



## **POLICY ON RESIDENT CLINICAL AND EDUCATIONAL WORK HOURS**

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### **1. ABBREVIATIONS AND DEFINITIONS**

ACGME-I: Accreditation Council for Graduate Medical Education International

GME: Graduate Medical Education

DIO: Designated Institutional Official

GMEC: Graduate Medical Education Committee

### **2. RATIONALE**

According to ACGME-I requirements, Each residency/fellowship program must have a formal, written policy governing resident duty hour limits that is consistent with ACGME-I Institutional and Program-specific Requirements.

1. Program policies must be approved by the GME Committee and distributed to residents, fellows and faculty.
2. The educational goals of the program and learning objectives of trainees must not be compromised by excessive reliance on trainees to fulfill service obligations. Monitoring of duty hours is required to ensure an appropriate balance between education and service. Didactic and clinical education must have priority in the allotment of trainees' time and energies.
3. The program must provide services and develop systems to minimize the work of residents/fellows that is extraneous to their educational programs. Trainees must be provided with appropriate backup support when patient care responsibilities are especially difficult or prolonged.
4. Program policies must document that all participating institutions used by the residents/fellows assure that the duty hour requirements are met.

Duty hours are defined as all clinical and academic activities related to the residency program. This includes inpatient and outpatient clinical care, in-house call, short call, night float and day float, transfer of patient care, and administrative activities related to patient care such as completing medical records, ordering and reviewing lab tests, and signing verbal orders. For

call from home, only the hours spent in the hospital after being called in to provide care count toward the 80-hour weekly limit.

Research is a formal part of the residency/fellowship and occurs during the accredited years of the program, research hours or any combination of research and patient care activities must comply with the weekly limit on hours and other pertinent duty hour requirements.

### **3. REQUIREMENTS**

#### *Maximum Hours of Clinical and Educational Work per Week*

Clinical and educational work hours must be limited to no more 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 moonlighting.

#### *Mandatory Time Free of Clinical Work and Education*

1. The Program 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.
2. Adequate time for rest and personal activities must be provided. This should consist of an eight-hour time period provided between all daily duty periods and 14-hour period after 24 hours of in-house call.

Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

5. Residents must have 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.

Averaging must occur by rotation. This is done over one of the following: a four-week period; a one-month period (28-31 days); or the period of the rotation if it is shorter than four weeks. When rotations are shorter than four weeks in length, averaging must be made over these shorter assignments. This avoids heavy and light assignments being combined to achieve compliance.

It is recommended that the day off should ideally be a “calendar day,” such that the individual wakes up at home and has a whole day available. Scheduling the day off on a resident’s/fellow’s post-call day should be avoided; however, it is understood that in smaller programs it may occasionally be necessary to have the day off fall on the postcall day. Note that in this case, the resident/fellow would need to leave the hospital

postcall early enough to allow for 24 hours off of duty. For example, if a resident/fellow is expected to return to the hospital at 7:00 a.m. the following day, that resident/fellow would need to leave the hospital by 7:00 a.m. on the on-call session day

#### *Maximum Clinical Work and Education Period Length*

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

Up to 6 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. No new patients may be accepted after 24 hours of continuous duty.

#### *Clinical and Educational Work Hours Exceptions*

A Review Committee may grant a rotation specific exception for up to 10 percent increase in clinical and educational work hours to individual programs, with Sponsoring Institution's GMEC and DIO approval, based on a sound educational rationale.

#### *Maximum Frequency of In-House Night Float*

Night Float must occur within the context of the 80 hours and the one-day-in-seven free 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 a specialty's Review Committee for a program-specific policy.

#### *Maximum In-House On-Call Frequency*

Residents must be scheduled for in-house call no more frequently than every 3rd night, when averaged over a 4-week period, or as specified by the specialty-specific Review Committee.

#### *At-Home Call*

1. Time spent on patient care activities by residents on at-home call must count towards the 80-hour maximum weekly hour 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.
2. At home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
3. 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 patient care must be included in the 80-hour weekly maximum.

### *Moonlighting*

1. 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 residents' fitness for work or compromise patient safety.
2. Time spent by residents in internal and external moonlighting must be counted towards the 80-hour Maximum Weekly Hour Limit.
3. PGY 1 residents are not permitted to moonlight.
4. All moonlighting requests must be approved by the Program Director or designee.
5. Please refer to the VinUni GMEC policy on Moonlighting for additional requirements.

## **4. MONITORING AND OVERSIGHT**

### *Requirements*

As the Sponsoring Institution, VinUniversity is responsible for promoting education and for ensuring that the working environment and duty hours are appropriate and in compliance with Institutional and Program Requirements. This is accomplished by the GMEC through the following methods:

1. Review of programs' policies on duty hours and resident working environment as part of the GMEC Annual Program Evaluation (APE).
2. Review of monthly duty hour reports from the One45 system.
3. Monitoring the anonymous, web-based "Suggestion Box" for Duty Hour-related reports.
4. Review of call schedules, OR schedules, and medical records as needed. Residents and Fellows are required to log duty hours using the One45 system.

### *Process*

1. The Program Director and DIO (or designee) will review monthly duty hour reports from the One45 system and address any violations. Duty hour compliance will be reported to the GMEC at regular intervals.
2. The Program Director will report duty hours oversight and compliance annually through the ACGME Web Accreditation System as part of the Annual Update. The DIO will review results of the duty hour section of the ACGME Resident Survey as part of the Annual Program Evaluation. Program Directors will be required to provide a response to any areas of non-compliance related to duty hours.

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**Developed by: Designated Institutional Official (Dr. Le Van Phuoc)**

**Reviewed by: GMEC**

**Approved by: CHS Dean**