

Departmental Policy Title:	Work Hour Policy - GME	Policy ID:	11303
Keywords	Duty Hours, Learning Environment Subcommittee, reporting, work hours, clinical experience and education, logging		
Department	Graduate Medical Education (GME)		

I. Purpose of Policy

This policy delineates the clinical experience and education work hour limitations for a Resident training in Accreditation Council for Graduate Medical Education (ACGME)-accredited residency and fellowship programs at Dartmouth Hitchcock (DH).

II. Policy Scope

This policy applies to all Residents, Program Directors, Program Coordinators and Faculty Members involved in ACGME-accredited training programs and to Graduate Medical Education (GME) Staff at DH.

III. Definitions

- **Clinical & Educational Work Hours:** All clinical and academic activities related to the program.
- **Program:** An ACGME-accredited GME residency or fellowship program at DH.
- **Resident:** Any physician in an ACGME-accredited GME program including Residents and Fellows.
- **Rotation:** A block of time normally in a one-month interval during an academic year used to schedule a Resident's training.

IV. Policy Statement

A. Clinical Experience and Education Work Hours:

A Program must adhere to the following work hour requirements mandated by the ACGME Institutional and Common Program Requirements and DH.

1. Clinical and Educational Work Activities

A Resident must report the following work activities.

- Patient care
 - Inpatient and outpatient care.
 - Administrative duties related to patient care occurring at the hospital or while at home.
 - Electronic Medical Record (EMR) note writing, preparation of discharge summaries, and phone calls related to patient care, at the hospital or while at home.

- The provision for transfer of patient care / sign-outs.
- Time spent in-house during call activities.
- Education
 - Scheduled academic activities, such as conferences or unique educational events.
 - Research.
 - Time spent at regional/national conferences/meetings when attendance at the meeting is required by the program, or when the Resident is acting as a representative of the program (e.g., presenting a paper or poster). Only actual meeting time counts towards work hours (travel time does not count).
 - Hours spent on activities that are required by the accreditation standards, such as membership on a hospital committee or that are accepted practice in a Program, such as a Resident's participation in interviewing candidates.

The following activities are excluded from work hour reporting.

- Academic preparation time, such as time spent preparing for presentations or journal club, board review, or other reading and study time.
- Reading done in preparation for the following day's cases.
- Travel and non-conference time when at a regional/national conference/meeting.

2. Maximum Hours of Clinical and Educational Work per Week (80 Hour Rule)

- Clinical and educational work 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.
- A rotation shorter than 28 days must be compliant with the 80-hour rule. Averaging shorter blocks of high intensity and low intensity rotations is not allowed.

3. Mandatory Time Free of Clinical Work and Education

- The program must design an effective program configured to provide a Resident with educational opportunities as well as reasonable opportunities for rest and personal well-being.
- 8 Hours Off Between Work Assignments Rule: A Resident should have eight hours off between scheduled clinical work and education periods.
 - A Resident may choose to stay to care for 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 rules.
- 14 Hours Free After 24 Hour In-House Call Rule: A Resident must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- 1 Day Off in 7 Rule: A Resident must be scheduled for a minimum of one day in seven free of clinical work and required education when averaged over four weeks.
 - A day off is defined as one continuous 24-hour period free from all administrative, clinical, and educational activities.
 - At-home call cannot be assigned on a day off.

- It is not permissible to have the day off regularly or frequently scheduled on a Resident's post-call day. In smaller programs it may occasionally be necessary to have the day off fall on the post-call day.
4. Maximum Clinical Work and Education Period Length (24 Plus 4 Rule)
 - Clinical and educational work periods for a Resident 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 Resident education.
 - Additional patient care responsibilities must not be assigned to a Resident during this time.
 5. Clinical and Educational Work Hour Exceptions
 - In rare circumstances, after handing off other responsibilities, a Resident, on the Resident's 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
 - To provide humanistic attention to the needs of a patient or family, or;
 - To attend unique educational events.
 - These additional hours of care or education count towards the 80-hour weekly limit.
 6. Moonlighting: Refer to the GME Moonlighting Policy.
 7. In-House Night Float: Night float must occur within the context of the 80 Hour and 1 Day Off in 7 rules.
 8. In-House Call: A Resident must not be scheduled for in-house call more frequently than every third night when averaged over a four-week period or as specified by the specialty ACGME Review Committee.
 9. At-Home Call: At-home call (pager call) is call taken from outside the assigned institution. While scheduled for at-home call, a Resident may return to the hospital to provide direct patient care for new and/or established patients.
 - The frequency of at-home call is not subject to the every third night limitation.
 - At-home call must not be so frequent as to preclude rest and reasonable personal time for a Resident.
 - A Resident must report time spent on patient care activities while at home, including pages, phone calls, and EMR documentation as well as time spent in the hospital providing direct care for new or established patients. These hours count toward the 80-hour work limit.
 - The Program Director and the faculty must monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
 10. Vacation and Leave of Absence: When vacation or leave of absence is taken during a rotation, the remainder of the rotation must be compliant with all clinical and educational work hour rules.

B. Program-Level Policy

- The DH Graduate Medical Education Committee (GMEC) does not accept for review, nor endorse applications from a Program seeking exceptions to ACGME work hour rules.

- Each DH Program must have a written work hour policy consistent with the ACGME Institutional and Common Program Requirements for Resident work hours.
- A Program specific work hour policies must include procedures to ensure coverage of patient care if a Resident is be unable to attend work due to fatigue, illness, or family emergency.
- A Program’s work hour policy must be uploaded to the Residency Management System, MedHub.

V. References

ACGME Institutional Requirements (2022). Retrieved from ACGME.org

ACGME Common Program Requirements. (2023). Retrieved from ACGME.org

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Approved By:	Chief Medical Officer - D-H Lebanon; GMEC Approver Group; Office of Policy Support - All Other Documents	Version #	4
Current Approval Date:	05/15/2025	Old Document ID:	New
Date Policy to go into Effect:	05/15/2025		
Related Polices & Procedures:			
Related Job Aids:			