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POLICY ON CLINICAL AND EDUCATION WORK HOURS

The Vanderbilt Graduate Medical Education Committee (GMEC) is committed to compliance with the ACGME Clinical and Education Work hour guidelines. All ACGME programs must adhere to these guidelines. Other programs must adhere to these guidelines except where otherwise designated below, or unless stated in Program specific policies, or, in the situation of other-accredited programs, the requirements of those accrediting or certifying entities.

Clinical and Education Work hours are defined as all clinical and academic activities related to the program; e.g., 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, time spent at home doing clinical work (e.g., documentation) and scheduled activities, such as conferences and/or required research. Clinical and Education Work hours do *not* include reading and preparation time spent away from the duty site. Although the ACGME may allow for an extension of the work hour restrictions to 88 hours per week for programs who apply, VUMC will not consider exceptions to work hours, except in exigent circumstances, as determined by the VUMC GME Office. All exceptions to work hours restrictions are approved by the VUMC GMEC only.

The following requirements apply to all training programs at VUMC:

General Guidelines

1. House Staff are responsible for accurately reporting in New Innovations their Clinical and Education Work hours, **including all time spent in Internal and External Moonlighting.**
2. The location of service must be designated.
3. Program Directors are responsible for monitoring and enforcing compliance with Clinical and Education Work hour guidelines.
4. If specialty/subspecialty-specific program Clinical and Education Work hour requirements as defined by an individual ACGME Review and Recognition Committee (RRC) for that specialty/subspecialty are more restrictive than the above requirements, then the Clinical and Education Work hour requirements of that RRC will be included in the policy of that

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specialty/subspecialty program and will supersede the institutional requirements. *

5. Concerns regarding Clinical and Education Work hours may be reported to the DIO or through the Compliance Integrity Line, 1-866-783-2287 or online <https://secure.ethicspoint.com/domain/media/en/gui/58859/index.html>. Concerns may be reported anonymously.

Maximum Hours of Clinical and Education Work per Week

6. Clinical and educational work hours must be limited to 80 hours per week, averaged over a four-week period, including all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
7. Time spent in Internal and External Moonlighting (as defined in the ACGME Common Program Requirements and in the House Staff Manual) will be counted toward the eighty-hour maximum weekly hour limit on Clinical and Education Work hours as outlined above.
8. House Staff may not moonlight if on approved leave other than vacation.

Mandatory Time Free of Clinical and Education Work

9. House Staff should have eight hours off between scheduled clinical work and education periods. *
10. There may be circumstances when House Staff 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. *
11. House Staff must have at least 14 hours free of clinical work and education after 24 hours of in-house call. *
12. House Staff 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 and Education Work Period Length

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13. Clinical and educational work periods for House Staff must not exceed 24 hours of continuous scheduled clinical assignments, except in circumstances as outlined above in #10 and below in #16. *
14. 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 House Staff education. Additional patient care responsibilities must not be assigned to a House Staff during this time. *
15. VUMC encourages House Staff to use alertness management strategies, including strategic napping, in the context of patient care responsibilities, especially after 16 hours of continuous clinical work and education and between the hours of 10pm and 8am.

Clinical and Education Work Hour Exceptions

16. In rare circumstances, after handing off all other responsibilities, a House Staff, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient, humanistic attention to the needs of a patient or family, or to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit. *
17. Any program desiring to submit a rotation-specific exception for up to 10 percent or a maximum of 88 clinical and educational work hours to a Review Committee must have that request reviewed and approved by both the DIO and GMEC prior to submitting such a request. *

Maximum In-House On-Call Frequency

18. In-house call will occur no more frequently than every third night, averaged over a four-week period.

Night Float

19. If a program utilizes a night float system, night float must only occur within the context of the 80-hour and one-day-off-in-seven requirements.

At-Home Call

20. At-home call, or “pager call,” is defined as call taken from outside the assigned site.

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21. Time spent on patient care activities by House Staff 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.
22. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each House Staff.
23. House Staff 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 care must be included in the 80-hour maximum weekly limit.

*indicates that this is not applicable to non-ACGME programs (other-accredited and non-accredited).

Any concerns or questions concerning the hour guidelines must be directed to the DIO or Administrative Director for GME.

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