

Mass General Brigham

Graduate Medical Education Trainee Policy Work Hours

The following provisions apply to all Graduate Medical Education (GME) training programs sponsored by Mass General Brigham affiliated hospitals. Further, this policy applies to all graduate trainees when assigned to any other institution or clinical site as part of their GME program. The term “trainee” in this document refers to interns, specialty residents and subspecialty clinical fellows enrolled in any GME program.

Note: ACGME requirements refer to “clinical experience and education hours” rather than using prior terminology of “duty hours”. For simplicity, this policy will use the phrase “work hours” to refer to “clinical experience and education hours” as defined below.

- Graduate trainee clinical experience and education hours (i.e., “trainee work hours”) are herein defined as time spent performing clinical and/or academic activities required by the trainee’s GME training program, including:
 - patient care activities, both inpatient and ambulatory, whether scheduled or not (i.e., includes time spent in the hospital when a trainee is called in from home)
 - administrative activities that are related to patient care
 - in-hospital “on call”, regardless of what the trainee activities are during such periods
 - scheduled academic activities (i.e., conferences and other didactics).
 - clinical work done from home

(Exclusions: beeper call from home and/or academic preparatory work that is or could be done offsite.)

- Graduate trainees (referred to as “trainees”) should report a pattern of excessive work hours and/or clinical workload to their program director and/or department chief. If appropriate changes in the program or individual trainee’s schedules are not implemented on a timely basis, trainees should so inform the Mass General Brigham Director or an Associate Director of Graduate Medical Education.
- The Hospital endorses the trainee work hour and on-call limits defined by the ACGME (paraphrased below in italics), with additional clarifications and extensions as noted:
 - *Trainee 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 (external and internal). Programs must obtain approval from the GME Committee for rotation-specific exceptions to assign up to 88 work hours per week; ACGME-accredited programs may thereafter petition their RRC for approval of a maximum workweek of up to 88 work hours, based on sound educational rationale. In preparing a request, the program director must follow the work hour exception policy from the ACGME Manual on Policies and Procedures.*
 - *Clinical and educational work periods for residents 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.
- *In rare circumstances, after handing off all other responsibilities, a trainee, on his/her own initiative, may elect to remain or return to the clinical site to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or, to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit.*
- *Trainees must be scheduled for a minimum of one day in seven free of clinical work and/or required educational activities (when averaged over four weeks). At-home call cannot be assigned on these free days. A day off is defined as a continuous 24-hour period free from assigned educational and clinical responsibilities, including at-home or offsite beeper call, rounds and conferences.*
 - *For trainees enrolled in ACGME-accredited programs:*
 - 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.
 - *Trainees should have 8 hours off between scheduled clinical work and educational periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.*
 - *Residents must have at least 14 hours off after 24 hours of in-house call.*
- *Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. (For ACGME-accredited programs, the maximum number of consecutive weeks of night float, and the maximum number of months of night float per year, as well as further restrictions, may be specified by the Review Committee.)*
- *Trainees must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).*
- Time spent on patient care activities by trainees on at-home call must count towards 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 requirement for one-day-in-seven free, when averaged over four weeks.
- Trainees 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.
- In addition to the above, the Hospital further requires that assigned clinical responsibilities (including at-home-call) must not be so frequent or taxing as to preclude adequate rest and reasonable personal time for each resident. In this regard, program directors should carefully monitor the frequency of extended shifts, moonlighting activity and instances of urgent or emergent patient care requiring the trainee's return to the worksite during periods of call from home.

- Program directors shall ensure that training regarding the symptoms of fatigue and their effects on performance is provided to faculty and trainees.
- Programs must provide alternative coverage for a trainee's clinical responsibilities if the trainee is too fatigued to continue his/her assigned clinical responsibilities.
- Trainees must promptly notify a supervising physician if they are concerned that fatigue is impairing their performance. (Unless otherwise specified by the program, trainees should notify the supervising physician as outlined in the program's trainee Supervision Policy for cases of illness arising during a work shift.)
- Program directors shall monitor and assess the demands of at-home call (if applicable) and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.
- The program's work hour policy and trainee relief procedures must be communicated to all members of the faculty and trainees.
- Program directors shall define a schedule for monitoring trainee work hours. During periods of monitoring, trainees are required to document their work hours accurately and completely. Program directors shall periodically review the data with the goal of ensuring compliance with this and the program's work hours policies, adjust schedules as necessary to mitigate excessive service demands and/or fatigue and report their findings and responses to the GME Office and/or the Graduate Medical Education Committee upon request.
- Each program is required to have a written work hour policy consistent with this Institutional Policy. Policies for ACGME programs must also address any additional limits on trainee work-hours, and any specialty-specific work hour definitions and optimal clinical workload included in the relevant ACGME (sub) specialty Program Requirements.

Note: Policies approved by the Mass General Brigham Graduate Medical Education Committee apply to GME trainees in programs sponsored by the Brigham and Women's Hospital, Brigham and Women's Faulkner Hospital, Massachusetts General Hospital, Mass Eye and Ear, McLean Hospital, Newton Wellesley Hospital, Salem Hospital, and Spaulding Rehabilitation Hospital.

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