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POLICY	
PURPOSE	<p>The purpose of this policy is to support the physical and emotional well-being of residents/fellows in MHS-sponsored postgraduate training programs. These procedures have been developed to monitor resident/fellow clinical and educational work hours for compliance with the ACGME Common Program and Institutional Requirements. In delineating appropriate resident/fellow clinical and educational work hours, the educational goals of the training program and the learning objectives of Resident/Fellows shall not be compromised by excessive reliance on them to fulfill clinical service obligations. Didactic and clinical education must receive protected and prioritized time and effort from Resident/Fellows. However, responsibilities for safe and continuous patient care are not discharged by the mere scheduling of educational activities. Patient care remains the central obligation of the Resident/Fellows, and educational activities must be structured in a manner that supports learning without compromising the delivery of the appropriate patient care. The structuring of clinical and educational work hours and on-call schedules shall focus on the needs of the patient, continuity of care, and the educational needs of the Resident/Fellows. The below policy is taken from the ACGME Common Program Requirements, but Programs must also follow any specialty specific work hour rules should such exist.</p>
SCOPE	<p>The policy applies to all MHS-sponsored GME residency and fellowship training programs, both accredited and non-accredited. In addition to being subject to specific policies and procedures required by all applicable accrediting bodies, Resident/Fellows are also subject to policies and procedures applicable to MHS employees generally and enjoy those benefits of employment applicable to MHS employees of comparable classification.</p>
ACRONYMS	<p>ACGME — Accreditation Council for Graduate Medical Education APE – Annual Program Evaluation CAO — Chief Academic Officer CMO (H) – Chief Medical Officer of individual hospitals in MHS CMO (S) – Chief Medical Officer of MHS CPME – Council on Podiatric Medicine CPR – Common Program Requirements DIO — Designated Institutional Official EHR – Electronic Health Record GME – Graduate Medical Education GMEC — Graduate Medical Education Committee HR – Human Resources MHS — Memorial Healthcare System OAA – Office of Academic Affairs PD — Program Director RMS – Residency Management System (i.e. MedHub) RRC — Review Committee</p>

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DEFINITIONS	<p>At-Home Call - Same as pager call. Call taken from outside the assigned site. Clinical work done while on at-home call, including time spent in the hospital and work done at home, such as taking calls or entering notes in an electronic health record (EHR), count against the 80 hours-per-week limit but does not restart the clock for time off between scheduled in-house clinical and educational work periods. The remaining time free of clinical work does not count. At-home call may not be scheduled on Resident/Fellows/fellow one- free-day per week (averaged over four weeks).</p>
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Clinical and Educational Work Hours—All clinical and academic activities related to the program: patient care (inpatient and outpatient); administrative duties related 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. These hours do not include reading, studying, research done from home, and preparation for future cases.

Fatigue Mitigation – Methods and strategies for learning to recognize and manage fatigue to support physician/caregiver well-being and safe patient care Strategies that may be used include but are not limited to strategic napping; the judicious use of caffeine; availability of other caregivers; time management to maximize sleep off-duty; learning to recognize the signs of fatigue, and self-monitoring performance and/or asking others to monitor performance; remaining active to promote alertness; maintaining a healthy diet; using relaxation techniques to fall asleep; maintaining a consistent sleep routine; exercising regularly; increasing sleep time before and after call; and ensuring sufficient sleep recovery periods.

In-House Call - Clinical and educational work hours beyond the scheduled workday, when Resident/Fellows are required to be immediately available within an assigned site, as needed, for clinical responsibilities. In-house call does not include night float, being on call from home, or regularly scheduled overnight duties.

Moonlighting - Voluntary, compensated, medically related work performed beyond a Resident/Fellows clinical experience and education hours and additional to the work required for successful completion of the program. Internal and external moonlighting must be counted towards the 80-hour weekly limit.

- **Internal Moonlighting** – Voluntary, compensated, medically-related work performed within the site where the /fellow is in training or at any of its related participating sites.
- **External Moonlighting** – Voluntary, compensated, medically-related work performed outside of the site where the Resident/Fellows is in training or any of its related participating sites.

Night Float - A rotation or other structured educational experience designed either to eliminate in-house call or to assist other Residents/Fellows during the night. Resident/Fellows assigned to night float are assigned on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. Such a rotation must have an educational focus.

