II. E. Clinical Experience and Educational Work hours

E. 1. Definition
Clinical Experience and Educational Work hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Clinical Experience and Educational Work hours include all hours spent in moonlighting activities.

1. The following tenets are understood to be the underpinning of all program-specific Clinical Experience and Educational Work hours policies:
   a. The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill nonphysician service obligations. Clinical Experience and Educational Work hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times.
   b. Programs must ensure that residents are provided backup support when patient care responsibilities are especially difficult or prolonged
   c. Resident clinical experience and educational work hours and on-call schedules must not be excessive.
   d. The structuring of clinical experience and educational work hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident.

E. 2. Requirements
1. All Programs, regardless of their accrediting body, are required to meet the ACGME Common Program Requirements related to Clinical Experience and Educational Work hours as well as any Residency Review Committee requirements as described in the Program Requirements for each specialty.
   a. All programs are required to:
      i. Educate faculty members and residents to recognize the signs of fatigue and sleep deprivation.
      ii. Educate all faculty members and residents in alertness management and fatigue mitigation processes.
      iii. Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps and back-up schedules.
2. Each Residency Training Program, regardless of their accrediting body, shall establish a formal policy governing resident clinical experience and educational work hours and working environment that complies with the ACGME Common Program Requirements as well as that individual specialty’s Residency Review Committee Program Requirements and is optimal for both resident education and the care of patients.

3. Mandatory Time Free of Clinical Experience and Educational Work: Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

E. 3. Graduate Medical Education Requirements
   1. Program-specific policies
      (a) Program Directors must implement program-specific Clinical Experience and Educational Work hours policies that are consistent with the institutional and program requirements for resident Clinical Experience and Educational Work hours and the working environment including moonlighting.
      (b) Program Directors distribute and ensure ready access to all policies and procedures related to Clinical Experience and Educational Work hours are available for trainees and faculty.
      (c) Program Directors must maintain a program-specific Clinical Experience and Educational Work hour policy to the Office of Graduate Medical Education.

2. Education of Faculty and Trainees
   (a) Program Directors must educate all faculty members and trainees to recognize the signs of fatigue and sleep deprivation; education of all faculty members and trainees in alertness management and fatigue mitigation processes and adopt a fatigue mitigation process to manage the potential negative effects of fatigue on patient care and learning.
   (b) Program Directors must ensure that all trainees and faculty members demonstrate an understanding and acceptance of their personal role in recognition of impairment, including fatigue, in themselves, their supervisors and peers;
3. Clinical Experience and Educational Work Compliance, Monitoring and Reporting

(a) Monitoring of clinical experience and educational work hours is required with frequency sufficient to ensure an appropriate balance between education and service.

(b) Program Directors are responsible for monitoring the effects of clinical experience and educational work hours' responsibilities and making necessary modifications to scheduling to mitigate excessive service demands or fatigue including the demands of home call.

(c) Programs are required to review the results of the institutionally-mandated end-of-rotation clinical experience and educational work hours questions included in the rotation evaluation at least annually. Programs electing to use alternate tools must include the standard questions in their evaluations.

(d) All programs are required to collect actual clinical experience and educational work hours' reports from at least 70% of their trainees at least twice annually. Programs may be selectively required to sample more frequently by the institution’s Graduate Medical Education Committee or Designated Institution Official. Programs are encouraged to use the Residency Management System, New Innovations for collection and reporting.

E.4. Institutional Support

1. Loyola University Health System provides institutional support for residents and fellows both through institutional-level services and compliance monitoring.

   a. Institutional-level Services – Too Tired To Drive

      i. Loyola University Health System provides residents and fellows access to a “Too Tired To Drive” service which provides hospital-site-to-home and return to work the next day in the event that the resident feels too fatigued to drive home. Receipts can be submitted to the GME office through the GME website.

      ii. Institution-level Monitoring

         Compliance with clinical experience and Educational work hours’ regulations will be evaluated quarterly or biannually. The institution reserves the opportunity to randomly evaluate compliance via survey, interview or other mechanisms deemed appropriate.

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