LEARNING AND WORKING ENVIRONMENT
Policies & Procedures

Background: The Accreditation Council for Graduate Medical Education (ACGME) mandates that residency education occurs in a learning and working environment that is attentive to “scheduling, work intensity, and work compression that impacts resident well-being” (ACGME Common Program Requirements (CPR) VI.C.1.c)).

Principles: The Internal Medicine Residency Program (IMRP) is committed to providing clinical learning and working environments where outstanding patient care and resident education are indistinguishable and residents have opportunities for rest and personal activities.

Policies: The Chiefs of Service at each teaching hospital, in conjunction with the IMRP leadership, are responsible for monitoring the learning and working environment of the services at their facility and developing strategies to address problems that are identified.

Consecutive Work Hours
Residents’ clinical work and education activities must not exceed 24 continuous hours (ACGME CPR VI.F.3.a)). Residents may spend up to an additional four (4) hours participating in education or patient safety activities, including transitions of care (ACGME CPR VI.F.3.a).(1)).

Days Off Clinical Work and Education Activities
On all rotations, residents must be free of patient care responsibilities and education activities at least one day in seven when averaged over four-weeks, or the length of the rotation, whichever is shorter. Education activities are not days off (e.g., R1 Retreat, Professional Development events, regional/national conferences, R3 Capstone Retreat).

24-hour Call Frequency
Residents will not routinely be scheduled 24-hour call more frequently than every fourth night. In the event of an unusual circumstance, when other coverage cannot be arranged, or a scheduling request from residents that is mutually agreeable to all parties, 24-hour call may be scheduled every third night, to extend no longer than one week.

Night Shift Frequency
Residents will not be scheduled for more than six (6) consecutive night shifts, including Emergency Room, Night Medicine, and partial coverage of 24-hour call.

Home-Call
Interns may not be assigned home-call.

Residents will not be assigned home-call more than half of the nights they are available, nor should they be assigned a disproportionate number of weekends. Hence, if a resident is scheduled for seven vacation days during a 28-day rotation, they will not be assigned home-call more than eleven (11) week nights nor more than three (3) weekend nights. Home-call may not be assigned on days off.
**Procedures:** IMRP staff will create and maintain residents’ annual rotation, clinic, admitting, days off, leave, and Risk schedules. Resident input will be solicited each winter for their following year’s schedule. Schedules will be posted to www.amion.com in mid-April for resident review, will be released to services early May, and released to clinics mid-May. Once schedules are released, residents may make changes following the steps detailed in the Schedule Change Policies & Procedures.

When feasible, IMRP staff will avoid scheduling 24-hour call more frequently than every fourth night (q4), when residents change rotations. However, it may be necessary to schedule residents to 24-hour call three days (q3) following their last 24-hour call when changing services. If scheduling conflicts require a resident be scheduled 24-hour q1 or q2, alternative coverage will be arranged following the procedures listed in the Resident Backup Coverage Guidelines.

Residents, including those on Risk who are called in to provide night-time coverage, will not be scheduled for any education activities the day following a 24-hour call, a night shift nor an ER shift that ends at midnight (12:00pm) or later.

Residents, regardless of home program, who are assigned 24-hour call the last day of an IMRP rotation, will remain on service through the post-call day, and will report to their new service the second day of the rotation. Residents who are assigned a night shift, the last night of a rotation, will complete the shift, go home and sleep, and report to their new service the second day of the rotation. This also applies to IM residents assigned an ER shift that ends at midnight or later the last night of a rotation.

Residents will be assigned at least four (4) calendar days off each four-week admitting rotation: weekdays or weekends when the resident is not admitting. Residents may change days off during a rotation by following the process detailed in the Schedule Change Policies & Procedures.

Each facility has private, secure, and safe sleep rooms available for residents to utilize when working overnight. Rest periods while on 24-hour call are encouraged but cannot be guaranteed as patient care needs may supersede resident sleep.