# Geisinger

## Graduate Medical Education Institutional Work Hour Policy

### **ACGME Institutional Requirement IV.K.**

The Graduate Medical Education Institutional Policy is the required framework for each training program at Geisinger to abide by.

#### **Overview:**

Each program must have a program specific work hour policy that encompasses the institutional policy below. Program may not copy the institutional policy as their program specific policy. All work hours should be submitted in MedHub by the resident/fellow.

- Maximum hours of clinical and educational work per week must be limited to nomore than 80 hours per week, averaged over a 4-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 program must 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 8 hours off between scheduled clinical workand education periods.
    - i. There may be circumstances when residents/fellows choose to stayto care for their patients or return to the hospital with fewer than 8hours free of clinical experience and education. This must occur 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 work and education 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. Clinical Work and Education Period Length:
  - a. Clinical and educational work periods for residents/fellows must not exceed24 hours of continuous scheduled clinical assignments.
  - b. Up to 4 hours of additional time may be used for activities related to patientsafety, such as providing effective transitions of care, and/or resident/felloweducation.
    - i. Additional patient care responsibilities must not be 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

GMEC Approved: 01.16.24 GMEC Approved: 01.17.23 GMEC Approved: 06.15.21 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 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.
- c. Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.
  - i. In preparing a request for an exception, the program director mustfollow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures.
  - ii. Prior to submitting the request to the Review Committee, the program director must obtain approval from Geisinger's GMEC and DIO.
- 5. Moonlighting:
  - a. Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the education program, and must not interfere with the resident's/fellow's fitness for work nor compromise patient safety.
  - b. Time spent by resident/fellow in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.
  - c. 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 of night float, and maximum number of months of night float per year may be further specified by the program's Review Committee.
- 7. Maximum In-House On-Call Frequency:
  - a. Residents/fellows must be scheduled for in-hour call no more frequentlythan every third night (when averaged over a four-week period).
- 8. Hours spent on activities that are required by the accreditation standards, committee, or in interviewing residency/fellowship candidates, must be included inthe 80-hour work week limit.
  - a. Work hours do not include reading, studying, and academic preparationtime, such as time spent away from the patient care unit/work site preparing for presentations or journal club.
  - b. If Journal club attendance is "strongly encouraged," the hours should be included because work hours apply to all required hours in the program
  - c. Any tasks related to performance of duties, even charts performed at home, count toward the 80 hours.

## 9. At-Home Call:

- a. Time spent on patient care activities by residents/fellows on at-home callmust 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 requirements for one day in seven free of clinical work and education, when averaged over four weeks.
  - 1. At-home call must not be so frequent or taxing as topreclude rest or reasonable personal time for each resident/fellow.
- b. Residents/fellows are permitted to return to the hospital while on at-homecall to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.