



**INSTITUTIONAL GRADUATE MEDICAL EDUCATION POLICY**

**SUBJECT:** Clinical and Educational Work Hours

**DATE EFFECTIVE:** April 22, 2005

**POLICY:** Work Hour

**PAGE:** 1 of 5

**I. PURPOSE:**

This institutional policy ensures an appropriate work environment for all Trainees at Children's National Hospital (CH) and assists program directors in the development of their individual program policy governing the learning and working environment and clinical and educational work hours.

**II. POLICY SCOPE:**

All Accreditation Council for Graduate Medical Education (ACGME) accredited and non-ACGME residency and fellowship programs sponsored by CH.

**III. DEFINITIONS:**

*Trainee*

Trainee refers to interns, residents and fellows participating in ACGME-accredited and non-ACGME training programs sponsored by CH.

*Training Program*

Training program or program refers to an ACGME-accredited or non-ACGME internship, residency or fellowship training program sponsored by CH.

**IV. POLICY:**

Residency education must occur in the context of a learning and working environment that emphasizes the following principles:

- Excellence in the safety and quality of care rendered to patients by Trainees today
- Excellence in the safety and quality of care rendered to patients by today's Trainees in their future practice
- Excellence in professionalism through faculty modeling of the effacement of self-interest in a humanistic environment that supports the professional development of physicians, the curiosity of learning, problem-solving, intellectual rigor, and discovery

- Commitment to the well-being of the students, Trainees, faculty members, and all members of the health care team.

Each residency/fellowship program must have a formal, written policy governing Trainee work hour limits that is consistent with ACGME Institutional and Program-specific Requirements.

1. Program policies must be approved by the PEC Committee and distributed to Trainees and faculty.
2. The educational goals of the program and learning objectives of trainees must not be compromised by excessive reliance on trainees to fulfill service obligations.
3. Program structure should assure reasonable opportunities between work hour periods for rest and personal activities.
4. Monitoring of work hours is required with frequency sufficient to ensure an appropriate balance between education and service.
5. The program must provide services and develop systems to minimize the work of Trainees that is extraneous to their educational programs.
6. Trainees must be provided with appropriate backup support when patient care responsibilities are especially difficult or prolonged.
7. Program policies must document that all participating institutions used by the Trainees assure that the work hour requirements are met.

## V. **REQUIREMENTS:**

### *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 4-week period, inclusive of all in-house clinical and educational activities, clinical work done from home and moonlighting.

Types of work from home that must be counted include using the electronic health record and time spent taking calls from home. Reading done in preparation for the following day's work, studying, and research done from home do not count toward the 80 hours.

### *Mandatory Time Free of Clinical Work and Education*

1. The Program must design an effective program structure that is configured to provide Trainees with educational opportunities as well as reasonable opportunities for rest and personal well-being.
2. Trainees should have eight hours off between scheduled work and education periods.
3. There may be times when Trainees 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 one-day-off-in-seven requirements.
4. Trainees must have 14 hours free from clinical work and education after a 24-hour in-house call.

5. Trainees must have one day in seven free of clinical work and required education when averaged over 4 weeks. At-home call cannot be assigned on these free days.

#### *Maximum Clinical Work and Education Period Length*

Clinical and educational work periods for Trainees 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 Trainee education. Additional patient care responsibilities must not be assigned to a Trainee during this time.

#### *Clinical and Educational Work Hours Exceptions*

1. In rare circumstances, after handing off their other responsibilities, a Trainee, on their own initiative, may elect to remain or to return to the clinical site in the following circumstances:
  - a. To continue to provide care to a single severely ill or unstable patient
  - b. Humanistic attention to the needs of a patient or family; or
  - c. To attend unique educational events
2. These additional hours of care or education will be counted toward the 80-hour weekly limit.

#### *Maximum Frequency of In-House Night Float*

Night Float must occur within the context of the 80-hour and the one-day-in-seven free requirements. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by a specialty's Review Committee for a program-specific policy.

