COM GME Internal Medicine Program Policy

Policy 1.200 Internal Medicine Residency
Section Resident Conditions for Appointment
Subject Clinical and Educational Work Hours
Policy Requirements ACGME Institutional: 3.2.e; 4.3.a.12; 4.11 ACGME Common: 6.12.; 6.20 -24 ACGME Internal Medicine: 6.20 COM GMEC: 3.200
Version History Date developed: 9/2023; 08/2025 Revisions Approved: 9/2023; 10/2025 Reviewed by Program Evaluation Committee: 10/2025

Purpose:

To ensure effective oversight of program-level compliance with Accreditation Council for Graduate Medical Education (ACGME) clinical and educational work requirements. To ensure the program structure provides optimal educational and clinical opportunities, as well as reasonable opportunities for rest and personal activities.

Policy:

The Internal Medicine Residency Program will establish, distribute, and implement a written policy and procedure governing the clinical and educational work environment for all residents that complies with the institutional Graduate Medical Education Committee (GMEC) and the ACGME Common and Specialty-Specific Program Requirements. The Internal Medicine Residency Program is committed to promoting patient safety and resident well-being in a supportive educational environment. This policy serves to ensure that the educational objectives of the program must not be compromised by excessive reliance on the residents to fulfill service obligations. This policy will describe the process by which the program will monitor clinical and education work hours to ensure compliance.

Maximum Hours of Clinical and Educational Work per week – Clinical and Educational work hours will be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, including moonlighting, in accordance with ACGME and GME policies.

Free time of Clinical Work and Education – Program schedules are designed to ensure that each resident will have a minimum of 8 hours off between each work period. Residents will also have a minimum of 14 hours off after 24 hours of in-house call.

At minimum, residents will have one day in seven free of all clinical work and required education (when averaged over four weeks). Each resident will have an ambulatory week every 5th week, with a protected weekend where no call or extra duties are assigned.

Maximum Clinical Work and Education Period length - Clinical and educational work periods for residents will not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for transitions of care related to patient safety, or education by resident choice.

Moonlighting – Moonlighting opportunities are not required by the program. Residency is a full-time educational experience. Moonlighting must neither interfere with the resident's educational performance nor with the resident's opportunities for rest, relaxation, or independent study. All moonlighting activities must be approved by the Program Director before activities begin. The GME office must also be notified of moonlighting activities, as per their policy. Only PGY3s in good standing are eligible.

Night Float – Night float rotations will adhere to the same rules of the 80-hour work week and one day off in seven requirements.

In-House call – Residents must be scheduled for in-house call no more than every third night, when averaged over a 4-week period. The program does not utilize At-Home call.

Concerns regarding excessive service demands and/or fatigue can be raised using any of the steps found at the UAMS GME Website: https://medicine.uams.edu/gme/residents/resident-resources/raisingconcerns-and-addressing-problems/

Please refer to the UAMS GME COM Policy 3.200 for more information.

Process:

Work Hours will be monitored by resident logging in New Innovations between September 1st and November 30th of each academic year, or alternate periods as determined by the GME office. The program will adjust schedules if deemed necessary to mitigate excessive service demands and/or fatigue.

During the logging period, the work hour logs will be monitored by leadership on a weekly basis. The logs will be monitored by the Program Director, Program Coordinator, and/or the Chief Residents. When monitoring, leadership will look for violations, trends, and compliance. Any violations will be examined to see if there was a true violation or was an entry error made. If it is found that the violation was a result of an entry error, the resident will be contacted and asked to correct the entry. If there was a true violation it will be documented, and that rotation will be monitored for violation trends. If trends are found, the issue will be brought to leadership's attention to discuss how to address the problem.

If a resident feels that any part of the program's policy is being violated during any time during their training, they are encouraged to reach out to the program's leadership. Leadership will investigate any claim of work hour violations in a timely manner with the specific rotation's leadership.