

<b>Graduate Medical Education Policy</b>	Clinical and Educational Work Hours
<b>Facility/Sponsor</b>	CMC/GMEC
<b>Policy Origin Date</b>	2007
<b>Revision Date</b>	January 2026

### **PURPOSE**

Carilion Clinic recognizes the importance of creating working conditions within Residency and Fellowship programs that promote optimal education, safe patient care, and reasonable opportunities for rest and personal activities. All programs must schedule rotation assignments to be in compliance with all applicable ACGME, CODA and CPME requirements. Faculty members must know, honor, and assist in implementing the applicable clinical and educational work hour limitations. Residents and fellows must comply with those limitations, accurately report clinical and educational work hours, and cooperate with the monitoring procedures. All involved must identify and report sources of potential clinical and educational work hour violations and collaborate to devise appropriate corrective action.

The provision of safe and timely patient care is not precluded by this policy. In the rare case where a resident or fellow is engaged in patient care that cannot be safely interrupted, the program must provide additional coverage to relieve the resident or fellow as soon as possible.

### **SCOPE**

This policy applies to all Accreditation Council for Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) accredited graduate medical education programs sponsored by Carilion Medical Center (CMC).

### **DEFINITIONS**

**Clinical and Educational Work Hours** are defined as all clinical and academic activities related to the program. These include patient care, administrative duties relative to patient care (including those, if any, conducted from home), transferring the care of patients, on-call time spent in-house, and scheduled activities such as conferences. Clinical and educational work hours do not include reading and preparation time spent away from the clinical and educational site.

**Moonlighting** is defined as institution-approved, voluntary, compensated, medically related work performed by a resident or fellow outside of the defined program curriculum that may occur within (internal moonlighting) or outside (external moonlighting) of the training institution. PGY-1 Residents are not allowed to Moonlight (see Moonlighting policy).

**Resident** refers to all interns, residents, and fellows participating in Carilion Clinic accredited post-graduate medical education programs.

**Scheduled clinical and educational work** are periods of assigned duty at Carilion Medical Center or other training sites encompassing hours that may occur within the normal workday, beyond the normal workday, or a combination of both.

**One day in seven free of clinical work** is defined as one continuous 24-hour period free from all clinical work and required education.

### **PROCEDURE**

1. Maximum Hours of Clinical and Educational Work per Week: 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 both external and internal). Vacation time or other leave taken during a four week period may not be counted in the averaging.

2. Mandatory Time Free of Clinical Work and Education:
  - a. Residents should have eight hours off between scheduled clinical work and education periods.
    - i. There may be circumstances when residents volunteer to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical and educational work. This must occur within the context of the 80-hour and 1-in-7 requirements.
  - b. Residents must have at least 14 hours free of clinical and educational work after 24 hours of in-house call.
  - c. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education when averaged over four weeks
    - i. At-home call cannot be assigned on these free days.
    - ii. Vacation time or other leave taken during a four-week period may not be counted in the averaging.
3. Maximum Clinical Work and Education Period Length:
  - a. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
    - i. 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 the resident during this time.
4. Clinical and Educational Work Hour Exceptions:
  - a. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may voluntarily elect to remain or return to the clinical site in the following circumstances:
    - i. to continue to provide care to a single severely ill or unstable patient
    - ii. to provide humanistic attention to the needs of a patient or family
    - iii. to attend unique educational events
  - b. These additional hours of care or education will be counted toward the 80-hour weekly limit.
5. Review Committee Exceptions:
  - a. A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours per week averaged over four weeks to individual programs based on a sound educational rationale.
    - i. The Program Director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures in preparing their request.
    - ii. Prior to submission of the request, the Program Director must obtain approval from the GMEC and DIO
6. In-House Night Float:
  - a. Must comply with the 80-hour and 1-in-7 requirements
  - b. Maximum number of consecutive weeks and maximum number of months of night float per year may be further defined by the Review Committee. Please refer to the ACGME program requirements for specialty-specific guidelines
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. It is desirable that days off be distributed throughout the month, but some residents may prefer to group their

days off to have a consecutive Saturday and Sunday free from work. Programs are encouraged to distribute days off in a fashion that optimizes resident well-being, educational and personal goals.

8. At-Home Call:

- a. At-home call must satisfy the requirement for one-day-in-seven free of clinical work and education when averaged over four weeks.
- b. Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit.
  - i. At-home call activities that must be counted include responding to phone calls and other forms of communication, as well as documentation such as entering notes in an electronic health record.
- c. Return to the hospital for direct care of new or established patients is permitted while on at-home call. These hours of inpatient patient care must be included in the 80-hour weekly limit.
- d. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

9. Reporting Clinical and Educational Hours:

- a. Residents are required to maintain an accurate log of clinical and educational hours and must input their hours worked into MedHub at least weekly. Failure to do so will be a violation of the Clinical and Educational Work Hours policy.
- b. Residents who falsify clinical and educational hour entries will be subject to disciplinary action and possible dismissal from the program.

10. Monitoring Clinical and Educational Hours:

- a. The Program Director must monitor clinical and educational hours on a regular basis and address any violations and trends with the residents who are not in compliance. Details regarding each violation must be documented in MedHub.
- b. The DIO will review clinical and educational work hour compliance individually with each Program Director monthly.
- c. The GMEC will review clinical and educational work hour compliance on a monthly basis.

11. Fatigue Mitigation:

- a. All programs must:
  - i. provide education to all faculty and residents to recognize the signs of fatigue and sleep deprivation
  - ii. provide education to all faculty and residents in alertness management and fatigue mitigation processes
  - iii. encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning
  - iv. provide education to residents and fellows on available options when they are too fatigued to safely travel home. These include:
    1. money for taxi
    2. money for public transportation
    3. sleeping rooms available post call

12. Enforcement:

- a. Each resident should report and discuss all clinical and educational work hour violations with their Program Director as soon as possible. The goal of the discussion will be to identify possible solutions and changes that can be implemented to facilitate and ensure ongoing compliance.
- b. The Program and Institution must support resident education and implement reasonable changes in the educational program to optimize compliance.

- c. Residents with repeated violations of the Clinical and Educational Work Hours policy will be subjected to disciplinary action and possible dismissal from the program.
- d. Residents are required to complete online sleep deprivation training yearly and sign an attestation stating that they have received and agree to abide by the Clinical and Educational Work Hours policy.

13. Resident Reporting Program non-compliance:

- a. Residents shall have the option of reporting program non-compliance with clinical and educational hour scheduling without reprisal.
- b. Residents may report non-compliance directly to the DIO or the Administrative Director of Medical Education.
- c. Residents may report non-compliance in an anonymous fashion through the medical education Intranet link. Residents in ACGME accredited programs may report non-compliance by contacting the ACGME at [residentservices@acgme.org](mailto:residentservices@acgme.org), by phone at 312-755-7498, or by mail: Resident Services, ACGME, 215 North State St., Suite 2400, Chicago, IL 60654.

<b>Designated Institutional Official</b>	<b>Reviewing Committee</b>	<b>Date Approved</b>
Daniel Harrington, MD	GMEC	December 18, 2007
Daniel Harrington, MD	GMEC	January 1, 2011
Daniel Harrington, MD	GMEC	April 1, 2011
Daniel Harrington, MD	GMEC	June 21, 2011
Donald Kees, MD	GMEC	August 19, 2014
Donald Kees, MD	GMEC	April 18, 2017
Donald Kees, MD	GMEC	October 15, 2019
Arthur Ollendorff, MD	GMEC	January 17, 2023
Arthur Ollendorff, MD	GMEC	January 20, 2026