

## PROCEDURE GME13

**Subject:** THE LEARNING AND WORKING ENVIRONMENT (formerly DUTY HOURS AND THE WORKING ENVIRONMENT)

**Effective Date:**  
OCTOBER 2004

**Applies to:**  
THE METHODIST HOSPITAL SYSTEM - GME PROGRAMS

**Date Revised:**  
NOVEMBER 2017

**Scope:**  
ACGME-ACCREDITED AND GMEC-APPROVED PROGRAMS

**Target Review Date:**  
NOVEMBER 2020

**Originating Area:**  
GRADUATE MEDICAL EDUCATION COMMITTEE

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### I. GENERAL STATEMENT

The Houston Methodist Hospital Graduate Medical Education Committee (GMEC) recognizes that a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and Resident well-being.

Residency education must occur in the context of a learning and working environment that emphasizes the following principles:

- Excellence in the safety and quality of care rendered to patients by residents
- Excellence in the safety and quality of care rendered to patients by today's residents in their future practice
- Excellence in professionalism through faculty modeling of:
  - The effacement of self-interest in a humanistic environment that supports the professional development of physicians.
  - The joy of curiosity, problem solving, intellectual rigor, and discovery
- Commitment to the well-being of the students, residents, faculty members, and all members of the health care team.

Clinical and educational work hours represent only one part of the larger issue of conditions of the learning and working environment. Attention to patient safety and resident and faculty member well-being is also inherent in the learning and working environment. The intention is to support programs and residents as they strive for excellence, while also ensuring ethical, humanistic training.

The learning objectives of each Program of GME must not be compromised by excessive reliance on Residents to fulfill the service obligations of other providers. It is the policy of the GMEC that all Programs of GME must comply with the requirements established by the Accreditation Council for Graduate Medical Education (ACGME) concerning Residents' Working and Learning Environment.

Compliance with the clinical and educational work hour requirements and establishing a working environment conducive to Residents' learning and their well-being requires cooperation of individual Residents, their peer Residents, their Supervising (and/or

chief) Residents, Supervising Faculty, Program Directors, and the Institution through the GMEC. Clinical and educational work assignments must recognize that Faculty and Residents collectively have responsibility for the safety and welfare of patients. Noncompliance with these requirements jeopardizes the welfare of all Residents by eroding the quality of the working environment. In addition, noncompliance may potentially affect the accreditation status of the Program, other Programs, and the Sponsoring Institution.

## II. PROCEDURE

**A. General Requirements.** All Programs of GME must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being. All rotations within each ACGME-accredited and GMEC-approved Program of GME must conform to existing ACGME, RRC, and Institutional policies and requirements for Residents. Each Houston Methodist-sponsored Program of GME must have written policies and procedures consistent with the ACGME Institutional, Common Program, and Program-Specific Requirements when applicable, for Resident Clinical and Educational Work Hours, including working from home, moonlighting and the working environment. These policies must be provided to the GME Office for review and approval and distributed to the Program's Residents and the Faculty. Because excessive Clinical and Educational Work Hours may impair Residents' ability to learn and to render safe and quality patient care, the DIO and the GMEC will monitor all Houston Methodist-sponsored Programs of GME to ensure the quality of patient care.

**B. GMEC Oversight for Clinical and Educational Work Hour Violations and Exceptions.** The GME Office will use New Innovations to identify all episodes in which Residents exceed the number of Clinical and Educational Work Hours described in the ACGME Duty Hour requirements with the words "must" or "must not" as violations.

