



**THE GEORGE
WASHINGTON
UNIVERSITY**
WASHINGTON, DC

Responsible University Official: Associate Dean for Graduate
Medical Education, DIO
Responsible Office: SMHS Office of GME
Most recent revision: October 2017

POLICY ON GW RESIDENT/FELLOW CLINICAL AND EDUCATIONAL WORK HOURS AND THE LEARNING AND WORK ENVIRONMENT

Policy Statement

This policy is designed to establish an institutional policy to ensure an appropriate work environment for all residents of The George Washington University School of Medicine and Health Sciences and to assist program directors in the development of their individual program policy governing the learning and working environment and clinical and educational work hours.

Who Needs to Know This Policy

All Accreditation Council for Graduate Medical Education (ACGME)-accredited residency and fellowship programs sponsored by the GW School of Medicine and Health Sciences (SMHS)

Policy Contact

Associate Dean for Graduate Medical Education, DIO

Who Approved This Policy

Graduate Medical Education Committee (GMEC)

History/Revision Dates

APPROVED BY GMEC: November 20, 1995
REVIEWED BY GMEC: March 18, 2002
REVIEWED AND APPROVED BY GMEC: Feb. 24, 2003
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REVISED, REVIEWED AND APPROVED BY GMEC: October 16, 2017

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 residents today
- Excellence in the safety and quality of care rendered to patients by today's residents 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 joy of curiosity, problem-solving, intellectual rigor, and discovery
- Commitment to the well-being of the students, residents, faculty members, and all members of the health care team

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

1. Program policies must be approved by the GME Committee and distributed to residents, fellows 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. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service. Didactic and clinical education must have priority in the allotment of trainees' time and energies.
3. The program must provide services and develop systems to minimize the work of residents/fellows that is extraneous to their educational programs. Trainees must be provided with appropriate backup support when patient care responsibilities are especially difficult or prolonged.
4. Program policies must document that all participating institutions used by the residents/fellows assure that the duty hour requirements are met.

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.

Mandatory Time Free of Clinical Work and Education

1. The Program must design an effective program structure that is configured to provide residents with educational opportunities as well as reasonable opportunities for rest and personal well-being.
2. Residents should have eight hours off between scheduled work and education periods
3. There may be times 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. This must occur within the context of the 80-hour and one-day-off-in-seven requirements.
4. Residents must have 14 hours free from clinical work and education after at 24 hour in-house call
5. Residents 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 residents 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 resident education. Additional patient care responsibilities must not be assigned to a resident during this time.

Clinical and Educational Work Hours Exceptions

1. In rare circumstances, after handing off their other responsibilities, a resident, on their own initiative, may elect to remain or to 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.

2. 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.

Maximum Frequency of In-House Night Float

Night Float must occur within the context of the 80 hours 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

Residents must be scheduled for in-house call no more frequently than every 3rd night, when averaged over a 4-week period, or as specified by the specialty-specific Review Committee.

At-Home Call

1. Time spent on patient care activities by residents on at-home call must count 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 resident.
3. Residents 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

1. 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 residents' fitness for work or compromise patient safety.
2. Time spent by residents in internal and external moonlighting must be counted towards the 80-hour Maximum Weekly Hour Limit.
3. PGY 1 residents are not permitted to moonlight.
4. All moonlighting requests must be approved by the Director of GME.
5. Please refer to the Institutional and Departmental Policies on Moonlighting for additional requirements.

Monitoring and Oversight

Requirements

As the sponsoring institution, The George Washington University School of Medicine and Health Sciences, through its Graduate Medical Education Committee, is responsible for promoting education and for ensuring that the working environment and duty hours are appropriate and in compliance with Institutional and Program Requirements. This is accomplished by the GMEC through the following methods:

1. Review of programs' policies on duty hours and resident working environment as part of the GMEC Annual Program Review (APE).
2. Review of monthly duty hour reports from the MedHub system.
3. Monitoring the, anonymous, web-based "Suggestion Box" for Duty Hour-related reports: <https://smhs.gwu.edu/academics/gme/resident-fellow-suggestion-box>.
4. Review of call schedules, OR schedules, and medical records as needed.

Residents and Fellows are required to log duty hours using the MedHub system during reporting periods according to program requirements for yearly vs. sampling.

Process

1. The Program Director and DIO (or designee) will review monthly duty hour reports from the MedHub system and address any violations. This will be reported to the GMEC when violations are noted.
2. The Program Director will report duty hours annually through the ACGME Web Accreditation System as part of the Annual Update. The DIO will review results of the duty hour section of the ACGME Resident Survey as part of the Annual Program Evaluation. Program Directors will be required to provide a response to any areas of non compliance related to duty hours.
3. All residents/fellows, Program Directors, and designated faculty are required to complete the sleep education training program developed and adapted from the SAFER program of the American Academy of Sleep Medicine. Compliance will be monitored by the GMEC.

Requests for increases/changes

1. A request to increase/change trainee duty hours must be made to the GME Committee.
2. Programs selected to participate in duty hour-related studies are subject to the rules of the study.
3. Study requirements for duty hours must be shared with all affected programs, residents

- and fellows 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 duty hour rules shall be made after discussion and vote by the membership and shall be recorded in the minutes of the meeting.