

APPENDIX C

Internal Medicine Resident Work Hours and Moonlighting Policies

It is recognized that excessive numbers of hours worked by resident physicians can lead to errors in judgment and clinical decision-making. These can impact on patient safety through medical errors, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness-related complications. The training institution, director of medical education (DME) and residency program director must maintain a high degree of sensitivity to the physical and mental well being of residents and make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities.

A. Work Hours

1. The following work hours policy will apply to all residents in all specialties.
 - a. The resident shall not be assigned to work physically on duty in excess of eighty (80) hours per week averaged over a four (4) week period, inclusive of in-house night call.
 - b. The resident shall not work in excess of twenty-four (24) consecutive hours inclusive of morning and noon educational programs. Allowance for, but not to exceed, up to six (6) hours for inpatient and outpatient continuity, transfer of care, education debriefing and formal didactic activities may occur. Residents may not assume responsibility for a new patient after twenty-four (24) hours.
 - c. If moonlighting is permitted, all moonlighting will be inclusive of the eighty (80) hours per week maximum work limit and must be reported (See Moonlighting Policy).
 - d. The residents shall have alternate weekend forty-eight (48) hour periods off, or at least one (1) twenty-four (24) period off each week.
 - e. Upon conclusion of a twenty-four (24) hour duty shift, residents shall have a minimum of twelve (12) hours off before being required to be on duty again. Upon completing a lesser hour duty period, adequate time for rest and personal activity must be provided.
 - f. All off-duty time must be totally free from assignment to clinical or educational activity.
 - g. Those rotations requiring the resident to be assigned to Emergency Department duty shall not be assigned longer than twelve (12) hour shifts.
 - h. The resident and training institution must always remember that patient care responsibility is not precluded by this policy. In the case where a resident is engaged in patient responsibility which cannot be interrupted, additional coverage should be provided to relieve the resident involved as soon as possible.
 - i. The resident may not be assigned to call more often than every third

night averaged over any consecutive four (4) week period.

2. The training institution shall provide an on-call room for residents, which is clean, quiet, safe and comfortable, to permit rest during call. A telephone shall be present in the on-call room. Toilet and shower facilities should be present in or convenient to the room. Nourishment shall be available during the on-call hours of the night.

B. Moonlighting Policy

Any professional clinical activity (moonlighting) performed outside of the official residency program may be conducted only with the permission of the program administration (DME/program director). A written request by the resident must be approved or disapproved by the program director and DME and be filed in the institution's resident file. All approved hours are included in the total allowed work hours under AOA policy and are monitored by the institution's graduate medical education committee. This policy must be published in the institution's housestaff manual. Failure to report and receive approval by the program may be grounds for terminating a resident's contract.