



GRADUATE MEDICAL EDUCATION COMMITTEE POLICY NO. 10

- A. SUBJECT: Learning and Working Environments for GME Trainees
- B. EFFECTIVE DATE: September 16, 2020 (R)
- C. REASONS FOR POLICY

The University of Virginia Medical Center (UVAMC) strives to provide excellence, innovation and superlative quality in the care of patients, the training of health professionals, and the creation and sharing of health knowledge within a culture that promotes equity, diversity and inclusiveness. To promote these goals, the UVAMC is committed to a safe and supportive learning and working environment for all members of its community. This policy outlines the responsibilities for Graduate Medical Education (GME) programs and the steps to be taken to ensure well-being and quality of clinical experiences and education of GME Trainees.

This policy shall apply to all GME Trainees at the UVAMC.

Definition of Terms:

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

At-Home Call: Call taken from outside the assigned site, such as taking calls or entering notes in an electronic health record.

- D. POLICY STATEMENT

1. GME Trainee Well-being

In the current health care environment, GME Trainees are at increased risk for burnout and depression. GME programs, in partnership with the Sponsoring Institution, are responsible to address GME trainees' well-being as they do to evaluate other aspects of GME Trainee competence. UVAMC GME programs must:

- a) Make efforts to enhance the meaning that each GME Trainee finds in the experience of being a healthcare provider, including protecting time with patients, minimizing service obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships;
- b) Give attention to scheduling, work intensity, and work compression that impacts GME Trainee well-being;
- c) Evaluate workplace safety data and addressing the safety of GME Trainees;

- d) Establish programs and practices that encourage optimal GME Trainee well-being;
- e) Give attention to GME Trainee burnout, depression, and substance abuse;
- f) Educate faculty members and GME Trainees in identification of the symptoms of burnout, depression, and substance abuse among GME Trainees, including means to assist those who experience these conditions. GME Trainees and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care;
- g) Assist a GME Trainee to receive appropriate evaluation and care when a GME Trainee's Fitness for Duty is in question by following the GMEC Policy 26- Fitness for Duty.
- h) Establish policies and procedures that ensure coverage of patient care in the event that a GME Trainee may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the GME Trainee who is unable to provide the clinical work; and
- i) Promote and ensure confidentiality in the GME Trainee assessment process.

2. Fatigue Mitigation

It is expected that programs adopt fatigue mitigation processes and ensure that there are no negative consequences and/or stigma for using fatigue mitigation strategies. UVAMC GME programs, in partnership with the sponsoring institution, must:

- a) Educate all faculty members and GME Trainees to recognize the signs of fatigue and sleep deprivation;
- b) Educate all faculty members and GME Trainees in alertness management and fatigue mitigation processes;
- c) Encourage GME Trainees to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning;
- d) Ensure continuity of patient care, consistent with the program's policies and procedures in the event that a GME Trainee may be unable to perform their patient care responsibilities due to excessive fatigue; and
- e) Ensure adequate sleep facilities and safe transportation options for GME Trainees who may be too fatigued to safely return home.

3. Clinical and Educational Work Hours

Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide GME Trainees with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

- a) 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 inhouse clinical and required educational activities, clinical work done from home, and all moonlighting.
- b) Mandatory time free of clinical work and education
The program must design an effective program structure that is configured to provide GME Trainees with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

- GME Trainees should have eight hours off between scheduled work hours. There may be circumstances when GME Trainees 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
 - GME Trainees must have at least 14 hours free of clinical work and/or required educational activities after 24 hours of inhouse call.
 - GME Trainees 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.
- c) Maximum clinical work and education period length
Clinical and educational work periods for GME Trainees 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 GME Trainee education.
 - Additional patient care responsibilities must not be assigned to a GME Trainee during this time.
- d) Clinical and educational work hour exceptions
- In rare circumstances, after handing off all other responsibilities, a GME Trainee may elect to remain or return to the clinical site, on their own initiative, in the following circumstances: 1) to continue to provide care to a single severely ill or unstable patient; 2) humanistic attention to the needs of a patient or family; or 3) to attend unique educational events.
 - These additional hours of care or education will be counted toward the 80-hour weekly limit.
 - UVAMC GMEC does not grant any exceptions beyond 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and required educational activities, clinical work done from home, and all moonlighting.
- e) Moonlighting
- Time spent by GME Trainees in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit.
- f) Inhouse night float
- Night float must occur within the context of the 80-hour and one-day-off in-seven requirements.
- g) Maximum inhouse on-call frequency
- GME Trainees must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
- h) At-home call
- Time spent on patient care activities by GME Trainees on at-home call must count toward the 80-hour maximum weekly 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.
 - The frequency of at-home call is not subject to the every-third-night limitation, but at-home call may not be scheduled on a resident's or fellow's one free day per week (averaged over four weeks).

- GME 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.

4. GMEC Oversight of Trainee Work Hours

a) Trainee Responsibility

- Trainees in all ACGME-accredited programs participate in mandatory logging using New Innovations (NI).

b) Program Director Responsibilities

- Monitor trainees' clinical and educational work hours in NI weekly and take action if any trainee is at risk for committing an 80-hour violation
- Engage in real-time problem solving to address how/why a violation occurred and make the necessary changes to prevent future occurrences.
- Report actions taken to address violations monthly using NI for the subcommittee review.
- Monitor any trainee engaged with internal or external moonlighting and their hours for any month when moonlighting occurs.

c) Non-Compliance of Logging, Monitoring, and/or Reporting

Programs that do not maintain compliance with the logging, monitoring, and/or reporting will be addressed by the GMEC following the steps below.

- Tier 1: When non-compliance is identified, the Trainee Clinical and Educational Work Hour Committee shall request a written report from the program. The Trainee Clinical and Educational Work Hour Committee will review the report and make a recommendation to the full GMEC.
- Tier 2: When non-compliance is not rectified after Tier-1 intervention, the program director must report to the GMEC on how to improve the program level logging and monitoring compliance.
- Tier 3: When non-compliance is not rectified after Tier 1 & 2 interventions, GMEC shall conduct a Special Review of the program.

d) Exceptions to Mandatory Logging and Reporting

- When the program director feels strongly that their trainees are at low-risk of violating the ACGME's clinical and educational work hour requirements, they may request an exemption in mandatory weekly logging of its trainees and propose an alternative timeline for the frequency of hour logging and reporting.
- The Trainee Work Hour subcommittee will review and make recommendations to the GMEC on a case by case basis.

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