

## **Clinical and Educational Work Hours and Moonlighting Policy #0.07**

### **I. Purpose**

The purpose of this policy is to define clinical and educational work hour restrictions and moonlighting, as well as how the sponsoring institution and its programs provide oversight, ensure compliance, and address areas of non-compliance with said policies.

### **II. Definitions**

Clinical and educational work hours are defined as all clinical and academic activities related to the residency/fellowship program, including patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. These hours do not include reading, studying, research done from home, and preparation for future cases.

Moonlighting hours are defined as voluntary, compensated, medically-related work performed beyond a resident's/fellow's clinical and educational hours and additional to the work required for successful completion of the program. External moonlighting is performed outside the primary clinical site where the resident/fellow is in training. Internal moonlighting is performed within the primary clinical site where the resident/fellow is in training.

At-home call (pager call) is defined as call taken from outside the assigned participating site.

Day Off is defined as one (1) continuous 24-hour period free from all administrative, clinical, and educational activities

### **III. Policy**

In partnership with the sponsoring institution, the program and Program Director must design an effective program structure that is configured to provide residents/fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities contributing to their well-being. Program Directors must make every attempt to avoid scheduling excessive hours leading to sleep deprivation, fatigue, or inability to conduct personal activities. Each program must have their own policy that incorporates these institutional policies and addresses their specialty-/subspecialty-specific clinical and educational work hour requirements.

Each training program, must have written policies and procedures consistent with the ACGME Institutional and Common Program Requirements for clinical & educational work hours, including moonlighting. These policies must be readily available to residents/fellows and supervising faculty and should be in New Innovations.

The following are the ACGME's clinical and educational work hour restrictions, which must be enforced by each program:

Maximum Hours of Clinical and Educational Work per Week

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, and all moonlighting.

For Emergency Medicine Residents, when on emergency medicine rotations in the emergency department, residents must not work more than 60 scheduled hours per week seeing patients, and no more than 72 hours total hours per week.

Mandatory Time Free of Clinical Work and Education

Residents/Fellows should have eight (8) hours off between scheduled clinical work and education periods.

There may be circumstances when residents/fellows choose to stay to care for their patients or return to the hospital with fewer than eight (8) 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.

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

For Emergency Medicine Residents, when on emergency medicine rotations in the emergency department, and work 12 continuous scheduled hours, must be provided at least one equivalent period of continuous time off between scheduled work periods.

Residents/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.

For Emergency Medicine Residents, when on emergency medicine rotations in the emergency department, must have a minimum of one day (24-hour period) free per each seven-day period (not averaged over a four-week period). At-home call cannot be assigned on these free days.

Maximum Clinical Work and Education Period Length

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

Up to four (4) hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident/fellow education. Additional patient care responsibilities must not be assigned to a resident/fellow during this time.

For Emergency Medicine Residents, when on emergency medicine rotations in the emergency department, residents may not work longer than 12 continuous scheduled hours.

#### Clinical and Educational Work Hour Exceptions

In rare circumstances, after handing off all other responsibilities, a resident/fellow, 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;
- To give 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.

The Sponsoring Institution does not grant exceptions to the 80-hour weekly limit.

The resident/fellow may remain to attend a conference, or return for a conference later in the day, only if the decision is made voluntarily. Residents/Fellows must not be required to stay. Programs allowing residents/fellows to remain or return beyond the scheduled work and clinical education period must ensure that the decision to remain is initiated by the resident/fellow and those residents/fellows are not coerced.

#### Moonlighting

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

Time spent by residents/fellows in internal and external moonlighting (as defined in this manual) must be counted toward the 80-hour maximum weekly limit.

PGY-1 residents are not permitted to moonlight.

Residents/Fellows are specifically not required to moonlight. Programs can prohibit moonlighting by residents/fellows if they so choose.

#### In-House Night Float

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 are further specified below:

- Dermatology – no maximum number of consecutive weeks or months of night float.
- Emergency Medicine - no maximum number of consecutive weeks or months of night float.

- Family Medicine – night float experiences must not exceed 50% of a resident’s inpatient experiences.
- Internal Medicine – residents must not be assigned more than one month of consecutive night float rotation; more than two months of night float during any year of training; or more than four months of night float over the course of residency training.
- Orthopaedic Surgery – residents must not be assigned more than three months of night float during any year of training.
- Otolaryngology-Head and Neck Surgery – residents must not be assigned more than two consecutive months in duration, and three months of night float during any year of training. There must be at least two months between each night float rotation.
- Psychiatry - residents must not be assigned more than four consecutive weeks of night float or a total of eight weeks of night float during the required one-year, full-time outpatient psychiatry experience.
- Addiction Medicine – no maximum number of consecutive weeks or months of night float.
- Surgery – residents must not be assigned more than two consecutive months of night float, a total of four months of night float during any year of training, and 12 months for the entire program.

#### Maximum In-House Call Frequency

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

For psychiatry residents, in-house call must occur no more frequently than every fourth night, averaged over a four-week period.

#### At-Home Call

Time spent in the clinical setting by residents/fellows on at-home call must count towards 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 to preclude rest or reasonable personal time for each resident/fellow.

Residents/Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period.”

## **IV. Procedure**

Residents/Fellows are required to continuously log clinical and educational work hours using New Innovations and should not go more than two weeks without logging.

Programs are required to monitor work hours and moonlighting at least monthly to provide oversight and ensure compliance. Program Directors must review all violations and take appropriate action to mitigate future violations.

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.

The sponsoring institution will review clinical and educational work hour and violation reports for compliance prior to each GMEC meeting. Programs out of compliance must provide justification for violations and logging errors. If compliance cannot be obtained by altering trainee schedules, the Program Director will be asked to meet with the DIO to develop a plan to facilitate compliance.

The sponsoring institution will not accept for review or endorse applications from individual programs seeking exceptions to ACGME clinical & educational work hour rules and regulations.

Residents/Fellows who want to moonlight must be in good standing academically and have Program Director approval prior to performing any duties. If the Program Director grants approval, verification of such approval must be part of the resident's/fellow's permanent New Innovations file. The Program Director may withdraw or terminate permission to moonlight if, at any time, moonlighting activities are seen as producing adverse effects on the resident's/fellow's performance in the program.

<b>Approval by GMEC:</b> 06.02.2023; 05.11.2022; 06.04.2021; 06.05.2020; 05.03.201; 01.11.2019; 06.18.2018; 03.08.2018; 06.02.2017; 05.27.2016; 07.01.2015
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