Policy: HS 10.0 House Staff Learning and Work Environment

Source: Graduate Medical Education Office

1.0 Purpose

To provide an Institutional statement regarding House Staff "Learning and Work Environment" including clinical and educational work hours (previously termed duty hours) and the clinical learning environment consistent with Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common Program Requirements.

2.0 Definitions

2.1 Clinical and educational work hours: all clinical and academic activities related to the graduate medical education (GME) Training Program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care (both inpatient and outpatient), the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. These hours do not include reading and preparation time spent away from the work site.

2.2 In-house call: time beyond the normal training day when House Staff are required to be immediately available in the assigned primary clinical site or participating site.

2.3 Moonlighting: patient care activities external to the educational program that House Staff engage in at the primary clinical site or participating site used by the educational program (internal moonlighting) and other healthcare sites (external moonlighting).

2.4 Home call (pager call): call taken from outside the assigned primary clinical site or participating site.

2.5 House Staff: interns/residents/fellows in a GME training program at the Medical College of Georgia (MCG) at Augusta University (AU).

2.6 Additional ACGME approved definitions can be found here: https://www.acgme.org/globalassets/PDFs/ab_ACGMEglossary.pdf.

3.0 Background

GME training is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding and requires longitudinally-concentrated effort on the part of the House Staff.

3.1 The specialty education of physicians is experiential, and necessarily occurs within the context of the healthcare delivery system.

3.2 Developing the skills, knowledge, and attitudes leading to proficiency in all the six (6) ACGME defined domains of clinical competency as well as scholarly activity requires House Staff to assume personal responsibility for the care of individual patients.

3.3 For the House Staff, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. Note that the term "patients" may include specimens, imaging, etc. obtained from patients, especially in regards to certain specialties such as pathology and radiology.

3.4 As House Staff gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence.

3.5 This concept-graded and progressive responsibility is one of the core tenets of GME.

3.6 Supervision in the setting of GME has the goal of assuring the provision of safe and effective care to the individual patient, assuring each House Staff's development of necessary skills, knowledge, and attitudes required to enter the unsupervised/autonomous practice of medicine, and establish a foundation for continued professional growth. Please see HS9.0, which provides additional policy details related to supervision.

4.0 GME at MCG at AU fully supports the requirements established by the ACGME concerning the "Learning and Working" environment. Sections 5.0-10.0 detail the GME policies, procedures, and requirements regarding the Learning and Working environment.

5.0 Patient Safety, Quality Improvement, Supervision, and Accountability

A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them.

5.1 Programs must ensure its faculty and House Staff actively participate in patient safety systems and contribute to a culture of safety. Programs must have a structure that promotes safe, interprofessional, team-based care.

5.2 Programs with assistance of the Sponsoring Institution, primary clinical site, associated participating sites, and the GME Office via Interdisciplinary Resident Core Curriculum (IRCC) and other methods must provide formal educational activities that promote patient safety-related goals, tools, and techniques.

5.3 Programs with assistance of the Sponsoring Institution, primary clinical site, associated participating sites, and the GME Office via IRCC and other methods must ensure their faculty and House Staff know their responsibilities in reporting patient safety events, know how to report patient safety events, including near misses, and be provided with summary information of their institution's patient safety reports.

5.4 Programs must ensure that House Staff participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.

5.5 Programs with assistance of the GME Office via IRCC and other methods must ensure House Staff receive training in how to disclose adverse events to patients and families. Programs should ensure that House Staff have the opportunity to participate in the disclosure of patient safety events, real or simulated.

5.6 Programs with assistance of the Sponsoring Institution, primary clinical site, associated participating sites, and the GME Office via IRCC and other methods must ensure House Staff receive training and experience in quality improvement processes, including an understanding of health care disparities.

5.7 Programs must ensure House Staff and faculty members receive data on quality metrics and benchmarks related to their patient populations.

5.8 Programs with assistance of the Sponsoring Institution, primary clinical site, associated participating sites, and the GME Office must ensure House Staff have the opportunity to participate in interprofessional quality improvement activities including activities aimed at healthcare disparities.

5.9 See policy HS9.0 for details regarding supervision. ACGME requirements will be followed.

6.0 Professionalism

6.1 Programs with assistance of the GME Office via IRCC and other methods must educate House Staff and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients.

6.2 Learning objectives of programs must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events, be accomplished without excessive reliance on House Staff to fulfill non-physician obligations, and ensure manageable patient care responsibilities.

