

University of Central Florida – HCA Florida Healthcare GME Supervision and Clinical/Educational Work Hours Policy (Institutional IV.J-K, CPR VI.)

Purpose: The GMEC must develop and implement written policies and procedures regarding physician learner duty hours and supervision (Institutional IV.J-K, CPR VI.)

Policy Summary: These policies ensure compliance with institutional and common program requirements. Any program specific requirements are provided in a separate program policy.

Professionalism and responsibility for safe work environment and transitions in care policies:

1. Physician learners and faculty are educated on the professional responsibilities of physicians, including the obligation to be appropriately rested and fit when providing patient care.
 - a. Physician learners and faculty will complete an online or in-person module on alertness management, sleep deprivation and fatigue. They will also participate in an educational program related to physician impairment and substance abuse.
2. Physician learners are expected to take responsibility for determining if they are fit for patient care duties and to recognized signs of impairment, including illness and fatigue.
3. Each program has fatigue mitigation processes to manage potential negative effects of fatigue, including naps and back-up call schedules, as appropriate in each program. Each program has processes to manage continuity of care.
4. Participating hospitals provide sleep facilities and transportation options for those too fatigued to safely return home (see GMEC work environment policy).
5. Physician learners and faculty must demonstrate responsiveness to patient needs that supersedes self-interest, and must recognize that patient interests are best served by transitioning care to another qualified and rested provider. They must be prepared to transition patient care to other qualified and rested clinical providers in order to promote safe medical care.
6. All residencies and fellowships have policies to ensure and monitor effective structured hand-over processes that promote continuity of care and patient safety.
7. Schedules must be available that inform all members of the health care team of attending physicians and physician learners currently responsible for each patient’s care.

Supervision policies:

8. All residencies and fellowships are governed by specific policies for supervision and

physician learners are all informed of these policies at the beginning of the residency/fellowship. The overall policies include:

- a. All patients have an identifiable and appropriately credentialed and privileged attending physician (or licensed practitioner approved by ACGME for that specialty) who takes ultimate responsibility for that patient's care.
 - b. The attending physician's information is available to the patient, and all clinical staff.
 - c. Physician learners and faculty members inform patients of their respective roles in each patient's care.
 - d. Programs must define when physical presence of a supervising physician is required; examples may include invasive procedures, ICU admissions, and initiation of operating room procedures.
9. Levels of supervision are defined by ACGME common program requirements:
- a. Direct: supervising physician is physically present with physician learner and patient
 - b. Indirect may include:
 - i. Direct supervision immediately available in-patient care site
 - ii. Indirect with direct supervision immediately available (supervising physician is physically located within patient care site)
 - iii. Indirect with direct supervision available by phone or other electronic means, and attending can be available to provide direct supervision
 - c. Oversight: supervising physician reviews encounters and procedures after care is delivered and provides feedback
10. Each physician learner is delegated responsibility for portions of patient care based on evaluations of the physician learner's ability (when possible by national standards) by program director, the clinical competency committee, and key faculty. Physician learners are informed about the limits of authority and when he/she is permitted to act with conditional independence and in supervisory role.
- a. Initially, PGY-1 residents are either supervised directly or indirectly with direct supervision immediately available, unless otherwise specified by ACGME program requirements and program policies
 - b. Senior physician learners should serve in supervisory role for junior residents
 - c. Clinical responsibilities are based on PGY level, physician learner education and competencies, and specific patient care and safety concerns. Each Program director evaluates their physician learners using specific criteria and milestones.
 - d. Faculty supervision assignments are of sufficient duration to assess knowledge and skills of physician learner and to delegate appropriate level of patient care authority to the physician learners.
11. Each physician learner must follow the protocol defining common circumstances requiring supervising faculty involvement:

In addition to the general circumstances encountered below, physician learners may at any time request direct faculty supervision if uncertainty exists or if felt to be required by the physician learner. Physician learners are encouraged to communicate with

supervising faculty any time they feel the need to discuss any matter relating to patient care.

