RUTGERS HEALTH

**Policy Name: Clinical and Educational Work Hours Policy Rheumatology Fellowship**

**Last Revision: 07/07/2026**

1. **Reason for Policy**
   **This policy for fellow clinical and educational work hours will provide the department with ACGME established requirements for scheduling and guidelines to follow to ensure proper adherence and compliance.**

## Scope

This policy will apply to the Rheumatology Fellowship Program at Jersey City Medical Center under the guidance and sponsorship of Rutgers Health.

## Introduction

The Rheumatology Fellowship's program's work hours policy applies to all fellows and complements at every institution at which they are appointed/scheduled to work by the program. These procedures have been developed to monitor resident work hours for compliance with the ACGME Institutional and Common Program Requirements.

## Definitions

**Work hours:** defined by the ACGME and by this policy as all clinical and academic activities related to the residency or fellowship program; that is, 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, all moonlighting activities, research activities, and scheduled academic activities such as conferences. Work hours do not include reading, studying, and preparation time spent away from the work site.

**In-house call:** defined by the ACGME and by this policy as those work hours beyond the normal workday when residents are required to be immediately available in the assigned institution.

**At-home call (pager call):** is defined by the ACGME and by this policy as call taken from outside the assigned institution.

**Moonlighting:** is defined by the ACGME and by this policy as voluntary, compensated, medically related work performed outside the duties of the resident's training program. Moonlighting includes work at RWJBH affiliated institutions (internal moonlighting) and outside the institution (external moonlighting).

**Scheduled work periods:** are assigned work hours within CMC or participating sites in the education program encompassing hours that may be within the normal workday, beyond the normal workday, or a combination of both.

**Residency Review Committees**: ACGME committees responsible for establishing and monitoring GME standards for each specialty training program. There are 25+ Residency Review Committees. Residency Review Committees may also be referred to as RCs or Review Committees.

**Transition of care:** is defined as the relaying of complete and accurate patient information between individuals or teams to transfer responsibility for a patient's care in the healthcare setting.

**Night float**: is defined as an educational experience or rotation designed to either eliminate in-house call or assist other residents during the night. Residents assigned to night float are given on-site work during evening/night shifts and have the responsibility to admit or cross cover patients until morning. They do not work daytime assignments.

## Policy

Guided by the ACGME Common Program Requirement Clinical and Educational Work Hour Standards (VI.G)

I. **Maximum Hours of Work per Week**: Clinical and educational work 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 from home and all moonlighting.
II. **Mandatory Time Free of Duty:** Residents must be scheduled for a minimum of one day free of clinical work and education every week (when averaged over four weeks). At-home call cannot be assigned on these free days.
III. **Maximum Duty Period Length**
    a. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
    b. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.
        1. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or, to attend unique educational events.
        2. These additional hours of care or education will be counted toward the 80-hour weekly limit.
        3. The Program Director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.
IV. **Minimum Time Off between Scheduled Duty Periods**
    a. The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

b. Residents should have eight hours off between scheduled clinical work and education periods.
    i. There may be circumstances when residents 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.
c. c) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

V. **Maximum Frequency of In-House Night Float:** Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. Night float rotations must not exceed two months in duration, four months of night float per PGY level, and 12 months for the entire program.

VI. **Maximum In-House On-Call Frequency:** Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

VII. **At-Home Call:**
a. Time spent on patient care activities by residents 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 clinical work and education, when averaged over four weeks.
b. At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident.
c. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients.
d. These hours of inpatient care must be included in the 80-hour maximum weekly limit.

VIII. Due to the rigorous nature of the program, moonlighting, either internally or externally, is prohibited. Under no circumstances will permission be granted for any type of moonlighting during clinical training years. If a clinical resident is found engaging in moonlighting, then they will be found in direct violation of this policy. In accordance with university policy, this resident may be terminated from the program.
a. Moonlighting during dedicated research years is at the discretion of the research resident's faculty supervisor.

**Compliance**

Maintaining duty hour compliance requires a shared commitment from program and institutional leadership, trainees, and teaching faculty. The Program Director will monitor monthly call schedules for all hospitals to ensure compliance with duty hour guidelines The Program Director will monitor monthly call schedules to ensure that resident scheduled days off are indicated.

Resident trainees and clinical faculty are expected to also maintain compliance with duty hour violations. Acknowledging that on-call schedules at time contain errors, Residents and site directors are also expected to review their own site-specific monthly on-call schedule and advise the Program Director or their designee if scheduled to work more than the allowed work hours as outlined above.

While engaging in clinical rotations, If a resident is approaching their work hour limit (either during a 24-hour call or the 80-hour limit) they should report this to their chief resident, faculty member, or the Program Director so that they may be dismissed in a timely fashion, or awarded additional time off as necessary to maintain compliance with duty hour rules. If supervising

faculty note that a resident may be approaching their work hour limit, they should assist in arranging transitions of patient care and dismiss the resident prior to violating the duty hour rules.

The Program Director, under the direction of the Associate Dean, monitor compliance with work hour rules by tracking resident work hours in New Innovations. Each resident is expected to enter their hours worked in New Innovations DAILY. The Program Director and/or their designee will monitor duty hour logs for resident compliance with work hour rules and duty hour tracking. If a resident reports work hours in excess of the maximum, the Program Director will investigate the reason for the violation, counsel the resident and/or involved supervising faculty member(s) as appropriate, and a plan will be developed to ensure the situation is not repeated.

Any violations to the work hour maximums will also be reviewed by the Rutgers Health Graduate Medical Education Committee. Institutional and program leadership must project a clear message to residents and faculty regarding the importance of adherence to work hours and of honestly reporting work hours. The Program, in collaboration with GME, will provide annual education on resident fatigue and work hour management to residents and faculty.