Purpose/Intent:
The TidalHealth General Surgery Residency Program will ensure the residents' work hours adhere to the Accreditation Council for Graduate Medical Education (ACGME) accreditation standards and requirements.

Background:
The TidalHealth General Surgery Residency Program must establish and uphold a Clinical Experience and Education Policy compliant with all related ACGME requirements.

Definition(s):
Clinical and Educational Work Hours: all clinical and academic activities related to the General Surgery Residency Program: patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. Clinical and Educational Work Hours do not include reading, studying, research done from home, and preparation for future cases *(ACGME Glossary of Terms 2020)*.

Policy:
The TidalHealth General Surgery Residency Program, in partnership with the Sponsoring Institution, has designed an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities. The following requirements must be met by the program:

1. Maximum Hours of Clinical and Educational Work per Week
   a. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period; this includes all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
2. Mandatory Time Free of Clinical Work and Education
   a. The TidalHealth General Surgery Residency 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.
   b. Residents should have eight hours off between scheduled clinical work and education periods.
      i. 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 of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.
   c. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
   d. Residents 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.
3. Maximum Clinical Work and Education Period Length
   a. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
      i. 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.
         1. Additional patient care responsibilities must not be assigned to a resident during this time.

4. Clinical and Educational Work Hours Exceptions
   a. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
      i. To continue to provide care to a single severely ill or unstable patient;
      ii. Humanistic attention to the needs of a patient or family; or,
      iii. To attend unique education events.
   b. These additional hours of care or education must be counted toward the 80-hour weekly limit.
   c. **The TidalHealth General Surgery program will not consider any exceptions to the 80-hour limit to the residents' work week, in accordance with Review Committee standards.**
5. Moonlighting
   a. Moonlighting, both external and internal, will not be permitted in the TidalHealth General Surgery Residency Program.
6. In-House Night Float
   a. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
      i. Night float rotations must not exceed two months in duration, four months of night float per PGY level, and 12 months for the entire program.
7. Maximum In-House On-Call Frequency
   a. Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
8. At-Home Call
   a. Time spent on patient care activities by residents on at-home call must count toward 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 of clinical work and education, when averaged over four weeks.
      i. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
   b. 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 inpatient patient care must be included in the 80-hour maximum weekly limit.

Procedure:
The General Surgery Residency Program's rotation and call schedules are created to meet all above requirements to ensure full compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional, Common Program, and Specialty-Specific requirements regarding resident clinical and educational work hours. All residents are expected to comply with the clinical and educational work hour requirements as described above. Additionally, residents must adhere to the following:

1. Residents who risk not meeting the clinical and educational work hour requirements as described above must notify their assigned supervising physician and/or the Program Director as soon as possible. The Program Director and the program faculty will work together to either safely transition patient care or modify the resident's schedule to ensure the requirements are met.
2. Residents must log at-home call hours in the Residency Management Software. If a resident must return to the hospital to provide direct care for new or established patients during at-home call assignments, they must log these hours so they are included in the 80-hour maximum weekly limit.

Logging and Monitoring Procedure:
1. Residents must log all applicable clinical and educational work hours in the Residency Management Software weekly by Sunday at 11:59pm EST.
2. The Program Coordinator will review clinical and educational work hour logs each Monday, notifying non-compliant residents via e-mail. The Program Coordinator will also notify the Program Director of any non-compliance.
   a. The Program Coordinator will utilize the Residency Management Software work hour logs to identify violations, contact residents with violations for additional background information, and justify violations with a written note in the Residency Management Software (as applicable); submitting a report to the Program Director immediately with violation type, resident name, rotation name, and justification(s), if any.
3. The Program Director will review each report of noncompliance to determine if a change in the resident's schedule, supervision, or other programmatic factor is necessary to prevent a similar occurrence in the future. As necessary, the Program Director will meet with the residents or supervising faculty involved in the incident to determine the cause and any preventable factors. All such meetings with the resident will be non-punitive in nature.
4. The Program Director will report any clinical experience and educational work hour violations at the next scheduled GMEC meeting as a standing agenda item.
5. Violations reported to the GMEC will require immediate corrective action with outcomes reported at the next scheduled GMEC meeting or earlier as necessary.

Failure to Report a Violation:
The accurate reporting of clinical experience and work hour violations supports the Program Director in collaboration with the Program Evaluation Committee (PEC) in sustaining a balanced clinical and educational work environment through mitigation of work compression issues. Residents are not only encouraged, but required to report hours in the Residency Management Software, even if there is a violation. Residents who fail to accurately report clinical experience and education hours so to prevent a violation will be disciplined as outlined under section "Continued Logging Non-Compliance".

Continued Logging Non-Compliance:
Residents are required to honestly and accurately report the hours spent on clinical experience and education. The following actions will be taken when a resident fails to log hours in the Residency Management Software per this policy:

1. First Occurrence: The resident will present reason(s) for failing to report hours to the Program Coordinator, who will communicate the reason(s) to the Program Director.
2. Second Occurrence: The resident will present reason(s) for failing to report hours to the Program Director with a second copy to the GME Office. The GME Office will send a letter of written warning.
3. Third Occurrence: The resident will be suspended without pay for one (1) day or until hours are confirmed logged by the Program Coordinator, whichever is greater. In addition, a letter of non-compliance will be placed in the resident's personnel file for consideration during the next scheduled Clinical Competency Committee (CCC) meeting.

If a resident repeatedly fails to accurately log their work hours, they will be in violation of their employment contract. Following maximum possible intervention, a resident who is continued contempt of this policy may be

dismissed from the program. This decision will be the responsibility of the General Surgery Program Director and will be made in deference to the guidelines outlined in this policy and in partnership with the Clinical Competency Committee and TidalHealth Graduate Medical Education Committee.

Reviewed by

7/19/2022

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Gopal Kowdley, MD, FACS   Date and time
Program Director

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Steve Leonard, PhD, CEO   Date and time
DIO