



Policies and Procedures

Policy MFMR01	Clinical Experience and Education
Effective Date:	09/26/2022
Reviewed/Revised Date:	
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References:	GMEC Clinical Environment and Education Work Hours Policy

Purpose

The purpose of this policy is to establish guidelines in accordance with the ACGME requirements for the monitoring of work hours of the clinical and educational workweek. The Methodist Medical Family Medicine Residency Program strictly follows the work hour's rules as mandated by the ACGME. Residents must adhere to all work hour requirements as detailed below.

Scope

This policy applies to the Methodist Medical Center Family Medicine Residency Program in all clinical learning environments, including all participating site or away rotation sites.

Resident Clinical and Educational Work Hours in the Learning and Working Environment

Clinical and educational work hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative work, research or committee activity related to patient care, the provision for transfer of patient care, time spent in-house during call activities, clinical work from home, moonlighting, and scheduled academic activities such as conferences. Clinical and educational work hours do not include reading and preparation time spent away from the work site. Graduate medical education clinical and educational work hour standards incorporate the concept of graded and progressive resident responsibility leading to the unsupervised practice of medicine.

Clinical and Educational Work Hour Oversight

Clinical and educational work hour compliance is a collective responsibility of GMEC leadership, faculty, and residents. The Methodist Medical Center Family Medicine Residency Program will use resident duty hour logs to monitor compliance with institutional, common, and specialty specific program requirements. The Program Director monitors resident clinical and educational work hours and adjusts resident schedules as needed to mitigate excessive service demands and/or fatigue and to prevent negative effects of clinical and educational work hours on learning and patient care. This includes monitoring the need for and ensuring the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged. Residents and faculty have a personal role and professional responsibility in the honest and accurate reporting of resident clinical and educational work hours. Clinical and educational

work hour reports will be submitted by the Methodist Medical Family Medicine Residency Program as requested by the GMEC office with a frequency to ensure compliance with requirements. Reports will be reviewed by the GMEC Committee and compliance issues addressed as needed.

Clinical and Educational Work Hour Standards

1. Clinical and educational work hours are 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.

2. Residents should have eight hours off between scheduled clinical work and education periods.

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

4. 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.

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

- Up to four 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.

6. In rare circumstances, after handing off 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, or
- To attend unique educational events.

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

7. The Family Medicine Review Committee will not consider requests for exceptions to the 80-hour limit to the residents' work week.

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

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

- Time spent on patient care activities by residents 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.

10. 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. Internal and external moonlighting must be approved in advance by the Program Director. The resident must enter in the time management system all time spent in moonlighting activities. These hours must be counted toward the 80 hours maximum limit.

- PGY1 residents are not permitted to moonlight