

Policies and Procedures

<i>Section:</i> School of Medicine (Phoenix)		<i>NO.</i>				
<i>Chapter:</i> Emergency Medicine Residency	<i>Issued:</i> 3/11/20	<i>REV. A</i> 11/2/2020	<i>REV. B</i>	<i>REV. C</i>		
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PURPOSE

In compliance with the ACGME Requirements, it is the goal of Creighton University to outline clinical and educational work hours.

SCOPE

This policy applies to all Creighton University School of Medicine (Phoenix) residents in the Emergency Medicine Residency Program.

POLICY

The program will educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

- The program is committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.
- The program director (PD) will ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
 - The learning objectives of the program must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events and not be compromised by excessive reliance on residents to fulfill non-physician service obligations.
- The PD will ensure a culture of professionalism that supports patient safety and personal responsibility.
- Residents and faculty members will demonstrate an understanding and acceptance of their personal role in the following:
 - assurance of the safety and welfare of patients entrusted to their care;
 - provision of patient- and family-centered care;
 - assurance of their fitness for duty;
 - management of their time before, during, and after clinical assignments;
 - recognition of impairment, including illness and fatigue, in themselves and in their peers;
 - attention to lifelong learning;
 - monitoring of their patient care performance improvement indicators;
 - honest and accurate reporting of shift hours, patient outcomes, and clinical experience data.
- All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. They must recognize 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

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- Compliance with work hour regulations will be evaluated on a monthly basis by the Associate Program Director, Dr. Vempati.
- Residents are responsible to complete all work hours (clinical, work from home, and academic) accurately and in a timely fashion (as outlined below).
- Work hour reports documented within New Innovations will be due on the first Wednesday after the completion of the preceding clinical block by midnight pacific standard time.
 - Failure to complete the work hours by the aforementioned time will result in a letter of deficiency being given to the resident which will be placed in the resident file as well as the potential performance of either an additional clinical shift and/or administrative project within the next emergency department rotation assigned by the program director.
 - Continual lack of adherence to this policy will result in the matter being referred to the Designated Institutional Official (DIO) of Graduate Medical Education (GME) for further action.

Monitoring

The program director will (1) monitor resident work hours with a frequency sufficient to ensure compliance with ACGME requirements, (2) adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and, (3) if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue. The program director will also monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue. Back-up support systems will be provided with patient care responsibilities that are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care. This will be done to ensure an appropriate balance between education and service.

Clinical Responsibilities - Emergency Medicine Work Hours

Recommended Language to be used:

Clinical and Educational Work Hours: Clinical and educational work hours are inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. It does not include educational activities, research or studying done at home.

Work from Home: Types of work from home that must be counted include using an electronic health record and taking calls from home. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours. Resident decisions to leave the hospital before their clinical work has been completed and to finish that work later from home should be made in consultation with the resident's supervisor. In such circumstances, residents should be mindful of their professional

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responsibility to complete work in a timely manner and to maintain patient confidentiality.

Overview

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services.

- When emergency medicine residents are on rotations the following standards apply:
 - While on duty in the emergency department, residents may not work longer than 12 continuous scheduled hours.
 - There must be at least an equivalent period of continuous time off between scheduled work period.
 - A resident should not work more than 60 scheduled hours per week seeing patients in the emergency department, and no more than 80 work hours per week.
 - Work hours comprise all clinical duty time and conferences, whether spent within or outside the residency program, including all on-call hours and work from home.
 - Emergency medicine residents must have one day (24-hour period) free per each seven-day period. This cannot be averaged over a four-week period.

Clinical Responsibilities - Off Service Work Hours

- Maximum Hours of Work per Week Work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities, educational activities, clinical work done from home, volunteering and all moonlighting.
- The Review Committee for Emergency Medicine will not consider requests for exceptions to the 80-hour limit to the residents' work week.
- Mandatory Time Free of Duty Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks).
 - At-home call cannot be assigned on these free days.

Maximum Shift Period Length

- Shifts of PGY-1 residents and above may be scheduled to a maximum of 24 hours of continuous scheduled clinical assignments.
 - Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
 - It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
- Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

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- In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient.
 - Justifications for such extensions of duty 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.
 - Under those circumstances, the resident must: appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
 - The program director will review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

Minimum Time Off between Scheduled Duty Periods

- PGY-1 residents should have 10 hours, and must have eight hours, free of clinical and education periods between scheduled shift periods.
- Intermediate-level residents(PGY-2 and above) should have 10 hours free of duty, and must have eight hours between scheduled duty periods.
- They must have at least 14 hours free of duty after 24 hours of in-house duty.
- Residents in the final years of education (PGY-3 and above) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
 - This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty 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 duty.
 - Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.
- The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family.

In House Night Float

- Maximum Frequency of In-House Night Float Residents must not be scheduled for more than six consecutive nights of night float.

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In House On-Call

- Maximum In-House On-Call Frequency PGY-2 residents and above 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 in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour 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 responsibilities, when averaged over four weeks.
- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

- 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-service period”.

WORK HOUR LOGGING

Work hours must be logged in New Innovations and will be due on the first Wednesday after the completion of the preceding clinical block by midnight pacific standard time.

REFERENCES

Creighton University GME Policy link:

https://medschool.creighton.edu/sites/medschool.creighton.edu/files/clinical_and_education_work_hours_policy_9.15.2020.pdf

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.

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