### C. Clinical Experience and Education

1. Maximum Hours of Clinical and Educational Work for all Residents 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 activities.
2. Residents should have eight hours off between scheduled clinical work and education periods.
  - a. There may be circumstances when residents 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
3. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
4. Residents 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 must not be assigned on these free days.
5. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
  - a. Up to 4 hours of additional time may be used for activities related to patient safety, such as providing effective transitions in care, and/or

- resident education. Additional patient care responsibilities must not be assigned to a resident during this time.
- b. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may 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. humanistic attention to the needs of the patient or family,
    - iii. to attend unique educational events.
  - c. These additional hours of care or education will be counted toward the 80-hour weekly limit.
6. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. The maximum number of consecutive weeks of night float and maximum number of months of night float per year may be further specified by the specialty Review Committee.
  7. Residents must be scheduled for in-house call no more frequent than every third night, when averaged over a four-week period
  8. Time spent on patient care activities by residents 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.
    - a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
  9. Residents 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.
  10. For Residents at all levels of training, Personal Time Off (PTO) or other Leave days must be omitted from the numerator and the denominator for calculating Duty Hours, call frequency or days off for a rotation. For example, if a Resident is on PTO for one week, the hours for that rotation should be averaged over the remaining three weeks.

**D. Exceptions:**

1. When an individual RRC maintains a more restrictive requirement, the RRC requirement will supersede those listed in III.A., above.
2. The Program Director must review each submission of extended duty and track both individual Resident and Program-wide episodes of additional duty and submit this information for review to the DIO and the Houston Methodist GMEC.

**E. Fatigue Mitigation:**

1. The Program must educate Faculty and Residents annually to recognize the signs of fatigue and sleep deprivation as well as alertness management and fatigue mitigation processes. Programs must encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.
2. The Program must ensure continuity of patient care consistent with the program's policies and procedures related to coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue.
3. No Faculty should be allowed to Supervise Residents unless the Faculty has completed training in fatigue recognition and application of countermeasures within the last 12 months. Each Program must maintain documentation of

- Faculty training.
4. The GME Committee will require that Programs failing to comply with Duty Hour standards provide additional educational sessions to Residents and Faculty on the Clinical and Educational work requirements, fatigue recognition, and fatigue management.
  5. Programs must encourage Residents to use alertness strategies, such as strategic napping, especially after 16 hours of continuous duty.
  6. Programs must use fatigue mitigation strategies when scheduling rotations to ensure that expected Resident alertness matches the acuity of care for patients on each Rotation.
  7. The Sponsoring Institution must provide adequate sleep facilities for Residents who are too fatigued to safely return home.
  8. Each Program must provide safe transportation home for Residents too fatigued to safely return home, if no more sleep rooms are available to Residents.

**F. Monitoring Clinical and Educational Work Hours:** All Houston Methodist-sponsored Programs must monitor Resident Clinical and Educational Work Hours, on an ongoing basis, using methods that provide accurate data. The GMEC will also review data for all Programs monthly from API LaborWorkx, at each Internal and Annual Review, and periodically from ACGME- and GME-Resident surveys. Each Program must make scheduling adjustments to mitigate excessive service demands or fatigue or both.

1. The DIO, on behalf of the GMEC, will monitor Clinical and Educational Work Hours:
  1. Daily for Residents assigned to Methodist Hospital and using the “electronic badge” system and will notify Residents, Program Directors, and Coordinators of impending or actual violations
  - b. Weekly for Residents assigned to external rotations and self-reporting through New Innovations and will notify Residents, Program Directors, and Coordinators of impending and actual violations
  - c. Monthly by presenting reports to Program Directors and the GMEC
2. Residents must report Clinical and Educational Work Hours in a timely fashion and accurately in accordance with Procedure GME05—Residents’ Responsibilities and Appointment of Agreement.
  - a. All Residents assigned to Houston Methodist as their primary clinical site must use the “electronic badge” system. The GME Office will notify Residents who fail to swipe and obtain their hours for entry.
  - b. All Residents assigned to external rotations must report their Duty Hours in New Innovations weekly.
  - c. Failure to report Clinical and Educational Work Hours in a timely or accurate fashion may be considered grounds for corrective action, including Adverse Academic Action. The GME Office will document the manner and number of times a Resident was notified to provide Clinical and Educational Work Hour information.
  - d. Falsifying reports of Clinical and Educational Work Hours will be considered a deficiency in the ACGME competency of professionalism and will be considered cause for Adverse Academic Action.