One Day Off - One continuous 24-hour period free from all administrative, clinical, and educational activities.

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PROCEDURES	<ol style="list-style-type: none"> 1. <u>MAXIMUM HOURS OF CLINICAL AND EDUCATIONAL WORK PER WEEK</u> <ul style="list-style-type: none"> • Clinical and educational 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. 2. <u>MANDATORY TIME FREE OF CLINICAL WORK AND EDUCATION</u> <ul style="list-style-type: none"> • The program must design an effective program structure that is configured to provide Residents/Fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being. • Residents/Fellows should have a minimum of eight hours off between scheduled clinical work and education periods. There may be circumstances when Residents/Fellows 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 (when averaged over four weeks) requirements. • Residents/Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. The 14-hour time-off period begins when the Resident/Fellows leaves the hospital, regardless of when the Resident/fellows was scheduled to leave. • Residents/Fellows 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. <u>MAXIMUM CLINICAL WORK AND EDUCATION PERIOD LENGTH</u> <ul style="list-style-type: none"> • Clinical and educational work periods for Resident/Fellows 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/Fellows education. • Additional patient care responsibilities must not be assigned to a Resident/Fellows during this time. 4. <u>CLINICAL AND EDUCATIONAL WORK HOUR EXCEPTIONS</u> <ul style="list-style-type: none"> • In rare circumstances, after handing off all other responsibilities, a Resident/fellows, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care for 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 will be counted toward the 80-hour weekly limit.
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5. MOONLIGHTING

- Internal Moonlighting at MHS is not allowed
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External Moonlighting is permitted at the discretion of the residency/fellowship training program. All Resident/Fellows participating in Moonlighting must first obtain written approval by their Program Director. The program director must inform the central GME office of any moonlighting activity they approved to ensure compliance with ACGME, legal, or other regulatory rules.

- External Moonlighting must not interfere with the ability of the Resident/Fellows to achieve the goals and objectives of the educational program and must not interfere with the Resident/Fellows fitness for work nor compromise clinical performance or patient safety. Moonlighting is not a requirement of any GME Program at Memorial.
- All external Moonlighting activities must be counted towards the 80-hour weekly limit on clinical and educational work (defined by the ACGME as 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. CPR VI.F.1).

PGY-1 Resident are not permitted to moonlight as per ACGME regulations.

- All approvals for external Moonlighting shall remain in force for the academic year unless otherwise terminated by the Program Director. External Moonlighting requests must be re-evaluated on an annual basis and approved in writing before the Resident/Fellows may undertake the Moonlighting activities each academic year.
- It is the Resident/Fellow's sole responsibility to ensure that the Program Director is informed of all changes in external Moonlighting activities throughout the academic year.
- It is the sole responsibility of the Resident/Fellow's to ensure that they are fully licensed and insured to support any and all external Moonlighting activities. Approval of Moonlighting activities by Memorial does not constitute Memorial's endorsement that the Resident/Fellow's has the appropriate license or malpractice insurance for the Moonlighting activities.
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- Resident/Fellows are not permitted to Moonlight under a training DEA # provided by Memorial.

Resident/Fellows who Moonlight outside of employment at Memorial are not covered under Memorial’s program of self-insurance and shall not be entitled to Memorial’s protection of sovereign immunity pursuant to Section 768.28, Florida Statutes, for any activities related to such Moonlighting. Resident/Fellows who Moonlight outside of employment at Memorial are responsible for their own professional insurance.

The Resident/Fellows is responsible for disclosing all external moonlighting hours worked, in MedHub on a weekly basis. Resident/Fellows who are Moonlighting and are found to be in violation of the clinical work and educational hour rules or fail to report hours worked will be deemed to have voluntarily relinquished their Moonlighting approval and may be subject to other disciplinary action.

The Program Director is ultimately responsible for assuring that external Moonlighting activities do not interfere with the ability of the Resident/Fellows to meet the goals, objectives, assigned duties and responsibilities of the GME program. They are expected to monitor all Moonlighting activities in their respective programs on an ongoing basis.

The Program Director may prohibit, limit or revoke permission to Moonlight if, at any time, Moonlighting activities are seen as producing adverse effects on the Resident/Fellows performance in the program or as they otherwise deem appropriate. Continuing to Moonlight after permission has been revoked may constitute grounds for disciplinary action, including dismissal from the GME program.

