

Policies and Procedures

Section: School of Medicine (Phoenix)		NO.				
Chapter: Surgery Residency	Issued: 9/8/2020	REV. A Nov. 2020	REV. B	REV. C		
Policy: Clinical and Educational Work Hours		Page 1 of 4				

PURPOSE

In compliance with the ACGME Institutional and Common Program Requirements, it is the goal of Creighton University to outline the departmental policy on Clinical and Educational Work Hours for residents at Creighton University School of Medicine (Phoenix) Surgery Residency Program.

SCOPE

This policy applies to all surgery residents under the sponsorship of Creighton University School of Medicine (Phoenix) Program.

POLICY

The Surgery Residency Program of Creighton University views the ACGME Work Hour Guidelines as an opportunity to improve resident education while ensuring patient safety and continuity of care. Compliance with these published guidelines is mandatory for all residents. Supervising faculty members must know, honor, and assist in implementing the applicable work hour guidelines. Residents must comply with the guidelines, accurately report work hours, and cooperate with work hour monitoring procedures. All involved are responsible for identifying and reporting sources of potential work hour violations and will collaborate to develop timely solutions.

1. The program is committed to and responsible for promoting patient safety and resident well-being and to providing a supportive educational environment.
2. The learning objectives of the program will not be compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education have priority in the allotment of residents' time and energy.
3. Residents will be personally responsible for tracking their work hours and ensuring compliance.
4. Work hours will be recorded, tracked and monitored in New Innovations.
5. Each resident is responsible for entering their work hours no less than weekly, which must be completed by 12 Midnight on Sunday for the prior week (Sunday through Saturday).
6. The Program Coordinator will assess work hour recording by 12 Noon on Mondays. Residents who have not completed their logs will receive reminders and this issue will be addressed per the Professionalism Policy.
7. The Program Director and/or the Associate Program Director will review house staff compliance every Monday to evaluate the work hour reports. Any resident who is non-compliant is required to provide an explanation for the violation. The Program Leadership and resident will work together to formulate a solution to address deficiencies.
8. The supervising faculty member responsible for the clinical service will be notified of any resident who is held back from clinical service for work hour logging issues.
9. Residents are required to notify their senior resident and/or the Chief Resident if their hours are approaching a potential work hour violation so that their schedule can be adjusted to avoid excess hours.

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DEFINITIONS

Clinical and Educational Work Hours: All clinical and academic activities related to the program. This includes patient care, administrative duties relative to patient care (including those, if any, conducted from home), provision of transfer of patient care, on-call time spent in-house, on-call time spent on patient care away from the work site, and scheduled activities such as conferences. Work hours do not include reading and study time spent away from the work site.

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

In-House Night Float: Any rotation that requires residents to work nights in succession, is considered a night float rotation, and the total time on nights is counted toward the maximum allowable time for each resident over the five-year residency.

Moonlighting: Internal or external, is not permitted during surgical residency training.

PROCEDURES

- 1) **Maximum Hours of Work per Week:** Work hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting (both external and internal).
- 2) **Mandatory Time Free of Work:**
 - Residents must have one full 24-hour period every week free of all work (including at-home call), when averaged over a four-week period.
 - Residents should have** at least 8-hours off between scheduled clinical work and education periods.
 - Residents must have at least 14-hours free of work after 24-hours of in-house work.
 - PGY-4 and PGY-5 residents have flexibility in their work hour assignments, which might be irregular or extended. It is desirable that these residents have 8-hours free of work between scheduled work hour periods, but there will be circumstances when they must stay on shift to care for their patients or return to the hospital with fewer than 8-hours free of work. ** Those circumstances

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may include: 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. Such instances of fewer than 8-hours away from the hospital must be reported to, and will be monitored by, the Program Director.

*** The “should have” verbiage is used here only for consistency with the ACGME program requirements. For all PGY levels, the short break “should” 8-hour rule is enforced as a “must have”.*

3) Maximum Work Period Length:

- Work periods for residents must not exceed 24-hours of continuous scheduled clinical assignments. The resident may remain on-site for transition of care and/or to attend an educational conference when that transition is completed, but may not perform additional clinical duties (including continuity clinic) during those additional 4-hours.
- After 16-hours of continuous work, residents are encouraged to engage in strategic napping, especially when the 16-hour mark occurs between 10:00PM and 8:00AM, applying these procedures:
 - o Call rooms are available at all times for napping.

4) Individual exceptions to Maximum Work Hour Period: In unusual circumstances, a resident may remain beyond their scheduled period of work to continue to provide care to a single patient. These policies apply:

- PGY-1s and PGY-2s are not permitted to remain beyond their scheduled work hour period.
- The extension of the work hour period must be initiated voluntarily by the resident ~~never~~ assigned or suggested by a supervising faculty member or senior resident.

Possible justifications for this extension of the work hour period include:

- - o Required continuity for a severely ill or unstable patient,
 - o Academic importance of the events transpiring,
 - o Humanistic attention to the needs of a patient or family.

The resident must transfer the care of all other patients to the resident team responsible for their continuing care.

- The resident will complete the New Innovations Work Hour Justification and submit that form to the Program Director via email preferably before leaving the hospital; and at latest, 24-hours after the completion of this extended work hour period.

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- 5) Maximum Frequency of In-House Night Float:
 - Night float rotations must not exceed two months in succession.
 - There can be no more than four months of night float per year.
 - There must be at least two months between each night float rotation.
 - The total amount of night float for any resident over a five-year residency must be no more than 12-months.
- 6) Maximum In-House On-Call Frequency: Residents must not be scheduled for in-house call more frequently than every-third night (when averaged over a four-week period).
- 7) At-Home Call: At-home call must satisfy the requirement for one-day-in-seven free of work. Time spent in the hospital by a resident on at-home call must be reported in, and count toward, the 80-hour maximum weekly hour limit. Return to the hospital for episodic care while on at-home call does not initiate a new “off-work period.”

OVERSIGHT

1. Monitoring of work hours will occur weekly (primarily to monitor for impending violations) and monthly (to monitor compliance with regulations) by the Program Director and Program Coordinator. Work hours will be presented to the Graduate Medical Education Committee monthly.
2. Back-up support systems will be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create potential work hour violations. This may include time-off during a previously scheduled shift or altering return to work/shift time to avoid work hour violations.

REFERENCES

Creighton University GME Policy link: <https://alliance.creighton.edu/about/graduate-medical-education-office/policies-and-procedures>

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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