I. POLICY
The NYU Long Island School of Medicine (NYULISOM) has adopted a clinical and educational work hour’s policy for medical students to provide guidance and protection of student’s hours during their entire medical education, with the goals of educating students both in the development of their clinical skills and professional attributes. It is the intent of this policy to support the achievement of these goals while allowing students adequate time to rest, and attend to extracurricular obligations in order for them to be maximally effective as learners.

1. **Maximum Hours of Clinical and Educational Work per Week:**
   Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four (4)-week period, inclusive of all in-house clinical and educational activities.

   Must be scheduled for in-house call no more frequently than every 3rd night.

   Night Float must occur within the context of the maximum work hours per week, mandatory weekly time off, and mandatory time off between work periods.

2. **Mandatory Time Free of Clinical Work and Education:**
   Students should have **eight (8)** hours off between scheduled clinical work and education periods. Students must have at least **16** hours free of clinical work and education after 24 hours of in-house call. Students must be scheduled for a minimum of one day in seven free of clinical work and required education. Students will not be scheduled for at-home call.

3. **Maximum Clinical Work and Education Period Length:**
   Clinical and educational work periods for students must not exceed 24 hours of continuous scheduled clinical assignments. Up to four (4) hours of additional time (total of 28 hours) may be used for activities related to patient safety, such as providing effective transitions of care, and/or student education, but additional patient care responsibilities or new patient must not be assigned to a student during this time.

4. **Maximum for “High Intensity” Shifts:** Up to 12 consecutive hours on duty Assignment in the Emergency Department (ED), followed by at least an equal period of continuous time off. No more than 60 scheduled hours per week seeing
patients in the ER and no more than 72 hours per week including other educational activities.

5. **Clinical and Educational Work Hour Exceptions:**

   There are no exceptions to this clinical and educational work hour policy, as governed by New York State regulations.

   New York State Regulation requires on site supervision 24/7 by the attending or supervising physician.

**II. PURPOSE**

The goal of the duty hour policy is to maximize the productivity of the clinical learning environment, address the effects of fatigue, and sleep deprivation on learning and patient care. The policy states, “as students are integral part of the resident teams, they are expected not to exceed the ACGME duty hour limits mandated for residents.” The ACGME standard limit duty hours to not more than 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

**III. SCOPE**

Medical Students
Clerkship, Elective and Selective Directors
All Teaching Faculty

**IV. DEFINITIONS**

The NYULISOM will follow ACGME and *New York State regulations (NY405)* for student clinical and educational duty hours during Phase II/III:

*Clinical and educational work hours are defined as all clinical and academic activities related to the rotation; i.e. Patient care (both inpatient and outpatient), out-of-hospital/clinic time spent on patient notes, administrative duties related to patient care, time spent in-house during shift activities, and scheduled activities, such as conferences. Clinical and educational hours do not include time spent studying for exams or for preparation for formal presentations (such as preparing for journal clubs or developing handouts)*

New York State Regulation requires on site supervision 24/7 by the attending or supervising physician.
V. POLICY AUTHOR(S)
- Office of Medical Education

VI. RELATED POLICIES
Learning Environment; Professionalism

VII. PROCEDURE(S)

a. Clinical and Educational Work Hours Reporting Mechanism

Students who have encountered violation of the clinical and educational work hour policy as described are encouraged to report through the following mechanism:
- On line anonymous/ confidential reporting through the Learning Management system
- Clerkship Directors
- End of Clerkship Evaluation

Limiting required duty hours does not imply that medical students must cease providing essential patient care services at arbitrary cut-off times. Priority must always be given to patient safety and well-being and to avoiding transferring patient care responsibilities to others at inappropriate times in the continuum of care (e.g., during an operative procedure or in the midst of a rapidly evolving clinical event).

Like residents, however, students are expected to respect and operate within duty-hour policy limits. Working longer than 80 hours/week leads to fatigue that can both degrade students’ ability to learn and put patients at risk; therefore, intentional violation of duty hour limits could represent a lapse in professional responsibility. Neither faculty nor residents/fellows expect students to take, and actually discourage students from taking, the responsibility of bridging between rotating teams of residents, and professionalism and a responsibility to patients for students to monitor their own hours to assure that voluntary violations of duty hours limits do not occur. Priority must always be given to patient safety and well-being and to avoiding transferring patient care responsibilities to others at inappropriate times in the continuum of care.

b. Monitoring of Compliance:
Clinical workload will be monitored by the end of block clerkship evaluations and through any of the violation reporting tools mentioned above. This will be monitored by the office of medical education and a report will be submitted to the Phase 2/3 sub-committee. After review by the Phase 2/3 sub-committee, the report will be presented to EPEC. The Office of the Associate
Dean of Students and Assistant Dean of Clinical Sciences will monitor the compliance of this policy.

VIII. REFERENCES
LCME Standard 8.8 specifies that “The medical school faculty committee responsible for the medical curriculum and the program's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.” *(LCME Functions and Structure of a Medical School, effective March 2020)*

- New York State Rules and Regulations, Title 10 Section 405.4
  https://regs.health.ny.gov/content/section-4054-medical-staff
- Accreditation Council for Graduate Medical Education "Common Program Requirements", July 1, 2011

IX. TYPE OF POLICY
Curricular

X. APPROVALS
EPEC

XI. POLICY MANAGEMENT
Responsible Executive: Dean of the School of Medicine
Responsible Officer: Associate Dean for Medical Education
Responsible Office: Office of Medical Education