NSU Florida
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NSU KPCOM GME
POLICY ON CLINICAL AND EDUCATIONAL WORK HOURS INCLUDING FATIGUE MITIGATION AND TRANSITIONS IN CARE

PURPOSE:
This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirement IV.K.1. Clinical Experience and Education:*

> *The Sponsoring Institution must oversee:*
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> *III.B.5.a).(1)* *resident/fellow clinical and educational work hours, consistent with the Common and specialty-/subspecialty-specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner;*
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> *III.B.5.a).(2)* *systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows; and,*
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> *III.B.5.a).(3)* *an educational program for residents/fellows and faculty members in fatigue mitigation.*

Policy
The NSU policy is that trainee physician clinical and educational work hours will be in compliance with the guidelines established by the Accreditation Council for Graduate Medical Education (ACGME). Individual Specialty Review Committees may impose stricter duty hour restrictions in their program requirements. Each program's leadership should be familiar and fully comply with these requirements.

Each Program Director will submit a clinical and educational work hour report monthly to the DIO and the GMEC.

Programs with trainees not in compliance with the common and specialty/subspecialty-specific Program Requirements will be required to submit an action plan addressing the areas of non-compliance.

Repeated non-compliance with clinical and educational work hour restrictions will subject the offending program to the Special Review Protocol.

Procedure
Program Directors must adhere to these guidelines when scheduling trainees:

80-Hour Maximum Weekly Limit

- The resident shall not be assigned to work physically on duty in excess of eighty hours (80) per week averaged over a four (4) week period, inclusive of all in-house call activities and all moonlighting.
- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives outlined by the educational program. Time spent by residents in Internal and External Moonlighting must be counted towards the 80-Hour Maximum Weekly Limit. (Refer to Policy on

Resident Moonlighting).

- PGY1 and PGY2 residents are not permitted to moonlight.

Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Duty Period Length:

a) Duty periods of a PGY1 resident must not exceed sixteen (16) hours in duration.
b) Duty periods of PGY2 residents and above may be scheduled to a maximum of twenty-four (24) hours of continuous duty in the hospital.

Residents shall not assume responsibility for a new patient or any new clinical activity after working twenty-four (24) hours of continuous in-house duty.

On rare circumstances, residents, of their own initiative, will be allowed to remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extension of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under these circumstances, the resident must:

a) Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
b) Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director and the office of GME.
c) The Program Director will review the submission of each additional service and track both individual and program-wide episodes of additional duty and report this to the GMEC.

Minimum Time Off between Scheduled Duty Periods

a) All Residents must have eight (8) hours, free of duty between scheduled duty periods.
b) All Residents must have fourteen (14) hours off after twenty-four (24) hours of in-house scheduled duty.
c) All Residents must be schedule 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.

As a preparation for practice, residents in the final years of education must be prepared to enter unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day off-in-seven standards.

While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director and reported to the GME committee.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float.

Maximum In-House On-Call Frequency

Residents must be scheduled for in-house call no more frequently than every-third night. In-house call must be averaged over a 4-week period. Under certain circumstances, residents may be assigned in-house call every third night with prior approval of the program director. If this occurs, it must be reported by the resident in writing and reviewed by the GMEC for monitoring individual residents and program.

At-Home Call

Time spent in the hospital by residents on at-home call will be counted towards the 80-hour maximum weekly hour limit.

Call frequency will be scheduled in a manner to ensure one-day-in-seven free of duty, when averaged over four weeks. At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident.

When a resident returns to the hospital while on at-home call to care for new or established patients, this time is included in the 80-hour weekly maximum. However, this does not initiate a new "off-duty period."

Fatigue Mitigation:

Residents are strongly encouraged to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 PM and 8:00 AM, is strongly suggested.

The Residency Program must:

a) Educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation.
b) Educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
c) Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.
d) Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform their patient care duties.
e) The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.

Residents who are too fatigued to safely drive home are encouraged to make use of the training site's sleep facilities or utilize a ride-share service (i.e., Uber, Lyft). Residents may submit their ride share receipts for reimbursement by the program.

Transitions of Care:

Critical to patient safety and resident education are effective transitions in care.

Residents may remain on-site four (4) additional hours in order to accomplish these tasks. This must be reported by the resident physician in writing with rationale to the Program Director and reviewed by the GMEC for monitoring individual residents and program.

Programs must design clinical assignments to minimize the number of transitions in patient care.

Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must ensure that residents are competent in communicating with team members in the hand-over process. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.