

**CENTRAL IOWA HEALTH SYSTEM
GRADUATE MEDICAL EDUCATION COMMITTEE**

PROTOCOL FOR REQUESTED EXTENSION OF SCHEDULED WORK HOUR LIMITS

I. Background.

The ACGME Common Program Requirements effective October 2021 specifically address new resident clinical education work hour and supervision requirements. Section VI. Resident Work Hours in the Learning and Working Environment includes subsection VI.F.4. Clinical and Educational Work Hour Exceptions. This provision states

VI.F.4.a 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:

- VI.F.4.a).(1) to continue to provide care to a single severely ill or unstable patient;
- VI.F.4.a).(2) humanistic attention to the needs of a patient or family; or,
- VI.F.4.a).(3) to attend unique educational events.

Recognizing that this practice should only be exercised in rare and unusual circumstances, this protocol describes the process that a resident must follow to obtain permission to remain on duty beyond their approved period of duty. The resident's program director will personally review all such requests and will document the appropriateness and track the frequency of requests by each individual resident and for the overall residency program.

II. Procedure

Acceptable justifications to extend scheduled resident work hours will be limited to situations where the involved resident documents the need for required continuity for a severely ill, unstable patient, or obstetrical patient in labor, academic importance of the developing events, or humanistic attention to the needs of a patient or family.

- A. When these circumstances are present, the resident must agree to appropriately hand over the care of all other patients to the team responsible for their continuing care.
- B. The resident must also complete the form titled *Resident Request for Extension of Scheduled Work Hour Limits* and submit the form to his/her program director. The form must detail the work hour extension requested and the reason for remaining to care for the patient in question.
- C. Further discussion and educational measures will be required if the program director cannot confirm the appropriateness of the residents' request for extension of the work hours limits or if there is concern about the frequency of an individual resident's request for such extensions.

Resident Request for Extension of Scheduled Work Hour Limits

Resident: _____

Residency Program: _____

Date of Requested Work Hour Limit Extension: _____

Hours of Extension Requested: _____

Rotation: _____

Describe the situation:

Reason for the work hour extension:

- ☐ Required continuity for a severely ill or unstable patient
- ☐ Required continuity for an obstetrical patient
- ☐ Academic importance of the developing events
- ☐ Humanistic attention to the needs of a patient or family
- ☐ Other: Please describe _____

Resident Signature / Date

Program Director's Response:

Program Director Signature / Date