#### *Maximum In-House On-Call Frequency*

Trainees must be scheduled for in-house call no more frequently than every 3rd night, when averaged over a 4-week period.

#### *At-Home Call*

1. Only time spent on patient care activities by Trainees on at-home call counts 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.
2. At home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Trainee.
3. Trainees 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 weekly maximum.

#### *Moonlighting or Short-Staffing*

1. Moonlighting or short-staffing must not interfere with the ability of the Trainee to achieve the goals and objectives of the educational program and must not interfere with Trainees' fitness for work or compromise patient safety.
2. Time spent by Trainees in internal and external moonlighting or short-staffing must be counted

towards the 80-hour Maximum Weekly Hour Limit.

3. PGY 1 Trainees are not permitted to moonlight or short-staff.
4. All moonlighting and short-staffing requests must be approved by the Program Director and GME Office.
5. Please refer to the Institutional and Departmental Policies on Moonlighting for additional requirements.

## **VI. MONITORING AND OVERSIGHT:**

### *Requirements*

As the sponsoring institution, Children's National Hospital, through its Graduate Medical Education Committee, is responsible for promoting education and for ensuring that the working environment and work hours are appropriate and in compliance with Institutional and Program Requirements. This is accomplished by the GME Office through the following methods:

1. Annual Program Review.
2. Review of work hour reports from the institutional medical education software system.
3. Review of call schedules, operating room schedules, and medical records as needed.

Trainees are required to log work hours using the institutional medical education software system during defined reporting periods according to institutional requirements for sampling.

### *Process*

1. The Program Director and DIO (or designee) will review work hour sampling period reports from the institutional medical education software system and address any violations. This will be reported to the GMEC when violations are noted.
2. The Program Director will address work hours annually through the ACGME Web Accreditation System as part of the Annual Update. The DIO will review results of the work hour section of the ACGME Trainee Survey as part of the Annual Program Evaluation. Program Directors will be required to provide a response to any areas of noncompliance related to work hours.
3. All Trainees are required to complete web-based institutional modules on sleep fatigue. Compliance will be monitored by the GME Office.

## **VII. REQUESTS FOR INCREASES/CHANGES:**

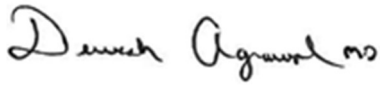
1. A request to increase/change trainee work hours must be made to the GME Committee. A Review Committee may grant a rotation specific exception for up to 10 percent increase in clinical and educational work hours to individual programs, with Sponsoring Institution's GMEC and DIO approval, based on a sound educational rationale and only if permitted by the governing ACGME Review Committee.
2. Programs selected to participate in work hour-related studies are subject to the rules of the

study.

3. Study requirements for work hours must be shared with all affected programs, Trainees in advance of rotations and presented to the GME Committee for approval.
4. The decision of the GME Committee to approve/reject study participation or otherwise exceptions to the work hour rules shall be made after discussion and vote by the membership and shall be recorded in the minutes of the meeting. In addition, the program director and the DIO must receive affirmation from the ACGME before a change in work hours can be implemented.

**VIII. APPROVAL**

Approved by:



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DIO/Vice Chair, Medical Education

5/8/2024

Date

**IX. REVIEW OR REVISION DATE**

Approved by the GMEC: April 22, 2005

Modified and Approved by the GMEC: February 8, 2006

Modified and Approved by the GMEC: November 12, 2008

Modified and Approved by the GMEC: September 15, 2010

Modified and Approved by the GMEC: September 21, 2011

Modified and Approved by the GMEC: January 20, 2017

Modified and Approved by the GMEC: September 9, 2020

Reviewed and Approved by the GMEC: October 13, 2021

Reviewed and Approved by the GMEC: June 15, 2022

Modified and Approved by GMEC: September 13, 2023

Reviewed and Approved by the GMEC: May 8, 2024