

UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE

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Effective Date: 07/01/05		Revised Date: 8/7/09; 3/1/11, 5/10/16; 5/12/17; 2/6/18; 5/17/18; 10/1/21
Approval Date:	Date Reviewed: 06/22/05; 5/10/16; 5/12/17; 2/6/18	Approved by: GMEC

University of Florida College of Medicine - Jacksonville (Sponsoring Institution) and GMEC Policy

The University of Florida College of Medicine - Jacksonville is responsible for promoting patient safety and education through carefully constructed clinical and educational work hour assignments and faculty availability. The institution’s written policies and procedures governing resident clinical and educational work hours support the physical and emotional well-being of the resident, promote an educational environment, and facilitate patient care.

The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Both the Institution and the programs must monitor clinical and educational work hours and call schedules and adjustments made as necessary to address excessive service demands and/or resident fatigue.

However, clinical and educational work hours must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. ACGME-accredited programs must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged. The structuring of clinical and educational work hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident.

The University of Florida College of Medicine - Jacksonville has developed procedures to regularly monitor resident clinical and educational work hours in compliance with ACGME Institutional and Program requirements.

The University of Florida College of Medicine - Jacksonville also requires that each program has formal written policies governing resident clinical and educational work hours that are consistent with the Institutional and ACGME Requirements. The GMEC reviews and approves all program clinical and educational work policies.

The specific ACGME Common Program Requirements (CPR) regarding the clinical experience and education are located on the last page of this policy, including a hyperlink to the full CPRs.

INSTITUTIONAL MONITORING PROCEDURES:

Resident Clinical and Educational Work (Duty Hour) Log: All residents and fellows must log their clinical and educational work hours in New Innovations, with appropriate classification of activities (e.g., clinic, conference, in-house call, etc.). This information must be as accurate as possible, and thus the frequency of entry of data should be as often as necessary to have high data integrity on behalf of the individual, program and institution. Residents are required to log at least every two weeks.

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Resident Clinical and Educational Work (Duty Hour) Assessment Survey: Residents will complete a survey once a year that has questions dedicated to the clinical and educational work hours, as part of the required clinical and educational work hour monitoring and oversight by the Sponsoring Institution/UFCOM-J. The Annual Resident/Fellow Survey is launched by the Office of Educational Affairs using the [New Innovations™ system](#). The Office of Educational Affairs will review and distribute cumulative data from the survey to the appropriate program directors for areas of concern.

Resident Clinical and Educational Work (Duty) Hour Hotline Form: Residents are encouraged to report issues to the Office of Educational Affairs immediately. The Resident Clinical and Educational Work (Duty) Hour Hotline Form enables trainees to report clinical and educational work hour noncompliance issues, unprofessional behavior, call room, or general concerns to the Office of Educational Affairs in a secure and confidential environment. The UFCOM-J will treat all submissions in a serious and confidential manner. The Report an Issue form is available on the UFCOM-J [Graduate Medical Education website](#).

Call Schedules: Programs must be able to pull resident call schedules from New Innovations or other method for a period of ten years, if needed for a CMS IRIS audit.

Fatigue Education: In accordance with ACGME requirements, faculty and residents must be educated to recognize the signs of fatigue. Options available include the completion of the *Sleep, Alertness and Fatigue Education in Residency (SAFER)* module, produced by the American Academy of Sleep Medicine. Programs must document compliance on the Office of Educational Affairs' Annual Program Evaluation and Review form.

PROGRAM MONITORING PROCEDURES AND REQUIREMENTS:

In addition to compliance with and utilization of the above-described Institutional Monitoring Procedures, the following program monitoring procedures apply:

Program Clinical and Educational Work (Duty) Hours Monitoring Procedures:

Fatigue Mitigation Procedures:

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VI.F. Clinical Experience and Education			
CPR #(s)	CPR Section Heading	Abbreviated Name	Key Points Within Rule *more details found in the CPRs*
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week	ACGME 80 Hour	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.
VI.F.2.- VI.F.2.c)	Mandatory Time Free of Clinical Work and Education	ACGME Short Break	Residents should have eight hours off between scheduled clinical work and education periods. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)
VI.F.2.d)	Mandatory Time Free of Clinical Work and Education	ACGME Day Off	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. (Core)
VI.F.3.- VI.F.3.a),(1)	Maximum Clinical Work and Education Period Length	ACGME 24+	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)
VI.F.4.- VI.F.4.b)	Clinical and Educational Work Hour Exceptions	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.5.a)- VI.F.5.c)	Moonlighting	Moonlighting	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 the resident's fitness for work nor compromise patient safety. (Core) Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core) PGY-1 residents are not permitted to moonlight. (Core)
VI.F.6.	In-House Night Float	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	ACGME Call	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.-VI.F.8.b)	At-Home Call	ACGME 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)