



**INSTITUTE FOR FAMILY HEALTH
POLICY/PROCEDURE STATEMENT
FOR GRADUATE MEDICAL EDUCATION**

Policy/Procedure Title: RESIDENT AND FELLOW WORK HOUR SCHEDULE AND SUPERVISION

Revision Date: 3/8/2022

Purpose: To ensure that the working hours and working conditions of residents and fellows hired by the Institute for Family Health promote the provision of high quality medical care, the well-being of residents and fellows, an optimal training experience, and compliance with the New York State Department of Health Regulation 405 and the ACGME work hours requirements, the Institute for Family Health maintains the following guidelines for scheduling and supervising the working hours of its residents and fellows.

Policy:

Maximum Work Hours:

1. Residents' and fellows' clinical and educational work hours shall not exceed eighty (80) hours per week averaged over a four-week period. This limit is 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

2. Residents and fellows shall have eight hours off between scheduled clinical work and education periods.
3. In circumstances when residents and fellows 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 80-hour and the one-day-off-in-seven requirements.
4. Residents and fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
5. Residents and fellows 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 free days.

Maximum Clinical Work and Education Period Length

6. Clinical and educational work periods for residents and fellows must not exceed 24 hours of continuous scheduled clinical assignments. Up to three hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident and fellow education. Additional patient care responsibilities must not be assigned to a resident or fellow during this time.

Clinical and Educational Work Hour Exceptions [Family Medicine Requirement VI.F.4.a]

7. In rare circumstances, after handing off all other responsibilities, a resident or fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- 1) to continue to provide care to a single severely ill or unstable patient;
- 2) humanistic attention to the needs of a family; or,
- 3) to attend unique educational events.

These additional hours of care or education will be counted toward the 80-hour weekly limit.

8. The GMEC and DIO will not consider requests for exceptions to the 80-hour limit to the residents' or fellows' work week, per the Family Medicine Review Committee policy.

Moonlighting

9. Moonlighting must not interfere with the ability of the resident or fellows to achieve the goals and objectives of the educational program, and must not interfere with the resident or fellow's fitness for work nor compromise patient safety.

10. Time spent by residents and fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms)¹ must be counted toward the 80-hour maximum weekly limit.

11. PGY-1 residents are not permitted to moonlight.

In-House Night Float

12. Night float must occur within the 80-hour and one-day-off-in-seven requirements. Night float experiences must not exceed 50 percent of a resident or fellow's inpatient experiences.

Maximum In-House On-Call Frequency

13. Residents and fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

At-Home Call

14. Time spent on patient care activities by residents and fellows 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.

15. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident and fellow.

16. Residents and fellows 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 patient care must be included in the 80-hour maximum weekly limit.

¹ https://www.acgme.org/globalassets/pdfs/ab_acgmeglossary.pdf

Maximum High Intensity Shift

17. While on duty in the emergency department, residents and fellows may not work longer than 12 consecutive hours. There must be at least an equal period of continuous time off between scheduled work periods. A resident or fellow must not work more than 60 scheduled hours per week seeing patients in the emergency department, and no more than 72 total hours per week.

Supervision of Work Hours

18. Residents and fellows must appropriately complete duty hour logs for each block rotation and are expected to report work hours violations. Each program's administrative office will monitor work hours compliance and contact residents and fellows who are not in compliance.

19. The supervising attending in either the hospital or ambulatory setting is responsible for ensuring that the residents and fellows follow these prescribed limitations of work hours on their schedule.

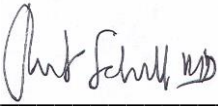
20. Program Directors are responsible for reviewing all work hour violations reported each month. The Program Director will "sign off" on all violations where this option is available.

- "Sign off" indicates that the Program Director has reviewed the violation. It does not indicate that the Program Director "approves" the violation, nor that it is "acceptable".
- The Program Director should review all violations, and make adjustments to program schedules or processes when recurrent violations are noted.

21. Each program's administration will submit quarterly reports to the GME Committee for review. A standard threshold for administrative action in response to reporting noncompliance is as follows:

- Two months of non-compliance in any given academic year will generate a Letter of Concern from the Program Director or Chair of GME to be placed in the resident or fellows file citing a pattern of reporting non-compliance that reflects negatively on their professionalism
- Continued reporting non-compliance following receipt of a Letter of Concern will trigger a review by the GME Committee and may result in disciplinary action up to and including dismissal.

22. A confidential, anonymous Hotline is available for employees who wish to register a complaint under this policy anonymously. Use of this Hotline should be restricted to those employees who wish to remain anonymous. The Hotline telephone numbers are:
ENGLISH: 1- 800- 398-1496 SPANISH: 1- 800-216-1288.

Approved By: 
Designated Institutional Official

Date: 3/8/2022