

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## **Policy Statement:**

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All GME programs in partnership with the institution's GME office, 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. Programs have the same responsibility to address well-being as they do to evaluate other aspects of resident competence. Duty hours for both ACGME accredited and non-ACGME accredited programs must be fully compliant with all ACGME and where applicable, RRC requirements.

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## **Reason for Policy**

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Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. ACGME policy uses the terms "clinical experience and education", "clinical and educational work" and "clinical and educational work hours" to replace terms "duty hours," "duty periods," and "duty" to reinforce that "duty to clock out" on time does not supersede resident duty to their patients.

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## **Entities Affected By This Policy**

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- ◆ UMass Chan residents and fellows in both ACGME accredited and non-accredited Programs
- ◆ Residency and fellowship program directors and coordinators
- ◆ All UMass Chan clinical faculty involved in resident and fellow education

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## Related Documents

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- ◆ ACGME INSTITUTIONAL REQUIREMENTS
- ◆ ACGME COMMON PROGRAM REQUIREMENTS
- ◆ SPECIALTY SPECIFIC PROGRAM REQUIREMENTS

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## Scope

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Work hours are defined as all required clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care including hand-offs, and time spent on patient care activities by residents at home. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours. Resident decisions to leave the hospital before their clinical work has been completed and to finish that work later from home should be made in consultation with the resident supervisor.

### WORK HOURS:

- 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 as described above, and all moonlighting.
- Residents should have eight hours off between scheduled clinical work and education periods. There may be rare circumstances when these residents choose to stay on duty to care for their patients or to return to the hospital with fewer than 8 hours off. This must occur within the context of the 80-hour and the one-day-off-in seven requirements and reasons include: a) to continue to provide care to a single severely ill or unstable patient; b) humanistic attention to the needs of a patient or family; or c) to attend unique educational events
- Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- Residents must be provided with one day in seven free from all educational and clinical responsibilities averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24 hour period free from all clinical, educational and administrative activities. At-home call cannot be assigned on these free days.
- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. 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. Additional patient care responsibilities must not be assigned at this time.

### ON-CALL ACTIVITIES:

- The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those work hours beyond the normal workday when residents are required to be immediately available in the assigned institution.
- Residents must be scheduled for in-house call no more than every third night when averaged over a four-week period.
- 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 individual programs consistent with individual RRC requirements.

- At-home call (pager call) is defined as call taken from outside the assigned institution.
- At-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Time spent on patient care activities by residents on at-home-call must count toward the 80-hour-maximum weekly limit.
- Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- 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.
- 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.

### **MOONLIGHTING**

- Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the residents fitness for work nor compromise patient safety.
- The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting.
- All internal and external moonlighting must be counted toward the 80-hour maximum weekly limit, and residents must log moonlighting hours on the quarterly logs (or more frequently if required by specific residency programs). PGY-1 level residents are not permitted to moonlight.

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## **Responsibilities & Procedures**

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### **PROGRAM-SPECIFIC POLICIES AND PROCEDURES**

- Each program is required to have written policies and procedures consistent with the Common Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
- 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. Each program must have a specific back-up policy.
- Residents who voluntarily agree to duties which are not considered a normal part of their duties within their residency/fellowship program may receive additional compensation with the prior approval of the program director, the Associate Dean for Graduate Medical Education, and the Chief Medical Officer.

### **EDUCATION ON DUTY HOURS AND SLEEP DEPRIVATION**

- The UMass Chan GME Work Hours: Clinical Experience and Education Policy will be provided to the residents at the GME orientation. Residents/fellows are advised about the processes in place for monitoring work hours by the institution and the mechanisms for reporting violations to the GME office and the DIO. Residents are also

advised of the ACGME Reporting Options (Office of the Ombudsperson and Office of Complaints).

- Residents and faculty must annually complete the on-line module of the GME Core Curriculum that addresses sleep deprivation and fatigue mitigation.
- Call rooms will be made available for residents who are too tired to safely drive home
- Reimbursement will be provided for transportation for residents who are too tired to safely drive home post call and back to the hospital the next day.

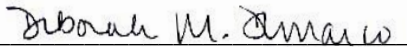
### **WORK HOURS MONITORING AND REPORTING**

- Residents and fellows are required to report their work hours (including all moonlighting) using the GME web-based evaluation system. A report is shared with all program directors and chairs. Violations will be addressed by the program director. Multiple violations that appear to be the result of program schedules are brought to the attention of the GMEC with corrective action plan and follow up as indicated by the GMEC.
- Work hours requirements and compliance is included in the Annual Report to the Medical Staff Executive Committee and the Dean of UMass Chan.
- The GME Office monitors duty hours by: work hours logs, during program review meetings with residents, internal annual evaluations and ACGME resident surveys.

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## **Approvals**

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Responsible Policy Administrator  
Deborah DeMarco, Assoc Dean for  
Graduate Medical Education

MARCH, 2003

Date

REVISED