Still OPTI

POLICY		Policy No: IS-005
Subject: Clinical Experience and Education	Approval: 6/29/15 Last revision approved: 6/25/2024	Page 1 of 2

PURPOSE

The purpose of this policy is to ensure each Still OPTI participating site is committed to the provision of a high-quality medical education training environment, balancing time for educational experiences with patient care responsibilities. Participating sites supervise and promote intern/resident physicians' health and well-being while they learn to deliver safe, effective patient care. Still OPTI participating sites have instituted and support limits on work hours while assuming responsibility for addressing the impact of compliance with the Accreditation Council on Graduate Medical Education (ACGME) clinical and educational work hour requirements on the delivery of care and intern/resident physicians' educational experience. This policy is designed to outline essential parameters of the Clinical Experience and Education as outlined in the Common Program Requirements VI.F. and explained by relevant ACGME FAQs.

Each program should have written policies and procedures (beyond this policy) consistent with the Institutional and Common Program Requirements for clinical and educational work hours.
(Refer to the policy on resident fatigue mitigation.)

DEFINITION

Clinical and educational work hours are defined as all clinical and academic activities related to the internship/residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house and at home documenting in the electronic health record, all moonlighting, and scheduled academic activities such as conferences. Clinical and educational work hours do not include reading and preparation time spent away from the clinical and educational site, nor does it include home call, although residents must include time spent on the phone taking calls related to their patients.

POLICY

Each residency program must design an effective structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

1. Maximum Clinical and Educational Work Hours Allowed – 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 moonlighting.
2. At home, the time residents devote to patient care activities, such as completing electronic health records and taking calls related to their patients, counts towards their 80 hours per week. Time spent on self-directed study, such as reading, is excluded from the work-hour limit. (Refer to ACGME Common Program Requirements, Section VI Q&A, page 20)
3. 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. All moonlighting must be requested in writing, approved by the program director, and included in the resident's file. Residents are not required to engage in moonlighting. Program directors and sponsoring institutions must closely monitor all moonlighting activities.

4. In-house call must not be more frequent than every third night (when averaged over a four-week period).
5. 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.
6. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
7. In unusual circumstances, after handing off all patients to the team responsible for their continuing care, residents, on their own initiative, may remain beyond the 24 hours up to a four-hour period of responsibilities to provide care to a single patient. Justifications for such extensions are limited to reasons of continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Another justification is to attend educational events on the resident's own initiative. These additional hours of care or education will be counted toward the 80-hour weekly limit.
8. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
9. Residents must have one 24-hour period off each week when averaged over a 4-week period and shall have no call responsibility during that time.
10. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
11. Each institution must have a process for tracking clinical and educational work hours and reporting them through the Graduate Medical Education Committee for compliance with this policy.
12. Residents may report duty hour violations through the "Confidential Reporting" link at the "Confidential Reporting to Still OPTI DIO" link at atsu.edu/ncoppe/resident-forum/.
13. Residents are responsible to notify preceptor/faculty in a timely manner when approaching work hour limit(s).

MONITORING

Clinical and Educational Work Hour compliance will be monitored by the Graduate Medical Education Office.