The issue of limits on work hours for physicians in graduate medical education programs has become an increasingly visible national issue over the past decade and guidelines continue to evolve. As an institution, the Ohio State University Medical Center has had longstanding policies on this issue that have followed accreditation standards. Each program must have a program-specific policy on work hours for their trainees. Effective in July 2017, the ACGME updated a uniform set of work hour requirements for all accredited training programs that are designed to increase housestaff quality of life, improve the educational environment in training programs, and to maintain a safe environment for patient care.

Some individual RRC’s may add additional requirements to the ACGME’s Common Requirements in this area that provide clarification or additional direction.

1. Although this institutional work hours policy is derived from the ACGME clinical and educational work hours requirements, all training programs overseen by the Graduate Medical Education Committee must, at minimum, follow this policy with regard to work hours regardless of whether they are accredited by the ACGME, another accrediting body or are not accredited.

2. Although trainees may often have different titles, this policy covers all trainees that are appointed to the Limited Staff category of the Medical Staff of the Ohio State University Hospital. The generic term “trainee” will be used in this document to include these individuals. With rare exceptions, this group includes all interns, residents, and fellows in programs that are overseen by the Graduate Medical Education Committee.

3. The educational goals of the program and learning objectives of trainees must not be compromised by excessive reliance on trainees to fulfill departmental coverage needs. Work hours, however, must reflect the fact that responsibilities for continuity of patient care are not to be automatically discharged at specific times.

4. Trainee work hours and on-call time periods must not be excessive. The structuring of work hours inclusive of on-call schedules must focus on the needs of the patient, continuity of care, as well as the educational opportunities and reasonable opportunities
for trainee rest and personal well-being. Programs must ensure that trainees are provided appropriate back-up support when patient care responsibilities are especially difficult or prolonged and that patient care is not jeopardized during or following assigned periods of duty.

5. It is the responsibility of the Program Director and faculty to ensure that work hours completed by trainees in the program are in accordance with this policy and any other specialty-specific accreditation requirements.

It is the responsibility of the Program Director to have a formal, written program policy regarding trainee work hours that is used within each program. Some RRC’s may develop additional requirements that provide clarification or a more strict definition as compared with the Common Requirements, and Program Directors are responsible for ensuring that any program requirements related to work hours are reflected in their specific program policy in addition to this institutional policy.

**Specific Clinical and Educational Work Hour Requirements:**

1. Clinical and Educational Work hours are defined as all clinical and academic activities related to the training program including patient care (both inpatient and outpatient), administrative duties (i.e., completion of paperwork or dictation of charts), the provision for transfer of patient care (i.e., check-in and check-out), time spent providing clinical care while on call, and scheduled academic activities (i.e., required academic conferences). Work hours also include any research activity that is part of the required curriculum for the training program. Work hours do not include reading time and preparation time spent when not on duty.

2. Clinical and educational work hours must be limited to 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. The four-week period is typically defined as either a calendar month or a four-week period within one rotation.

3. Trainees must be scheduled for a minimum of one day in seven (when averaged over four weeks) free from all clinical work and required education. At-home call cannot be assigned on these free days. One day is defined as one continuous 24-hour period.

4. Adequate time for rest and personal activities must be provided. Residents should have 8 hour off between scheduled clinical work and education periods. Residents must have at least 14 hours free of clinical or educational work after 24 hours of in-house call before the beginning of the next work period.

5. Residents must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

   d. This preparation must occur within the context of the 80-hour maximum work period length, and one day off in seven standards. While it is desirable for residents to have eight hours free of duty between scheduled clinical and
educational work periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of work.

e. Circumstances of return to hospital with fewer than eight hours of time away from the hospital by residents in their final years of education must be monitored by the program director.

1. **In-House Call Activities:** The objective of on-call activities for PGY-2 residents and above, is to provide trainees with educational continuity of patient care experiences throughout a 24-hour period.

2. In-house call is defined as those work hours beyond the normal workday when trainees are required to be on-site and immediately available in the assigned institution.

3. In-house call must occur no more frequently than every third night when averaged over a four-week period.

4. Continuous on-site clinical and educational work (i.e., in-house call) must not exceed 24 consecutive hours.

5. It is essential for patient safety and resident education that effective transitions in care occur. Residents may remain on-site for up to an additional four hours after the 24-hour period to accomplish these tasks, which include: transfer the care of patients (i.e., check-in and check-out), and/or trainee education.

6. No new patients may be accepted by or assigned to the trainee after 24 hours of continuous work.

7. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of work to provide care to a single patient. Justifications for such extensions of clinical or educational work are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

   vi. If this occurs, the resident must hand over the care of all other patients to the team responsible for their continuing care, and

   vii. Document the reasons for remaining to care for the patient in question, and submit that documentation in every circumstance to the program director, prospectively when able to do so, but no later than 24 hours after the additional work hours.

   viii. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional work hours.
**Home Call Activities:**

1. Home call is defined as call taken from outside the assigned institution. A trainee may be expected to return to the assigned institution as needed during home call.

2. The frequency of home call is not subject to the every third night limitation (#3 in the section above). However, trainees on home call must be provided with one day in seven free of all educational and clinical responsibilities when averaged over a four-week period. For example, if a trainee may be assigned home call responsibilities for a seven-day period, but the trainee still must be provided with four days off, inclusive of home call, during the course of the four-week block.