6.3 Programs with assistance of the Sponsoring Institution, primary clinical site, associated participating sites, and the GME Office must provide a culture of professionalism that supports patient safety and personal responsibility.

6.4 House Staff and faculty members must demonstrate an understanding of their personal role in the:

6.4.1 provision of patient- and family-centered care;

6.4.2 safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events;

6.4.3 assurance of their fitness for work, including management of their time before, during, and after clinical assignments; and recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team (see policies HS1.0 and 35.0);

6.4.4 commitment to lifelong learning;

6.4.5 monitoring of their patient care performance improvement indicators; and

6.4.6 accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data.

6.5 House Staff and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. See policy HS24.0.

6.6 Programs with assistance of the Sponsoring Institution, primary clinical site, associated participating sites, and the GME Office must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, House Staff, faculty, and staff. See AU's policy on non-discrimination and anti-harassment. https://www.augusta.edu/services/legal/policyinfo/policies.php

6.7 Programs with assistance of the Sponsoring Institution, primary clinical site, associated participating sites, and the GME Office via IRCC and other methods must a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. See policies HS12.0 and 39.0.

6.8 See policy HS21.0 that further discusses professionalism as it relates to appropriate treatment of House Staff.

7.0 Well-Being: see policy HS34.0.

7.1 Programs with assistance of the Sponsoring Institution, primary clinical site, associated participating sites, and the GME Office must address well-being to include:

7.1.1 efforts to enhance the meaning that each House Staff 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;

7.1.2 attention to scheduling, work intensity, and work compression that impacts House Staff well-being;

7.1.3 evaluating workplace safety data and addressing the safety of House Staff and faculty members;

7.1.4 attention to House Staff and faculty member burnout, depression, and substance use disorders; and

7.1.5 policies and programs that encourage optimal House Staff and faculty member well-being.

7.1.5.1 Each Program should develop a program-specific policy regarding Faculty and House Staff well-being.

7.1.5.2 This policy, or other program specific policy, must state that House Staff must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours

7.2 Programs with assistance of the Sponsoring Institution, primary clinical site, associated participating sites, and the GME Office via IRCC and other methods must educate faculty members and House Staff in identification of the symptoms of burnout, depression, and substance use disorders, including means to assist those who experience these conditions.

7.2.1 House Staff and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. This is facilitated via IRCC.

7.2.2 Programs with assistance of the Sponsoring Institution, primary clinical site, associated participating sites, and the GME Office via IRCC and other methods must encourage House Staff and faculty members to alert the program director or other designated personnel when they are concerned that another House Staff or faculty member may be displaying signs of burnout, depression, a substance use disorder, suicidal ideation, or potential for violence

7.3 The GME Office with the assistance of the Sponsoring Institution and MCG Office of Learner Well-being will provide access to appropriate tools for self-screening.

7.4 Programs with assistance of the Sponsoring Institution will 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. See https://www.augusta.edu/mcg/residents/residentwellness.php for resources.

7.5 There are circumstances in which House Staff may be unable to attend training, including but not limited to fatigue, illness, family emergencies, and parental leave.

7.5.1 Each program must allow an appropriate length of absence for House Staff unable to perform their patient care responsibilities. See policies HS4.0 and 7.0.

7.5.2 The program must have program-specific policies and procedures in place to ensure coverage of patient care in all circumstances including the event of House Staff fatigue, illness, family emergencies, and parental leave.

7.5.3 These policies stated in 7.5.2 must be implemented without fear of negative consequences for the House Staff who is or was unable to provide the clinical work.

8.0 Fatigue Mitigation

8.1 Programs with assistance of the Sponsoring Institution, primary clinical site, associated participating sites, and the GME Office via IRCC and other methods must:

8.1.1 educate all faculty members and House Staff to recognize the signs of fatigue and sleep deprivation;

8.1.2 educate all faculty members and House Staff in alertness management and fatigue mitigation processes; and,

8.1.3 encourage House Staff to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

8.2 Fatigue mitigation is reviewed at IRCC. Session recordings are accessible by Programs.

8.3 Programs with assistance of the Sponsoring Institution, primary clinical site, associated participating sites, and the GME Office will ensure adequate sleep facilities and safe transportation options for House Staff who may be too fatigued to safely return home.

