



## Stony Brook Medicine Graduate Medical Education

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Graduate Medical Education	<b>Next Review Date:</b> 01/27/2029
<b>Scope:</b> SBM Stony Brook Campus	<b>Original Creation Date:</b> 11/21/2003

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### **Responsible Department/Division/Committee:**

Graduate Medical Education Committee

### **Policy:**

To establish an institutional policy regarding clinical experience and education for all graduate medical education (GME) training programs sponsored by Stony Brook Medicine

### **Definitions:**

None

### **Procedures:**

Each residency/fellowship program must maintain and monitor the resident/fellow work hours. Stony Brook Medicine adheres to New York State Department of Health Title 10, Section 405.4 regulation as well as ACGME requirements with regard to resident/fellow work hours. Each program must have a departmental clinical and educational work hour compliance policy which is available upon request for any NYS Department of Health and/or ACGME site visit.

Individual programs must adhere to their own ACGME Review Committee requirements for work hours if they are more restrictive than those set forth in this policy.

I. Work Hours

1. 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 on in-house call; time spent on clinical work done from home; and other scheduled academic activities such as conferences. Work hours do not include reading, studying, research done from home and preparation for future cases.
2. Work hours must be limited to no more than 80 hours per week, averaged over a 4 -week period inclusive of all in-house call, clinical and educational activities, clinical work done from home, and all moonlighting.
  - a) While clinical work done from home must be counted towards the 80-hour maximum weekly limit, the expectation remains that scheduling be structured so that residents are able to complete most work on site during scheduled clinical work hours without requiring them to take work home.
  - b) Types of work from home that must be counted include using an electronic health record and taking calls from home.
  - c) Resident decisions to leave the hospital before their clinical work has been completed and to finish that work later from home must be made in consultation with the resident's supervisor. In such circumstances, residents should be mindful of their professional responsibility to complete work in a timely manner and to maintain patient confidentiality.
  - d) Minute by minute tracking is not required. The requirement are not to micromanage this process. Residents are to track the time they spend on clinical work from home and report that time to the program.
3. Residents/fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities in each 7 day period. At home call cannot be assigned on these free days.
4. Maximum Work Period Length
  - a) Work periods of all residents/fellows must not exceed 24 hours of continuous scheduled clinical assignments.

(1) It is essential for patient safety and resident/fellow education that effective transitions in care occur. Residents/fellows may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional three (3) hours.

(2) Residents/fellows must not be assigned additional patient care responsibilities after 24 hours of continuous in-house work.

(3) In unusual circumstances, residents/fellows, on their own initiative, may remain beyond their scheduled period of work to continue to provide care to a single patient. Justifications for such extensions of work are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

(a) Under those circumstances, the resident/fellow must:

(i) appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

(ii) document the reasons in New Innovations for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

(b) The program director must review each submission of additional service, and track both individual resident/fellow and program-wide episodes of additional duty.

## 5. Minimum Time Off between Scheduled Work Periods

a) All residents/fellows must have eight hours, free of work between scheduled clinical work periods and education periods.

b) All residents/fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house work.

c) There may be circumstances when residents/fellows choose to stay to care for their patients or return to the hospital with fewer than eight 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.

(1) Circumstances of return-to-hospital activities by residents/fellows with fewer than eight hours away from the hospital between assignments by residents/fellows must be monitored by the program director.

## 6. In-House Night Float

Night float rotations must occur within the context of the 80-hour and one-day-off-in-seven requirements. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further limited by the individual Review Committee. Night float assignments must not be excessive in duration or in frequency.

7. Providing residents/fellows with a sound didactic and clinical education must be carefully planned and balanced with concerns of patient safety and resident/fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents/fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents/fellows' time and energy. Work hour assignments must recognize that faculty and residents/fellows collectively have responsibility for the safety and welfare of patients.
8. The GME Committee (GMEC) has developed and implemented procedures to regularly monitor resident/fellow work hours for compliance.

All programs must enter work hours daily into New Innovations using the assignment scheduler. The work hour exception report must be monitored monthly by the program director. All residents/fellows must verify and approve their work hours are accurate and truthful as is reported in New Innovations work hour exception report. Work hours are monitored by the GME office for compliance.

## II. On-Call Activities

1. The objective of on-call activities is to provide residents/fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those work hours beyond the normal work day, when residents/fellows are required to be immediately available in the assigned institution.
2. Maximum In-House On-Call Frequency; Residents/fellows must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).
3. Continuous on-site work, including in-house call, must not exceed 24 consecutive hours. Residents/fellows may remain at the clinical site for up to 3 additional hours to participate in transfer care of patients and educational requirements which is included in the work time toward the 80-hour limit.
4. Residents/fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house work.
5. Each program must have a departmental policy that will immediately relieve a resident/fellow from a continuing assignment when fatigue due to an unusually active "on-call" period is observed.
6. At-Home Call

a) Time on patient care activities, whether in-hospital or out of the hospital, by residents/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, but must satisfy the requirement for one-day-in-seven free of duty.

(1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident/fellow.

b) Residents/fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-work period".

### III. Fatigue Mitigation:

Each program must:

- a) Educate all faculty members and residents/fellows to recognize the signs of fatigue and sleep deprivation;
- b) Educate all faculty members and residents/fellows in alertness management and fatigue mitigation processes; and,
- c) encourage residents/fellows to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.
- d) Each program must ensure continuity of patient care, consistent with the program's policies and procedures, in the event that a resident/fellow may be unable to perform their patient care responsibilities due to excessive fatigue.
- e) The program, in partnership with Stony Brook Medicine and the GMEC, must ensure adequate sleep facilities and safe transportation options for residents/fellows who may be too fatigued to safely return home.

### IV. Exceptions

Any exceptions to these work hours rules must be approved in advance by the GMEC.

**Forms: (Ctrl-Click form name to view)**

None

**Policy Cross Reference: (Ctrl-Click policy name to view)**

None

**Relevant Standards/Codes/Rules/Regulations/Statutes:**

None

**References and Resources:**

None