

	Johns Hopkins Medicine Graduate Medical Education Policies and Forms	<i>Policy Number</i>	P&F005
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	<i>Subject</i> Clinical Work and Education/Duty Hours Policy and Procedure	<i>Page</i>	1 of 4
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I. PURPOSE

The purpose of this Policy is to support the physical and emotional well-being of the Postdoctoral Trainees in programs sponsored by The Johns Hopkins University School of Medicine (“Programs”), promote an educational environment, and facilitate safe patient care. These procedures have been developed to regularly monitor Postdoctoral Trainee clinical and educational work hours for compliance with this Policy and the ACGME Institutional and Program Requirements.

II. POLICY

Postdoctoral Trainee work schedules shall be in compliance with the ACGME requirements.

A. The common ACGME requirements (“Common Requirements”) are as follows:

1. **Maximum Hours of Work per Week**
 Clinical and educational work hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.
 - a. **Clinical and educational work hour Exceptions**
 - i. A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.
 - ii. In preparing a request for an exception the program director must follow the clinical and education work hours exception policy from the ACGME Manual on Policies and Procedures.
 - iii. Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution’s GMEC and DIO.
2. **Moonlighting**
 - a. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
 - b. Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.
 - c. PGY-1 residents are not permitted to moonlight.
3. **Mandatory Time Free of Clinical work and education**
 - a. Residents must be scheduled for a minimum of one day free of clinical and educational work hours every week (when averaged over four weeks). At-home call cannot be assigned on these free days.
4. **Maximum Duty Period Length**

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- a. Clinical and educational work periods of residents may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use fatigue management strategies in the context of patient care responsibilities.
 - i. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
 - ii. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
 - iii. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, humanistic attention to the needs of a patient or family, or to attend unique educational events.
5. Minimum Time Off between Scheduled Clinical and educational work hour Periods
 - a. Residents should have eight hours off between scheduled clinical work and education periods. They must have at least 14 hours free of clinical work and education after 24 hours of in-house work.
 - b. 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.
6. In-House Night Float
 - a. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
7. Maximum In-House On-Call Frequency
 - a. Residents must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).
8. At-Home Call
 - a. Time spent in the hospital 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.
 - i. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 - b. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.
- B. Each Program sponsored by The Johns Hopkins University School of Medicine shall develop and implement appropriate clinical work and education hours policies, compliant with the Common Requirements as well as each Program’s specific Program Requirements. More restrictive work hour requirements have been set by some Review Committees. The more restrictive work hour requirements shall be followed.

III. SCOPE

This policy applies to all Postdoctoral Trainees participating in a graduate medical education training program sponsored by The Johns Hopkins University School of Medicine.

IV. RESPONSIBILITY

The Chairs of all Clinical Departments, the Chiefs of all Clinical Divisions and the Program Directors must ensure that the scheduling of all Postdoctoral Trainees complies with the above criteria.

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V. PROCEDURE

- A. The Program Directors are responsible for monitoring Postdoctoral Trainee working hours with oversight from the Office of Graduate Medical Education and the GMEC. Each Program must utilize the duty hour logging feature of New Innovations on a continuous basis. Monitoring must be done for all work hours Postdoctoral Trainees spend at all training sites, including all moonlighting activities, if permitted by the Program.
 1. Monthly, the GME Office will monitor duty hour compliance and directly contact programs that have any 80 hour violations, or if 20% or more of the trainees in the program reported 24+ violations or Day Off violations.
 2. Programs which do not meet compliance thresholds will be required to report a corrective action plan to the GME Office.
- B. In order to provide appropriate responses to non-compliance with clinical work and education hours requirements, complaints from Postdoctoral Trainees shall be brought to the Program Director, Chairperson/Chief, faculty, or GME Office. Upon receipt of a complaint, a thorough investigation shall be conducted and corrective measures implemented, as appropriate.
 1. Programs for which a Duty Hours Concern report was received from the House Staff Council will be required to investigate the concern, and if indicated by that investigation, develop a corrective action plan. The results of the investigation, and if needed, the corrective action plan, will be reported to the GME Office and presented at the GMEC.
- C. If a Program requests an exception in the weekly limit on clinical work and education hours up to 10 percent or up to a maximum of 88 hours, the Program Director must submit such request to the DIO and the GMEC which must review and endorse such request prior to submission of such request to the RRC.
 1. All requests for a clinical work and education hours exception shall be made in writing by the Departmental Chairperson and residency training Program Director and submitted to the GMEC.
 2. The requesting Program must be in good standing (i.e., without a warning or adverse action) with the ACGME.
 3. The following are issues that shall be addressed when requesting an exception to the ACGME 80-hour clinical and educational work hours rule from the Johns Hopkins University Graduate Medical Education Committee.
 - a. Describe the unique educational activities in the residency program that require additional hours. Permitted examples might be monthly Saturday conferences that occur on a single rotation, attendance at an occasional weekend seminar, etc. Exemptions will not be granted for routine educational conferences that occur throughout the training program, e.g., attendance at mandatory Thursday morning conference, because these activities should be part of the 80- hour house officer experience. Explain how these unique activities will improve the didactic experience for Postdoctoral Trainees.
 - b. Describe the unique or unpredictable clinical activities that arise in which Postdoctoral Trainee participation is desirable from a training perspective. Permitted examples might be rare surgical cases or rare emergent conditions in which Postdoctoral Trainee participation in management would be critical for education. Explain how these unique clinical activities will improve the clinical education of the Postdoctoral Trainee.
 - c. Describe the mechanism to monitor the experiences of each of the Postdoctoral Trainees during these additional hours. This mechanism should include documentation and tracking of the number of exceptions, the number of hours for each exception, and the reasons for each exception.
 - d. Describe faculty development activities regarding the effects of Postdoctoral Trainee fatigue and sleep deprivation.
 - e. Describe how the Program will monitor, evaluate, and ensure patient safety with extended Postdoctoral Trainee work hours.
 - f. Describe any other circumstances that support a finding that the additional hours are necessary for a more meaningful educational experience for Postdoctoral Trainees.

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4. The GMEC shall review each request and provide a documented written statement of approval or denial of the request.

VI. CONTROLS

The GME Office shall monitor the Web-based logging, the ACGME Resident surveys and other records of Postdoctoral Trainee clinical work and education hours as available.