
<u>Subject:</u>	Clinical Experience and Education (Work Hours Policy)
<u>References:</u>	Clinical Learning and Working Environment policy Accreditation Council for Graduate Medical Education CPR.VI.

Clinical Experience and Educational Work Hours:

Initial education of the residents with respect to clinical and educational work hours is provided at GME and department orientation. However, education is ongoing throughout the entire program as hours are monitored and issues addressed. Residents are provided with education regarding fatigue and sleep deprivation at orientation utilizing an annual online module. The module is available to residents online on the RUHS website for their review at any time.

The program structure will be configured to provide the residents with a balance between educational opportunities and opportunities for rest and personal well-being.

Situations in which residents work an excessive number of hours can lead to errors in judgment and clinical decision-making. These errors can impact patient safety, as well as the safety of the residents through increased motor vehicle accidents, stress, depression and illness related complications. RUHS, the DIO, and the Program Director must maintain a high degree of sensitivity to the physical and mental well-being of the residents and make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities. To prevent such negative outcomes, the Orthopaedic Surgery Residency Program has adopted the following clinical and educational work hours' policies

- Clinical and Educational Work Hours are defined as all clinical and academic activities related to the residency program (patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during clinical and educational activities, and clinical work done from home). Duty hours do not include reading and preparation time spent away from the duty site.
- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, and clinical work done from home.
- Adequate time for rest and personal activities must be provided between all daily duty periods. All residents should have 8 hours off between scheduled clinical work and education periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
- 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. These hours will be counted toward the 80-hour weekly limit. Should this occur, an e-mail must be sent to the program coordinator indicating the circumstances the resident is continuing to work, this must include the patient's name, date and additional time spent with patient.
- Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period. One day is defined as 1 continuous 24-hour period free from all clinical, educational and administrative activities. At-home call cannot be assigned on these free days.

- PGY 1 residents may not exceed 16 consecutive hours unless approved by Program Director. PGY 2 - 5 residents may not exceed 24 consecutive hours. Strategic napping after 16 hours between 10pm and 8am is strongly suggested. Residents may remain on duty for up to 4 additional hours for activities related to patient safety, such as transfer care of patients, and maintain continuity of medical and surgical care, and/or resident education. No new patients may be accepted after 24 hours of continuous duty.
- In rare circumstances, after handling of all other responsibilities, a resident, 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.
 - Humanistic attention to the needs of a patient or family.
 - To attend unique educational events.

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

- *Night float* must occur within the context of the 80-hour, one day off in seven requirement.
- *In-house call* must occur no more frequently than every third night, averaged over a 4-week period.
- *At-home call* (or pager call) is defined as call taken from outside the assigned institution. The frequency is not subject to the every third night limitation. Residents must still be provided with 1 day in 7 completely free of clinical responsibilities, averaged over a 4-week period. Time spent on patient care activities while on at-home call (both at home and when called into the hospital from home) must be counted toward the 80 hour maximum limit.
- The Program Director and the faculty monitor the demands of the at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
- Residents are to be proactive in monitoring their clinical and educational work hours. Once call schedules are received, residents should review the schedule and immediately report any potential work hour violations so that the call schedule can be revised in advance.
- Resident work hours will be checked weekly for compliance. Should violations occur, the resident will be required to complete a Work Hours Violation Report. These reports will be reviewed and signed off by the Program Director. All violations will be accessed to determine how these violations will be avoided in the future.

A report of work hours (for purposes of hours reporting, the work week runs Thursday through Wednesday) should be logged in New Innovations at the end of shift every Wednesday. Hours are considered delinquent as of Thursday morning at 8am. Chronic non-compliance (more than three times in a quarter) will require a meeting with program director where disciplinary action will be implemented.

Riverside University Health System requires all employees to submit a time sheet of hours worked. Hours not recorded in New Innovations may result in a delay of pay. The purpose of reporting hours is for the residency office to monitor work hours and keep them within the ACGME guidelines and to report to the RUHS Payroll Office for compensation.

The residency uses **New Innovations** to track duty/work hours to verify residents are in compliance with ACGME guidelines as noted above. Residents are required to record work hours on **New Innovations** on a weekly basis. This includes hours worked at each facility/location. **It is extremely important that hours are accurately reported.** Under- and over-reporting of hours is not allowed; it is required that all residents accurately report work hours.