

	Name of Policy: Institutional Policy for Clinical and Work Hours (Including Fatigue Mitigation)	
	Last Approval Date: June 21, 2019	Effective Date: July 1, 2019

Institutional Policy for Clinical and Educational Work Hours, (including Fatigue Mitigation)

I. PREAMBLE

The term “resident” is inclusive of all trainees at SIU School of Medicine, whether training in a residency or fellowship program. Individual programs, in partnership with the institution, will design effective program structures that provide trainees with meaningful educational and clinical experiences as well as reasonable opportunities for rest and well-being. The Graduate Medical Education Committee (GMEC) oversees programs’ clinical and educational work hours and ensures that individual training programs are in compliance with all ACGME Common Program Requirements (as outlined in Appendix A) and Residency Review Committee clinical and educational work hour requirements. This policy shall apply to residents in both accredited and non-accredited training programs.

II. INDIVIDUAL RESPONSIBILITIES

1. Residents and faculty members have a professional responsibility to:
 - Appear for work appropriately rested and to manage their time before, during and after clinical assignments to prevent excessive fatigue.
 - Recognize the signs or symptoms of fatigue in themselves or others, and to notify the program director or other appropriate supervisor if they or a colleague are too fatigued to provide safe care.
2. Residents have a professional responsibility to report clinical and educational work hours accurately, honestly and in a timely manner.

III. PROGRAM RESPONSIBILITIES

1. Programs must:
 - Structure schedules which focus on the needs of the patients, continuity of care, and the educational needs of residents, while giving attention to work intensity and work compression that impacts resident well-being.
 - Educate all residents and faculty members to recognize the signs of fatigue and sleep deprivation.
 - Educate all residents and faculty members in alertness management and fatigue mitigation processes.

- Encourage residents and faculty members to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care, learning, and well-being.
2. There are circumstances in which residents may be unable to work, including but not limited to fatigue, illness, family emergencies, and parental leave. Programs must allow an appropriate length of absence for residents unable to perform their patient care responsibilities.
 3. Each program must have policies and procedures in place to allow an appropriate length of absence for residents unable to perform their patient care responsibilities, to ensure coverage of patient care, and to implement these policies without fear of negative consequences for the resident.

IV. SPONSORING INSTITUTION RESPONSIBILITIES

1. The Sponsoring Institution will oversee:
 - Resident clinical and educational work hours, and address areas of noncompliance in a timely manner.
 - Programs' learning and working environments, and systems of care to facilitate fatigue mitigation.
 - Programs' educational endeavors for residents and faculty members in fatigue mitigation.
 - Fatigue education for incoming residents and new faculty is delivered directly by the Office of Graduate Medical Education.
2. The Sponsoring Institution will ensure that:
 - Adequate sleep facilities and safe transportation options are available for residents who may be too fatigued to return safely home.
 - Work that is extraneous to their educational goals and objectives is minimized, and that their educational experience is not compromised by excessive reliance on residents to fulfill non-physician service obligations.

V. RESOURCES

SIU SOM Brochure "Fatigue: How to Recognize It, How to Manage It"

The Office of Graduate Medical Education (OGME) has an online module that is available to anyone that wishes to take the course or the program identifies as needing additional training. Contact OGME staff for Brochures or to register for course.

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APPENDIX A
July 2019 Common Program Requirements for Work Hours

VI.F.1. 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 four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)

VI.F.2. Mandatory Time Free of Clinical Work and Education

- 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. (Core)
- Residents should have eight hours off between scheduled clinical work and education periods. (Detail)
- 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. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. (Detail)
- Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)
- 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.

VI.F.3. Maximum Clinical Work and Education Period Length

- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core)
 - 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. (Core)
 - Additional patient care responsibilities must not be assigned to a resident during this time. (Core)

VI.F.4. Clinical and Educational Work Hour Exceptions

- 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; (Detail)

- humanistic attention to the needs of a patient or family; or, (Detail)
- to attend unique educational events. (Detail)
- These additional hours of care or education will be counted toward the 80-hour weekly limit. (Detail)

VI.F.6. In-House Night Float

- Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. (Core)
- [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

VI.F.7. Maximum In-House On-Call Frequency

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

VI.F.8. At-Home Call

- Time spent on patient care activities by residents on at-home call must count toward 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. (Core)
- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)
- 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 inpatient patient care must be included in the 80-hour maximum weekly limit. (Detail)