UW Medicine
SCHOOL OF MEDICINE

Nephrology Fellowship Duty Hours Policy

Scope: All UW residencies and fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME) and sponsored by the UW School of Medicine, and non- ACGME fellowships that fall under ACGME recognition of non-standard training (NST) programs for J-1 visa sponsorship.

Purpose: The purpose of this policy is to ensure effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. It further sets the expectation that programs must comply with clinical and educational work hour requirements to create a clinical learning environment that promotes the best outcomes for patients, and the well-being of trainees and faculty members.

Definitions: Clinical and Educational Work Hours: Defined as all clinical and academic activities related to the Nephrology training program. This includes inpatient and outpatient clinical care, in-house call, short call, night float and day float, transfer of patient care, and administrative activities related to patient care such as completing medical records, ordering and reviewing lab tests, and signing orders. This also includes time spent doing clinical work while on home call, moonlighting activities, and other scheduled activities, such as conferences.
Duty hours do **not** include reading, studying, research, and academic preparation time spent away from the duty site.

Continuous time on duty: The period that a fellow is in the hospital (or other clinical care setting) continuously, counting the resident's regular scheduled day, time on call, and the hours a fellow remains on duty after the end of the on-call period to transfer the care of patients and for didactic activities.

In-house call: Work hours beyond the normal workday when fellows are required to be immediately available in the assigned institution.

Home Call: At-home call (pager call) is defined as call taken from outside the assigned institution. Time spent in the hospital by fellows on at-home call counts towards the 80-hour maximum weekly hour limit.

Scheduled work periods: Assigned work within the institution encompassing hours which may be within the normal workday, beyond the normal workday, or a combination of both.

The University of Washington Nephrology Fellowship Program tracks Fellow Duty Hours closely. Fellows are instructed to track their hours through Med Hub every 2 weeks. The Program Administrator and Program Director monitor duty hours on a biweekly basis and review all violations of duty hours as they occur. Our goal is 100% compliance with the ACGME requirements.

Duty Hours: Consistent with the ACGME duty hours standard outlined in the Common Program Requirements (CPR), graduate medical education programs sponsored by the UW School of Medicine must meet the following requirements:

Maximum Hours of Work per Week: Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities, clinical work done at home, and all moonlighting. (CPR VI.G.1.)

NOTE: The ACGME does not allow compliance with the duty hours standard to be based on a rolling average. Averaging must be by rotation, aggregated over a four-week period for rotations of one calendar month or longer, or calculated within the duration of the rotation for rotations of less than four weeks in length. Compliance with all aspects of the duty hours standard must be achieved within a given rotation, regardless of duration (i.e., a two-week rotation of heavy duty and a two-week rotation of light duty may not be combined to achieve compliance). Further, vacation or leave days must be taken

out of the numerator and the denominator for calculating duty hours, call frequency or days off (i.e., if a resident is on vacation for one week, the hours for that rotation should be averaged over the remaining three weeks).

Mandatory Time Free of Duty: Fellows will be provided with 1 day in every 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative activities.

Residents should have 8 hours off between scheduled work periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than 8 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.

Continuous on-site duty is not to exceed 30 hours. The fellows and faculty will work collaboratively to assure that an 8-hour period is provided between all daily duty periods. *Of note, it is not a duty hour violation if a fellow returns to work during home call and is not able to have an 8-hour period of rest between daily duty periods.* The occurrence of these interruptions to the 8-hour rest period due to home call are expected to be rare, but will be monitored and addressed if they contribute to fellow fatigue and stress.

Home Call: At-home call (pager call) is defined as call taken from outside the assigned institution. Time spent in the hospital by fellows 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 “every third night” limitation or subject to the requirement for an 8-hour period provided between all daily duty periods. However, at-home call will not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows must have at least 14 hours of clinical work and education free after 24 hours of in-house call.

The Program Administrator, Program Director, and Nephrology faculty will monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Fatigue Mitigation:

The Nephrology Fellowship Program will educate all faculty members and fellows to recognize the signs of fatigue and sleep deprivation, alertness management and fatigue mitigation processes. The program will encourage fellows to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. The program will ensure continuity of patient care, consistent with the program’s policies and procedures referenced in VI.C.2, in the event that a fellow may be unable to perform their patient care responsibilities due to excessive fatigue. The program, in partnership with the UW School of Medicine, will ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home.

All fellows will complete the required online module on Physician Well-Being via the UW Medicine Learning Hub, or other GME-approved training arranged by their department, which will fulfill this training requirement. The program will provide additional training to fellows and will identify proper training methods for their faculty.

Instructions for logging work hours is outlined in the “MedHub Work Hours Entry Instructions” guide, communicated to the fellows at the start of training, and reviewed on a monthly basis.