



NOTHING CONTAINED IN THIS POLICY OR IN ANY OTHER POLICY CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL TEAM MEMBERS ARE EMPLOYED "AT WILL," WHICH MEANS THAT THE TEAM MEMBER HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PRISMA HEALTH AND/OR ITS AFFILIATED ENTITIES RETAIN THE SAME RIGHT.

**Clinical Experience and Educational Hours (formerly Duty Hours)**

<b>Approved Date:</b>	<b>Effective Date: 07/01/2020</b>	<b>Review Date: 07/01/2022</b>
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**Scope:**

<b>Prisma Health-Midlands</b>		<b>Prisma Health-Upstate</b>	
X	Prisma Health Baptist Hospital	X	Prisma Health Greenville Memorial Hospital
X	Prisma Health Baptist Parkridge Hospital	X	Prisma Health Greer Memorial Hospital
X	Prisma Health Richland Hospital	X	Prisma Health Hillcrest Hospital
X	Prisma Health Tuomey Hospital	X	Prisma Health Laurens County Hospital
X	Prisma Health Children’s Hospital-Midlands	X	Prisma Health Oconee Memorial Hospital
X	Prisma Health Heart Hospital	X	Prisma Health North Greenville Hospital
X	PH USC Medical Group	X	Prisma Health Patewood Hospital
X	Provider based facilities associated with Prisma Health-Midlands hospitals	X	Prisma Health Surgery Center - Spartanburg
		X	Prisma Health Marshall I. Pickens Hospital
		X	Prisma Health Children's Hospital-Upstate
		X	Prisma Health Roger C. Peace Hospital
		X	Prisma Health Baptist Easley Hospital
		X	University Medical Group UMG/PIH
		X	Provider based facilities associated with Prisma Health-Upstate hospitals

**Policy Statement:**

Programs, in partnership with the Sponsoring Institution, provide residents/fellows with educational and clinical experience opportunities, to include reasonable opportunities for rest and personal activities. The provision of safe, high quality patient care guides all decisions regarding resident/fellow clinical and educational work hours. Learning objectives of the residency/fellowship program must not be compromised by excessive reliance on residents/fellows to fulfill service obligations. Each program has written policies and procedures consistent with the Institutional and Common and Program Specific Requirements for resident/fellow clinical and educational work hours. These policies will be distributed to the residents/fellows and the faculty.

**Associated Policies and Procedures:**

- Academic & Professional Improvement
- Moonlighting
- Professionalism

### Definition(s):

Clinical and educational work hours are defined as all clinical and educational activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, clinical work done from home, time spent in-house during call activities, including short call, home call, night float, day float, and scheduled academic activities such as conferences. Clinical and educational work hours do not include reading and preparation time spent away from the clinical site. All programs will comply with the Common Program Requirements with regard to clinical and educational work hours. Areas of non-compliance will be addressed in a timely manner. In addition, residency programs must also comply with their own RRC specialty requirements with regard to clinical and educational work hours.

### Responsible Positions:

Residents and Fellows  
Program Director  
Program Coordinator

### Equipment Needed:

None

### Procedural Steps:

Each residency program, in partnership with their Sponsoring Institution, is responsible for the monitoring of resident/fellow clinical and educational work hours. Each program will specifically address clinical and educational work hours compliance in their corresponding APE (Annual Program Evaluation) Report to GMEC.

#### Clinical Experience and Education

1. Maximum Hours of Clinical and Education Work per Week
  - a. 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.
2. Mandatory Time Free of Clinical Work and Education
  - a. The programs design an effective program structure that is configured to provide residents/fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
  - b. Residents/Fellows should have eight (8) hours off between scheduled clinical work and educational periods.
    - i. There may be circumstances when residents/fellows 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 occurs within the context of the 80 hour and the one-day-off-in-seven requirements.
  - c. Residents/Fellows must have at least 14 hours free of clinical and educational work after 24 hours of in-house call.
  - d. Residents/Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over 4 weeks). At home call cannot be assigned on these free days.
3. Maximum Clinical Work and Education Period Length
  - a. Clinical and educational work periods for all residents/fellows do not exceed 24 hours of continuous scheduled clinical assignments.
    - i. Residents/Fellows may remain onsite for effective transitions in care, and/or resident/fellow education; however, this period of time must be no longer than an additional 4 hours.
    - ii. Additional patient care responsibilities are not assigned to a resident/fellow during this time.
4. Clinical and Education Work Hour Exceptions
  - a. In rare circumstances, after handing off all other responsibilities, a resident/fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
    - i. continuity for a severely ill or unstable patient,
    - ii. humanistic attention to the needs of a patient or family, or
    - iii. to attend unique educational events.
  - b. These additional hours of care or education will be counted toward the 80-hour weekly limit.
5. Moonlighting

## Clinical Experience and Educational Hours

- a. Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program and must not interfere with the resident/fellow's fitness for work nor compromise patient safety.
- b. Time spent by residents/fellows in internal and external moonlighting (as defined in the ACGME Glossary of terms) must be counted toward the 80-hour maximum weekly limit.
- b. PGY-1 residents are not permitted to moonlight.

### 6. In-House Night Float

- a. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
- b. The maximum number of consecutive weeks and months on night float may be further specified by the Review Committee.

### 7. Maximum In-House On-Call Frequency

- a. Residents/Fellows must be scheduled for in-house call no more frequently than every 3rd night, when averaged over a 4-week period.
  - i. Time spent in the hospital by residents/fellows on at home call must count toward the 80 hour weekly maximum limit.
  - ii. The frequency of at home call is not subject to the every third night limitation, but must satisfy the requirement for 1 day in 7 free of clinical and educational work, when averaged over 4 weeks.
    - a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident/fellow.
  - iii. Residents/Fellows are permitted to return to the hospital while on at-home call to provide direct patient care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

8. These policies and procedures will be submitted to the GMEC for approval.

9. Each resident/fellow must honestly and accurately log their clinical and educational work hours online in New Innovations. This can be done on a daily or weekly basis. Logging duty hours is considered a behavior reflective of Professionalism and accountability to the profession. Thus, failure to comply may result in a level of improvement action as outlined in the Academic Improvement policy. The Program Director may initiate any level of action based on the consistency with which the resident/fellow has not maintained this professionalism behavior.

10. The Program Director will investigate any exception to clinical and educational work hour requirements. A response to the clinical and educational work hour violation needs to be completed in New Innovations by the program (i.e. program director, resident/fellow, or the program coordinator).

11. GMEC will not entertain requests to extend the weekly clinical and educational work hours limit beyond 80 hours.

### References:

ACGME Common Program Requirements VI. F

### Appendices:

None