**G. Resident Well-Being:**

1. Programs, in partnership with the Sponsoring Institution, have the same responsibility to address well-being as they do to evaluate other aspects of Resident competence. This responsibility must include:
  - a. efforts to enhance the meaning that each Resident finds in the experience

- of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships;
- b. attention to scheduling, work intensity, and work compression that impacts Resident well-being;
  - c. evaluating workplace safety data and addressing the safety of Residents and faculty members;
  - d. policies and programs that encourage optimal Resident and faculty member well-being
2. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
    - a. Every Resident must be granted one half day of wellness, in each half of the academic year, exclusive of PTO.
  3. Attention to Resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and Residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must:
    - a. encourage Residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another Resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence;
    - b. provide access to appropriate tools for self-screening; and,
    - c. provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.
  4. There are circumstances in which Residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a Resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the Resident who is unable to provide the clinical work.

**H. Moonlighting:** Moonlighting must not interfere with the ability of the Resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. Time spent by Residents in internal and external Moonlighting must be counted toward the 80 hour maximum weekly hour limit. PGY1 Residents are not allowed to moonlight. Each Methodist-sponsored Program must submit a written policy regarding Moonlighting to the GME Office for review and approval (see Procedure GME14).

**I. Noncompliance:** The GME Office will monitor Clinical and Educational Work Hours and will provide a 10-minute exception (i.e., 0.17 hour) to account for differences in personal watches, hospital and clinic clocks, and the API Labor Workx swiping stations. Programs must monitor their Residents' clinical and educational work hours and respond accordingly to the GME Office/DIO regarding violations as

follows:

1. For an individual Resident's first and second instance that violates any Clinical and Educational work requirement described with the words "must" or "must not," the Resident will meet with the Program Director who will investigate the violation and possible contributing factors. A report of the Counseling will be placed in the Resident's training record and a copy forwarded to the DIO.
2. For an individual Resident's third violation of any Clinical and Educational Work Hour requirement described with the words "must" or "must not," the Resident will meet with the Program Director. A report of the Program Director's findings will be forwarded to the DIO for review by the Methodist Hospital GMEC.
3. For an individual Resident's repeated violations of Clinical and Educational Work Hour requirements described with the words "must" or "must not," the Resident will meet with the Program Director and the DIO. Depending on the nature of the violations, the Program Director and DIO may recommend Program-level remediation or Adverse Academic Action.
4. If the Program Director or DIO determines that Residents' repeated violations have resulted from Faculty or other Residents who may have pressured the Resident to continue working in violation of the hours, the Program will:
  - a. Prohibit the contributing Faculty from teaching or supervising Residents for 3 months and ensure that Faculty receive additional instruction in fatigue recognition, mitigation, and countermeasures
  - b. Place the contributing Residents on Program-level remediation that must include additional instruction in fatigue recognition, mitigation, and countermeasures
5. Clinical and Educational Work Hour violations for Residents will not accumulate from one year of training to another. Violation totals will be reset to zero (0) at the beginning of each Academic Year.

**L. Exceptions:** The GMEC will not consider or approve requests to any RRC for exceptions to the Duty Hour limitations.

### **III. COMMITTEE REVIEWING OR APPROVING PROCEDURE**

1. Graduate Medical Education Committee [14 October 2004] [8 March 2007] [March 2009] [13 May 2010] [11 March 2011] [9 February 2012] [12 December 2013] [10 November 2016] [11 November 2017]

### **V. AUTHORITATIVE REFERENCES:**

ACGME Institutional Requirements I.B.4.b).(10), III.B.5, IV.B.2.I), IV.J. (effective July 1, 2015)

ACGME Common Program Requirements VI (effective July 1, 2017)

ACGME Common Program Requirements FAQ (effective July 1, 2017)