3. When a trainee is on home call, the time the trainee spends on clinical activities are to be counted toward the 80-hour work limit. 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.”

4. Time spent at the institution while on home call and clinical activities from home must not be excessive or so frequent or taxing as to preclude rest and reasonable personal time for each trainee or to approximate in-house call. The program director and the faculty must monitor the demands of home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

**Moonlighting:**

1. Moonlighting is defined for the purposes of this policy as clinical work done outside the scope of a training program’s required duties and responsibilities by a trainee.

2. The program director has the responsibility to ensure that moonlighting does not interfere with the ability of each trainee to achieve the goals and objectives of their educational program.

3. Moonlighting which occurs at any inpatient or outpatient site must be counted toward the 80-hour weekly limit on work hours.

4. All moonlighting hours must be routinely reported to the program director in order to ensure that time spent moonlighting is not adversely impacting the trainee’s progress in the educational program. The form and frequency of this reporting should be done in accordance with each program’s moonlighting policy.

5. Program directors may establish moonlighting policies specific to their program that are more restrictive than this institutional policy. Any more restrictive policies should be developed with a sound educational basis to benefit the trainee and the program.
6. For additional policies regarding moonlighting that are not related to work hours, please refer to the institutional moonlighting policy entitled “Resident and Fellow Moonlighting Policy.”

7. PGY-1 residents are not permitted to moonlight.

**Monitoring of Clinical and Educational Work Hours:**

1. As part of each program’s clinical and educational work hour policy, program directors should designate which rotations will have a reasonable risk of potentially not meeting the work hour requirements in this policy. On rotations meeting this standard, actual work hours should be monitored for all trainees assigned to those rotations. The system used to document these work hours will be the MedHub duty hours tracking system. Typically, any rotation with in-house call responsibilities will meet this standard but other rotations with significant inpatient work hours combined with home call may also need to be monitored. Rotations not meeting these defined thresholds would need to be defined by the program in MedHub. Trainees assigned to rotations not meeting these defined thresholds will not have to have hours continuously monitored.

2. Program directors as well as the GME Office are responsible for ensuring that work hours are being monitored and that this policy is also being adhered to on all off-service rotations and at affiliated training sites. If an issue arises related to work hours on one of these rotations that cannot be solved by the program director and the rotation leadership, then the GME Office should be notified.

3. Actual hours spent at the assigned institution for trainees on home call should be monitored routinely by program directors to ensure that home call rotations do not exceed the averaged 80 hours per week standard and to ensure that home call responsibilities do not become excessive. Documentation of this monitoring of time spent at the institution on home call should be done by program directors for use in internal reviews or RRC site visits.

4. One day in seven free of clinical and educational responsibilities must be monitored and documented for all trainees in all programs. It is recommended that this be monitored and documented by trainees using the MedHub duty hour tracking system.

5. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create trainee fatigue sufficient to jeopardize patient care.

6. The GME Committee or the GME Office may request to review the documentation of work hours for any program.

7. Monitoring of work hours by the GME Committee will be done through the following means:
• For cause internal reviews (e.g. recurrent violations, non-compliant trainee responses on ACGME surveys, new program leadership) of training programs
• Annual OSUMC Duty Hours Survey (currently done in November each year)
• Program-level work hours surveys done through MedHub
• Anonymous Duty Hours Violation Reporting through the GME website or anonymous reporting to DIO through MedHub
• Communication with the members of the Residents Advisory Council
• Results of RRC accreditation site visits

8. Trainees must comply with requests from the program director to report work hours as required by the program’s duty hours policy. Reporting should be done using the MedHub duty hour tracking system. Duty hours logging must be completed within 14 days of the end of each scheduled rotation or the trainee will be locked out of the system to prevent erroneous logging based on recall. If a resident does not report work hours as required by the program’s policy, the program director may take the following actions:
   a. First occurrence: provide a warning in writing to the trainee
   b. Second occurrence: provide a second warning in writing to the trainee
   c. Subsequent occurrence: the program director may discipline the resident by one or more of the following actions:
      i. Formally place the trainee on probation
      ii. Pull the trainee from service until the work hours documentation is complete
      iii. Hold the trainee’s raise related to advancing PGY year
      iv. Hold the trainee’s meal pass funding
      v. Other disciplinary actions as proposed by the program and approved by the GME Office
   d. Recurrent written warnings and discipline may be documented in the trainee's file as a deficiency in professionalism

**Work Hours Exceptions:**

1. Programs may request exceptions for up to 8 additional hours per week beyond the 80-hour limit when averaged over four weeks. These requests must be approved by the DIO and GME Committee prior to being forwarded to the RRC for final approval. For programs that are not ACGME-accredited, approval by the DIO and GME Committee will be sufficient.

2. The proposal must include the educational rationale for an increase in the 80-hour per week limit. Service needs alone are not a sufficient reason for approval of the increase.

3. For any program, the proposal must include the information outlined in the clinical and education work hour exception policy of the “ACGME Manual of Policies and Procedures”. This information should include which specific rotations and the specific PGY-levels of trainees for whom this increase is being requested. A blanket increase for all rotations or all trainees within a program will not approved.
4. For ACGME-accredited programs, the exception will be approved only until the time of the next RRC site visit according to the ACGME guidelines.