8.3.1 At the primary clinical site, sleep facilities are available on the 9th floor. Individual programs may identify additional sleep facilities. The GME office will help ensure other participating sites have adequate sleep facilities.

8.3.2 Transportation to home or nearby rest facility will be reimbursed through the GME Office for House Staff too fatigued to drive home or a nearby rest facility.

9.0 Clinical Responsibilities, Teamwork, and Transitions of Care

9.1 The clinical responsibilities for each House Staff must be based on PGY level, patient safety, House Staff ability, severity and complexity of patient illness/condition, and available support services.

9.2 House Staff must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system.

9.3 Transitions of Care: See policy HS24.0.

9.3.1 Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.

9.3.2 Programs, in partnership with the Sponsoring Institution, primary clinical site, and participating sites, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

9.3.3 Programs must ensure that House Staff are competent in communicating with team members in the hand-over process.

9.3.4 Programs and clinical sites must maintain and communicate schedules of attending physicians and House Staff currently responsible for care. See policy HS9.0.

9.3.5 Each program must ensure continuity of patient care, consistent with the program's policies and procedures in the event that a House Staff may be unable to perform their patient care responsibilities due to excessive fatigue, illness, or family emergency. See 7.5 above.

10.0 Clinical Experience and Education

10.1 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.

10.2 Programs must design an effective program structure that is configured to provide House Staff with educational opportunities, as well as reasonable opportunities for rest and personal well-being. House Staff should have eight hours off between scheduled clinical work and education periods.

There may be circumstances when House Staff choose to stay to care for their patients or return to the hospital/clinical care site 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.

10.3 House Staff must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

10.4 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.

10.5 Clinical and educational work periods for House Staff must not exceed 24 hours of continuous scheduled clinical assignments. 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. However, additional patient care responsibilities must not be assigned during this time.

10.6 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:

10.6.1 to continue to provide care to a single severely ill or unstable patient;

10.6.2 humanistic attention to the needs of a patient or family; or

10.6.3 to attend unique educational events.

10.6.4 These additional hours of care or education will be counted toward the 80-hour weekly limit.

10.7 House Staff call schedules and duty assignments will be constructed in strict adherence to ACGME requirements. The Off Service House Staff must report their clinical and educational work hours to both their primary Program Coordinator and their host Program Coordinator's office in a timely fashion. Non-compliance with clinical and educational work hour requirements must be expeditiously reported to both the primary Training Program Director and host Program Director to permit corrective actions to be taken. See HS20.0

10.8 Moonlighting must not interfere with the ability of the House Staff to achieve the goals and objectives of the educational program and must not interfere with the House Staff's fitness for work nor compromise patient safety.

10.8.1 Time spent by House Staff in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit.

10.8.2 PGY-1 residents are not permitted to moonlight. Any House Staff on J-1 or H-1B visa are prohibited from moonlighting.

10.9 In-house night float must occur within the context of the 80-hour and one day-off-in-seven requirements.

10.10 House Staff must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

10.11 At-Home Call

10.11.1 Time spent on patient care activities by House Staff on at-home call must count toward the 80-hour maximum weekly limit.

10.11.2 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.

10.11.3 At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each House Staff. (

10.11.4 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 patient care must be included in the 80-hour maximum weekly limit.

10.12 Monitoring

10.12.1 Strict adherence to the above listed clinical and educational work hour limits is essential for patient safety and House Staff well-being.

10.12.2 Per ACGME, a 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 rational. However, these exceptions require GMEC and DIO approval. In general, approval will not be given. If a Program believes they have a unique circumstance warranting approval, they must contact the GME Office.

10.12.3 House Staff are expected to keep their clinical and educational work hour reporting up to date to ensure accuracy and compliance. False recording of clinical and educational work hours may result in House Staff disciplinary action to include remediation, probation, non-renewal, or dismissal. Policies HS3.0, 13.0, and 18.0 will be followed. House Staff must notify their Program Director or GME Office of requests or pressure to work in excess of hours authorized by this policy. See policies HS39.0 and 12.0.

10.12.4 Programs should monitor clinical and educational work hour reporting weekly via hour logs in One45.

10.12.5 The GME Office monitors clinical and educational work hour reporting monthly via hour logs in One45.

10.12.6 Monitoring will also be done via ACGME annual survey data results, GME mid-cycle survey data results, GME exit survey data results, and concerns reported via various mechanisms afforded to our House Staff. See policies HS39.0 and 12.0.

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