



David Geffen
School of Medicine



UCLA GME CLINICAL AND EDUCATIONAL WORK HOURS POLICY

PURPOSE

The purpose of this policy is to establish guidelines in accordance with the ACGME requirements for the monitoring of work hours of the clinical and educational work week.

SCOPE

This policy applies to all UCLA-sponsored ACGME residency and fellowship programs in all clinical learning environments.

DEFINITIONS

Work hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours include all hours spent in moonlighting activities. Duty hours do not include reading and preparation time spent away from the duty site.

In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.

POLICY

UCLA programs must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities (CPR VI. F) All must adhere to the following:

- I. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all patient care activities, inclusive of all in house clinical and educational activities, clinical work done from home, and all moonlighting.
- II. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is

defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. At home call cannot be assigned on these free days

- III. Programs must schedule residents for fewer than 80 hours weekly in order to accommodate need for flexibility for responding to patient care and to ensure compliance with the 80-hour maximum.
- IV. Adequate time for rest and personal activities must be provided. Residents should have 8 hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than 8 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.
- V. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- VI. Maximum Clinical Work and Education Period Length

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

VII. 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 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 will all be counted toward the 80-hour weekly limit.

- VIII. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled within work hours (CPR VI.C.1.d1).

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- IX. In addition to specific work hours, residents and faculty need to be cognizant and concerned about fatigue. Any fatigue concerns should be addressed with the supervising attending. Strategic naps are encouraged. Nap rooms are provided in the House Staff Sleep Quarters during normal day hours and prior to driving home. App-based transportation service is available in extreme cases of fatigue.
- X. Programs must pay attention to scheduling, work intensity, and work compression that impacts resident well-being (CPR VI.C.1.b).
- XI. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider (CPR VI.B.5).
- XII. It is everyone's responsibility to abide and work within the work hour policy. Faculty must remain vigilant of the trainees under their supervision and frequently monitor the residents' activities. Residents must stay within the work hours and notify chief/senior residents, faculty, and / or the program director if they are having difficulties in meeting daily or weekly work hour requirements. Residents should notify their program director and/or the Sr. Associate Dean for Graduate Medical Education if their assigned hours are not in compliance with UCLA or ACGME work hour policy.
- XIII. Moonlighting (with advance approval) must not interfere with ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. Time spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit (CPR VI.F.5). PGY1s are not permitted to moonlight. (See Moonlighting Policy for additional details).
- XIV. The GMEC requires that all program directors monitor and assess compliance for their program and residents. The GME Office and the ACGME require trainees to complete yearly questionnaires on work hours each spring, which is one part of assessing compliance. Additionally, the UCLA GMEC requires Program Director oversight of work hours in MedHub.
- XV. Concerns of work hour violations should be reported to the Senior Associate Dean for GME or the institutional Compliance Hotline at 800-296-7188.

- A. Continuous on-site duty, (admitting, inpatient call, etc.), must not exceed 24 consecutive hours. Residents may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements. Therefore, the total day may be up to 28 hours.
- XVI. David Geffen School of Medicine and each ACGME training programs abides by the ACGME work hour rule (<http://www.acgme.org>).

On Call Activities- All residents must adhere to the following:

- I. In-house Night Float
 - Must occur within the context of the 80-hour and one-day-off-in-seven requirements.
- II. Maximum In-House On Call Frequency
 - Must occur no more frequently than every third night, averaged over a four-week period.
- III. At-home Call (pager call) is defined as call taken from outside the assigned institution. Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit
 - A. 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 4 weeks. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
 - B. When residents are called into the hospital from home, the time residents spend in-house is counted toward the 80-hour weekly limit
 - C. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

PROCEDURE

N/A

FORMS

N/A

REFERENCES

ACGME REQUIREMENTS (Common Program Requirements VI.F-Clinical Experience and Education)

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APPROVAL

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