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**National Capital Consortium
Graduate Medical Education
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NATIONAL CAPITAL CONSORTIUM CLINICAL AND EDUCATIONAL WORK HOUR POLICY

ACGME Institution Requirement: IV.K

I. Specific Clinical and Educational Work Hour Limitations (unless the program's Review Committee requirements are different)

A. Maximum Hours of Clinical and Educational Work per Week

Clinical and educational work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call and educational activities, and clinical work done from home. Programs and trainees both have a responsibility to ensure that the 80-hour maximum limit is not exceeded.

Vacation weeks are not included in the calculations. Averaging must occur by rotation and be calculated over one of the following periods:

- 4 week rotation
- 1 month period (28-31 days)
- or a period of rotation shorter than 4 weeks

B. Maximum Clinical Work and Educational Period Length

Clinical and educational work periods must not exceed 24 hours of continuous scheduled clinical assignments.

Up to 4 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 to a resident during this time.

C. Mandatory Time Free of Clinical Work and Education

Programs must provide an effective structure in which trainees have optimal educational opportunities in addition to reasonable opportunities for rest and personal well-being. The following requirements apply:

- Residents should have eight hours off between scheduled clinical work and education periods. (Residents must have 14 hours free from work after 24 hours of in-house call.

- Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- 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 free days.

Note: 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.

D. Maximum Frequency of In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. Any 24-hour period that includes night float work cannot be considered a day off for the one-day-off in seven rule. Additionally, night float work and/or rotations must have an educational focus.

Note: The maximum number of consecutive weeks of night float and the maximum number of months of night float per year may be further specified by the Review Committee.

E. 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). In-house night float is not the same as in-house call.

F. At-Home Call

Time spent on patient care activities by trainees assigned at-home call must count towards the 80-hour maximum weekly hour 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.

Other at-home call requirements include:

- At-home activities that should be counted include: responding to phone calls and other forms of communication, as well as patient care documentation.
- At-home activities that should not be counted toward the 80-hour weekly limit include studying, conducting research, or reading.
- Time in the hospital does not restart the clock for time off for mandatory free time off work.
- All hours worked during at-home call counts towards the 80-hour limit.

- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each trainee.
- 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 patient care must be included in the 80-hour maximum weekly limit.
- PGY-1 residents are not initially permitted to take at-home call because appropriate supervision is not possible when a resident is on at-home call. Programs with interns should review specialty requirements for further clarification.
- PDs must monitor the intensity and workload resulting from at-home call through periodic assessment of the frequency of being called into the hospital, and the length and intensity of the in-house activities.

G. Clinical and Educational Work Hours Exceptions

In rare circumstances, and only after handing off all other responsibilities, residents, on their own initiative, may elect to remain or return to the hospital in the following circumstances:

- To continue to provide care to a single severely ill or unstable patient;
- To give humanistic attention to the needs of a patient or family;
- To attend a unique educational event.

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

H. Moonlighting

Residents and fellows are not permitted to moonlight. Additionally, Army, Air Force and Navy regulations prohibit moonlighting while in a training status. Moonlighting is engaging in professional activities or other employment outside of the GME educational program whether or not it is compensated.

I. Fellow as Licensed Independent Practitioner

If an RRC permits fellows to engage in independent practice of their core specialty during their fellowship program, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. A fellow or resident in a second residency may seek privileging in their primary specialty to maintain competency. Hours worked in their primary specialty must not interfere with the ability of the trainee to achieve the goals and objectives of the educational program, and must not interfere with the trainee's fitness for work nor compromise patient safety. Hours worked in the primary specialty will count toward the 80-hour workweek and require Program Director and GMEC endorsement per the NCC Fellow Acting as a Licensed Independent Practitioner Policy.