Resident/Fellows who Moonlight must remain in good standing with their GME program (*i.e.*, acceptable performance in all ACGME competencies and compliance with all Memorial standard practices and GME policies).

Resident/Fellows may not engage in external Moonlighting during hours that are otherwise required by their training program.

Resident/Fellows may not accept employment or engage in other outside activities that may interfere with the performance of their clinical duties.

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Resident/Fellows may not hold themselves out as employees of Memorial while engaging in moonlighting activities, unless Resident/Fellows is a bona fide employee of Memorial, and the moonlighting activity is within the scope of their employment at Memorial.

1. IN-HOUSE NIGHT FLOAT

- Night float must occur within the context of the 80-hour week and one-day-off in-seven 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 the Review Committee.]

2. MAXIMUM IN-HOUSE ON-CALL FREQUENCY

- Resident/Fellows **must** be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period)

3. AT-HOME CALL

- Time spent on patient care activities by Resident/Fellows on at-home call **must** count toward the 80-hour maximum weekly limit.
- The frequency of at-home call is not subject to 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.
- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident/Fellows.

Resident/Fellows are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. Summary: While it is not a comprehensive list, the following provides examples of activities that should be counted towards clinical and educational work hours:

- a. Patient care (inpatient and outpatient inclusive of call).
- b. Administrative duties related to patient care.
- c. Patient care transitions/handoffs.
- d. Scheduled didactic activities.
- e. Research that is required by the program.
- f. Time spent working on hospital committees.
- g. Time spent at regional or national conferences when attendance is required by the program; only actual meeting time is to be counted; travel and after-hours activities are not to be counted.

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	<p>h. Moonlighting activities.</p> <p>i. Participation in interviewing residency/fellowship candidates.</p> <p>Study time, reading, or preparing for conferences or didactic activities are NOT to be counted towards clinical and educational work hours</p> <p>5. <u>MONITORING COMPLIANCE AND MAKING ADJUSTMENTS</u></p> <ul style="list-style-type: none"> • Programs must educate and distribute all clinical and educational work hour policies to its Resident/Fellows. • Programs must educate their Resident/Fellows and faculty on clinical and educational work hour and fatigue management. • Programs must ensure that a back-up system is in place for Resident/Fellows should the clinical demands on any one Resident/Fellows become excessive. • Programs must adjust schedules as needed to ensure clinical and educational work hour compliance. • Programs must ensure timely and consistent reporting of clinical and educational work hours in the RMS with investigation and counseling of Resident/Fellows as deemed necessary. • In addition to monitoring clinical and educational work hours in the RMS on a consistent and regular basis, programs must also communicate with Resident/Fellows about their work hours on a consistent and regular basis. In addition, programs should consider including clinical and educational work hour monitoring on rotational evaluations and semiannual evaluations with the Program Director. • Programs must report their “on paper” scheduled hours assigned for all major rotations in the annual program evaluation (APE) to the OAA.
REFERENCES	ACGME Institutional Requirements effective September 2025 ACGME Common Program Requirement effective September 2025 ACGME Program Specific Requirements – most recent as per RRC specialty ACGME Glossary of Terms, effective September 2025
ORIGINAL ISSUE DATE	GMEC Approved: July 2017
REVIEW/REVISION DATES	GMEC Approved: July 2017; June 2020; December 2022; May 2024; November 2025; January 2026
POLICY OWNER	

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POLICY OWNER CONT.	<p>Memorial, the GME Program, and the Graduate Medical Education Committee reserve the right to modify this Policy, in whole or in part, at any time, at their discretion, or as otherwise required by applicable law or regulation, or applicable requirements of ACGME and other governing/accrediting bodies. In the event of any conflict or inconsistency between this Policy and any of Memorial’s other Standard Practices, guidelines, and policies and procedures, the provisions of this Policy shall govern and control. In the event of any conflict or inconsistency between this Policy and any applicable law or regulation, or any applicable requirement of ACGME or any other governing accreditation body, such applicable law, regulation, or accrediting body requirement shall govern and control as if fully set forth herein. Any reference in this Policy to a section, subsection, or paragraph shall be deemed a reference to the corresponding section, subsection, or paragraph of the Procedure section.</p>
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