

## CLINICAL AND EDUCATIONAL WORK HOURS RULES/PROCEDURES

The ACGME common program requirements allow for greater flexibility within an established framework to provide programs and residents discretion to structure clinical experiences that best support professional development. This added flexibility carries responsibilities for residents, who must recognize when they are too fatigued to provide safe, high quality patient care and to programs and faculty who must ensure that residents remain within the 80-hour maximum limit. The following institutional clinical and educational work hour (duty hour) statement states the **minimum requirements that each program must follow**. In addition, each program must have a written policy on resident/fellow clinical and educational work (duty) hours. In developing of such policy, consideration should be given to the educational opportunities for and personal well-being of the residents/fellows, and the needs of the patient, including patient safety, and continuity of care. All policies must be in compliance with the policies, procedures and requirements of the University of Connecticut School of Medicine (UConn SOM) and the requirements of all relevant accrediting bodies (i.e., Accreditation Council for Graduate Medical Education (ACGME) and Residency Review Committee (RRC)).

Clinical and educational work (duty) hours are defined as all required clinical and academic activities and include patient care (inpatient and outpatient), all administrative duties related to patient care, in-house call, moonlighting/extra-credit rotations, clinical work done from home, scheduled academic activities (i.e., conferences, morning report, lectures, etc.), and research that is a required part of the residency/fellowship program. It does not include reading and preparation time spent away from the University of Connecticut School of Medicine and its affiliated hospitals.

The requirements are as follows:

- ❑ Clinical and educational work hours are limited to no more than 80 hours per week, **averaged** over a 4-week period inclusive of in-house call, clinical and educational activities, clinical work done from home and all moonlighting/extra credit.
- ❑ Programs that schedule residents to work 80 hours will likely violate the 80-hour rule, Therefore, in order to maintain an emphasis on flexibility, programs should not schedule residents/fellows for more than 75 hours per week averaged over 4 weeks in order to ensure all clinical and educational work responsibilities can be met by the resident/fellow within the 80-hour limit
- ❑ Residents/fellows must be provided with 1 day (defined as a continuous 24-hour period) in 7 free from all clinical and academic activities, **averaged** over a 4-week period. At home call may not be assigned on these free days.
- ❑ Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four (4) 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 during this time.
- ❑ Residents/fellows should have eight (8) hours off between scheduled clinical and educational work periods. There may be instances when the resident chooses to stay to care for a patient or return to the hospital with fewer than eight (8) hours free. This flexibility may be exercised within the context of the 80-hour and the one-day-off-in-seven requirements. Residents must have at least 14 hours free of clinical work and education after 24-hours on in-house call.

- ❑ Night float experiences must occur within the context of the 80-hour and one-day-off-in-seven requirements.
- ❑ In-house call must occur no more frequently than every third night, **averaged** over a 4-week period. Program Directors must be notified if residents/fellows trade call schedules. Such trading should not violate the every third night restriction.
- ❑ PGY 1 residents are not allowed to take at-home call.
- ❑ At-home call is not subject to the every-third-night limitation, but must not be so frequent or taxing as to preclude rest or reasonable personal time. Time spent on patient care activities by residents on home call must count towards the 80-hour maximum weekly limit. Residents/fellows taking at-home call must have 1 day in 7 free from all clinical and academic responsibilities, **averaged** over a four-week period.
- ❑ Residents/fellows must have the written permission from the Program Director to participate in extra credit rotations at any University of Connecticut affiliated hospital.
- ❑ All extra credit rotations must be part of the program and therefore, count toward the duty hour limit.
- ❑ If moonlighting is permitted by the program, the resident/fellow must get permission from the Program Director to participate, and that all hours worked must be approved by the Program Director and count towards the 80-hour work week (see [Moonlighting/Extra Credit](#)).
- ❑ Residents/fellows are responsible for timely and honest completion of all clinical and educational entries. Failure to enter hours honestly may result in a Code of Conduct violation.

All residency and fellowship programs must comply with UConn SOM's duty hour restrictions as well as any restrictions specified by their respective RC. Resident/fellow programs may not request an exemption from these restrictions.

The Graduate Medical Education Committee (GMEC) is responsible for monitoring compliance with the duty hour requirements. Recording of duty hours must be performed electronically in MyEvaluations.com or another GME-approved electronic format.

There may be times when a program is participating in a national duty hour study where modifications to the above may be in place.

**Residents/fellows may report concerns about Clinical and Educational Work Hours through several avenues.**

See the [Reporting Concerns Policy](#)

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