



**VALLEY HEALTH TEAM**  
Family Medicine Residency Program

<b>Section:</b>	<i>Graduate Medical Education</i>
<b>Document Number:</b>	<i>GME0012</i>
<b>Title:</b>	<i>Clinical Education and Experience Hours</i>
<b>Responsible Department:</b>	<i>Family Medicine Residency Program</i>
<b>Created:</b>	<i>07/12/2016</i>
<b>Revised:</b>	<i>07/01/2017, 04/29/2019</i>
<b>Superseded:</b>	<i>07/12/2016</i>
<b>GMEC Approved:</b>	<i>05/23/2019</i>
<b>Board of Directors Approved:</b>	<i>07/18/2019</i>
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**POLICY:**

It is the policy of the Graduate Medical Education Committee (GMEC) to follow guidelines established by the Accreditation Council for Graduate Medical Education (ACGME) regarding clinical education and experience hours for residents in accredited training programs.

**SCOPE:**

- Residents are responsible for accurately reporting their clinical education and experience hours (duty hours), **including all time spent in Internal and External Moonlighting**, per program requirements.
- Program Director(s) must monitor and enforce compliance with clinical education and experience hour guidelines.
- If specialty/subspecialty-specific program clinical education and experience hour requirements as defined by an individual Residency Review Committee (RRC) for that specialty/subspecialty are more restrictive than the common program requirements, then the clinical education and experience hour requirements of that RRC must be included in the policy of that specialty/subspecialty program and will supersede the institutional requirements.
- Concerns regarding clinical education and experience hours should be reported to the Program Director(s) or the Designated Institutional Official (DIO).

**PURPOSE:**

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

**PROCEDURE:**

**Maximum Hours of Clinical and Educational Work per Week**



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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.

**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.

Residents should have eight 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 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.

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

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.

**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 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.



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### **Clinical and Educational Work Hour Exceptions**

The Review Committee for Family Medicine will not consider requests for exceptions to the 80-hour limit to the residents' work week.

### **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.

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.

PGY-1 residents are not permitted to moonlight.

### **In-House Night Float**

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

Night float experiences must not exceed 50 percent of a resident's inpatient experiences.

### **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).

### **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.

At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident.



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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.

#### **Monitoring**

Program Director(s) must monitor call-from-home duty hours in terms of frequency and characteristics to assure that residents and fellows are following basic guidelines established by the ACGME.

Residents in core programs are expected to log clinical education and experience hours weekly in the E\*Value/Medhub residency management software.

The GME office will audit the program reports on a periodic basis to ensure that they reflect the actual clinical education and experience hours of the residents.

#### **Education**

Program Director(s) must provide information to residents, fellows and faculty members regarding effects of loss of sleep and chronic fatigue.

The Program Director (s) report(s) the residents' clinical education and experience hours at the GMEC meetings. GMEC will notify programs that are not in compliance for follow up.

#### **REPORTING STRUCTURE FOR ROTATIONS OUTSIDE THE HOME PROGRAM**

It is the intention of this section of the Clinical Education and Experience Hours policy to establish a process that will address compliance in a rapid and timely manner when a resident is rotating outside the home program. Problems regarding compliance with clinical education and experience hour guidelines should be reported to the Chief Resident of the accepting training program. If that Chief Resident does not respond to the report of noncompliance, then the resident should immediately report to their home Program Director. The Program Director of the program must address the issues that led to the violation of the guidelines. The resident may notify the GME Office at any time. The DIO for GME will report to the Chair of the accepting training program if the issues are not settled on an immediate basis.



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The GME office maintains a direct phone line to receive confidential complaints about all issues including clinical education and experience hours. The DIO will respond to the recorded messages as appropriate.

Soyla A. Reyna-Griffin, CPA  
Chief Executive Officer

7/18/2019  
Date

Maggie Rubio  
President, Board of Directors

7/18/19  
Date