J. Activities that count/do not count toward work hours:

- Counts towards work hours:
 - Inpatient/outpatient clinical care
 - In-house call and short call
 - Night float and day float
 - Transfer of patient care
 - Administrative activities such as completing medical records, ordering/reviewing ab tests, signing orders
 - At-home activities include utilizing the electronic medical record and taking calls.
- Does NOT count towards work hours:
 - Reading done in preparation for the following days' cases
 - Studying
 - Research done from home
 - Travel time and non-conference hours while at a conference
 - Personal exercise

K. Military Activities counting towards work hours: While the ACGME does provide additional guidance in the ACGME CPR FAQ regarding time military residents and fellows devote to military commitments, it is the policy of the NCC to count all military activities as work hours unless otherwise approved by the DIO.

II. Responsibilities:

A. Program Directors must:

- Maintain and disseminate a program Clinical and Educational Work Hours Policy that complies with the NCC GMEC policy and specialty requirements. This program policy must:
 - describe the process by which their program educates, monitors, and ensures compliance both at the NCC and participating sites
 - be readily accessible to all residents and faculty
 - be reviewed at least annually by all housestaff and faculty
- Take measures to moderate the intensity of trainee workload whenever service demands begin to reduce the educational value of the rotation/experience.

- Equitably distribute holiday clinical work and call among trainees of the same postgraduate level, subject to patient care requirements and uncontrollable last minute requirements.
- Monitor and report compliance with resident work hours through the following mechanisms:
 - Resident work hour compliance reports in Med Hub.
 - ACGME, NCC and program surveys
 - Annual Program Evaluation Report
- Immediately notify the NCC Executive Committee of any clinical and educational work hour systems issue that requires assistance to resolve.
- Develop corrective action plans for any identified citation or areas of concern
- Provide back-up systems that allow residents to be relieved of duties when excessively fatigued, ill, or to ensure compliance with clinical and educational work hour requirements.
- Provide and document annual education of faculty and residents in the following areas:
 - Professional responsibilities of physicians to present for duty appropriately rested and fit to provide the services required by their patients; this includes the recognition of impairment in themselves and in their peers.
 - Recognition on the signs and symptoms of fatigue and sleep deprivation, including alertness management and fatigue mitigation processes.
- Adopt fatigue mitigation processes. Programmatic fatigue mitigation processes should include the following:
 - Provide adequate sleep facilities and safe transportation options for residents too fatigued to safely return home.
 - Ensure continuity of patient care when residents are unable to perform patient care responsibilities due to excessive fatigue.

C. Program Coordinators must:

- Assist the Program Director in auditing clinical and educational work hour compliance including utilizing MedHub.
- Develop and maintain an electronic tracking tool for documenting faculty and resident education on: clinical and educational work hour policies; recognition of impairment in themselves and peers; recognition of signs and symptoms of fatigue and sleep deprivation; and alertness management & fatigue mitigation strategies.

D. Responsible Faculty and Supervising Physicians must:

- Complete required training regarding: clinical and educational work hour policies; recognition of impairment in themselves and peers; recognition of signs and symptoms of fatigue and sleep deprivation; and alertness management & fatigue mitigation strategies.
- Ensure a culture of honest reporting and a safe psychological environment that facilitates appropriate requests for assistance regarding work hours, illness or fatigue.
- Assess the well-being of residents under their supervision.
- Execute back-up system processes that allow residents to be relieved of duties when excessively fatigued, ill, or to ensure compliance with clinical and educational work hour requirements.
- Report to the Program Director and/or Department Chair/Chief systemic issues that negatively impact the clinical learning environment and/or the ability to be compliant with this policy.

E. Residents must:

- Complete required training regarding: clinical and educational work hour policies; recognition of impairment in themselves and peers; recognition of signs and symptoms of fatigue and sleep deprivation; and alertness management & fatigue mitigation strategies.
- Assess themselves and their peers regarding fitness for duty to ensure patient safety and individual well-being.
- Utilize back-up systems to be relieved of duties when excessively fatigued, ill, or to ensure compliance with clinical and educational work hour requirements.
- Provide honest and accurate reporting of work hours in Med Hub.
- Seek immediate assistance from their chain of command to mitigate potential violations.
- Report to the Program Director and/or Department Chair/Chief systemic issues that negatively impact the clinical learning environment and/or the ability to be compliant with this policy.

Per ACGME Institutional Requirements effective 1 July 2022

Approved at the 6 December 2023 GMEC meeting.