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POLICY:

It is the policy of Mercy Medical Center Residency Programs to support and enforce the resident Clinical Experience and Education rules set by accrediting bodies.

The following are program requirements for Resident Clinical Experience and Education Hours:

1. 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 four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

Duty Hour Exceptions:

- A Review Committee may grant rotation-specific exceptions for up to 10% or a maximum of 88 hours clinical and educational work hours to individual programs based on a sound educational rationale.
- In preparing a request for an exception the program director must follow the clinical and educational work hour exception policy from the *ACGME Manual of Policies and Procedures*.
- Prior to submitting the request to the Review Committee, the program director must obtain the approval of the sponsoring institution’s GMEC and DIO.

2. Mandatory Time Free of Clinical Work and Education

Residents should have eight hours off between scheduled clinical work and education 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 of clinical experience and education. 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 free of clinical work and education after 24 hours of in-house call.

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

Clinical and educational work periods must not exceed 24 hours of continuous scheduled clinical assignments. Residents are encouraged to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and

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between the hours of 10:00 p.m. and 8:00 a.m., is strongly encouraged.

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.

- Residents must not be assigned additional patient care responsibilities during this time.

4. Clinical and Educational Work Hour Exceptions

In rare circumstances, residents, 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:

- 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.

The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional clinical and educational work hour exceptions.


- Residents are required to submit duty hours through My.Evaluations, a web-based software program selected for use by Mercy Medical Center Residency Programs.
- The software program compares the hours submitted to regulatory requirements and requires that the resident enter an explanation for submission of additional service.
- The software program then sends an email to the program director and others selected by the program to notify them of the additional service. The program Director (or designee) documents a response to the notice in My.Evaluations.
- The program director utilizes My.Evaluations reports and monitors individual resident and program-wide episodes and submits summary reports to the Graduate Medical Education Committee as well as program-specific residency committees.

5. Moonlighting

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 the resident's fitness for work nor compromise patient safety.

Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Limit.

PGY-1 residents are not permitted to moonlight.

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6. In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

7. Maximum In-House On-Call Frequency

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

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 very-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, 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.

Residents are permitted to return to the hospital while on at-home call to care for new or established patients. These hours of inpatient patient care, must be included in the 80-hour weekly Limit.

9. Duty Hour Reports

Residents should be reporting duty hours on a weekly basis in MyEvaluations.


Residency Coordinators will run weekly duty hour reports. Any hours not reported will be reported to the specific resident, chief resident(s), and Program Director.

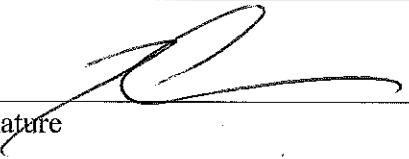
Duty hours not recorded after one week will result in a phone call to the resident. Delinquent reports will also be reported at morning report or grand rounds each week. Delinquent reports after one week will automatically be reported to the residencies CCC.

Program-specific resident duty hour requirements as determined by the respective Residency Review Committees (RRC):

Attachment A

AOA Programs


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 Signature

Chief Physician Officer

 Title

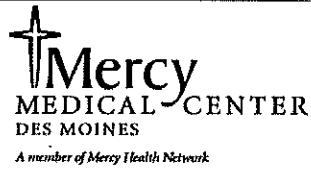
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Addendum for Osteopathic Residency Programs

In order to standardize scheduling and monitoring processes, Mercy Medical Center Residency Programs elects to utilize the Resident Duty Hour requirements published by the American College of Graduate Medical Education as the base requirements for both ACGME and AOA residency programs.

Residents participating in osteopathic residency programs are asked to meet the following additional requirements which are slight variations between the AOA and ACGME duty hour requirements.

1. 48 hours free on alternate weeks or at least one 24-hour period each (versus averaging over 4 weeks).
2. 12 hours free of duty after a 20-24 hour period and 10 hours free of duty after a 12-20 hour period (versus 10 hours recommended and 8 required for PGY-1, PGY-2, and PGY-3 residents between scheduled duty periods with 14 hours free after 24 hours of inhouse duty; PGY-4 and PGY-5 residents have 8 hours recommended with consideration for circumstances when fewer in preparation for unsupervised practice).
3. ED rotations can be no more than 12 hour shifts with no more than 2 additional hours for transfer of care and any educational activities and must be reported in writing to the PD and reviewed by the GMEC (versus no special circumstances for ED shifts).
4. General Surgery Residency Program does not allow moonlighting.
5. Osteopathic residency programs are required to report moonlighting hours to GMEC for monitoring.

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