Listed below are circumstances and events where physician learners **must** communicate with supervising faculty:

- a. ICU and Critical Care transfers (both to and from unit)
- b. Substantial change in the patient's condition
- c. Issues regarding code status (including DNR) and end of life decisions
- d. If the physician learner is uncomfortable with carrying out any aspect of patient care for any reason (for example, a complex patient)
- e. If specifically requested to do so by patients or family
- f. Prior to accepting transfers from other hospitals
- g. To determine discharge timing
- h. Prior to performing any invasive procedure requiring written consent
- i. To discuss consultations rendered
- j. If any error or unexpected serious adverse event is encountered.
- k. When, after directly triaging a patient, they question appropriateness of an admission or transfer.

Physician learner clinical and educational work (duty) hours and call

12. Clinical and education work (duty) hours are limited to 80 hours per week averaged over a 4-week period, and this includes all in-house clinical and educational activities, clinical work done from home, and moonlighting activities (if applicable).
 - a. Moonlighting Policy: see separate University of Central Florida – HCA Florida Healthcare Consortium GME Consortium Moonlighting policy.
13. Clinical work done at home: physician learners are to track time per week for work done at home (such as completing EMR work, phone calls - excludes study and reading). Each program may provide additional guidance as to how this time should be entered.
14. Time free of clinical work and mandatory education: all programs shall provide reasonable time for rest and well-being.
 - a. Each physician learner has a minimum of one day free of work duty (without any home call responsibilities) per week (when averaged over 4 weeks).
 - b. Physician learners should have 8 hours off between scheduled clinical work and mandatory education. Physician learners may rarely choose to stay or return to work but these must be documented as duty hours.
 - c. Physician learners each have a minimum of 14 hours free of clinical and educational work after 24 hours of in-house scheduled time.
15. Clinical and educational work periods for physician learners must not exceed maximum of 24 hours of continuous duty, and physician learners are not assigned any additional responsibilities after 24 hours.
 - a. Alertness management strategies are encouraged in the context of patient care, for example strategic napping at night or after 16 hours of duty.

- b. A limited amount of extra time (< 4 hours) may occasionally be allowed for safe effective transitions in care and/or physician learner education (no new patients can be assigned).
- 16. Exceptions where physician learner stays or returns to work early may be made occasionally. Note these exceptions are for certain situations outlined below and are documented by the physician learner and reviewed and tracked by each program director and count toward 80 hours. Note that other duties must be handed off. The reasons for exceptions are:
 - a. to care for a severely ill or unstable single patient
 - b. for humanistic attention to patient or family,
 - c. for academically important events.
- 17. Physician learners assigned to emergency medicine (EM) rotations (from any residency program) have additional duty hour restrictions. Physician learners shall not work longer than 12 continuous hours in EM and must have at least equivalent period of continuous time off between scheduled shifts. Physician learners should not have more than 60 hours/week seeing EM patients, and not more than 72 total duty hours/week. One day (24 hours) free per 7 days must be free, and this cannot be averaged over 4 weeks.
- 18. Physician learners in final years of training must take on additional responsibility so that they will be able to enter unsupervised practice.
- 19. Call frequency: Physician learners are not scheduled for in-house call more often than every 3rd night (when averaged over 4-week period). Some residency programs including internal medicine do not allow averaging of call.
- 20. Night Float must occur within context of one-day-off-in-seven and 80-hour rules. Further restrictions on night float may be specified by each program.
- 21. At-home call: Call is not so frequent as to be taxing or preclude rest. Time spent in the hospital or doing clinical work at home counts toward the 80-hour per week maximum.
- 22. Any requests for exceptions are considered initially by the GMEC prior to submission to any ACGME residency review committee.
- 23. Any extension of duty hours or request for early return to service requires completion of the appropriate departmental form within the duty hour period in which the extension/early return was taken. There are only 3 possible ACGME approved explanations (provided in #16 and on the form) for a duty hour extension or early return to service.
- 24. Each program and hospital regularly monitors and reports work hour issues. A work hour exception compliance report is circulated prior to each GMEC and discussed at the GMEC. There is an expectation of immediate corrective action which will be reported at the following meeting of the GMEC or earlier as necessary.