

University of Mississippi Medical Center Policy on Resident Duty Hours

The University of Mississippi Medical Center and its affiliated hospitals are committed to providing excellent patient care and outstanding education for physicians in training. Compliance with all Accreditation Council for Graduate Medical Education policies is expected. Effective July 1, 2003, the work hours of resident physicians enrolled in programs not granted a work-hours extension are as follows:

1. Duty Hours

- a. Duty hours are defined as all scheduled clinical and academic activities related to the residency program, ie, 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, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- b. Scheduled Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Residents are to be provided with 1 day in 7 free from responsibilities to the program, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- d. Residents should be provided a 10 hour time period between scheduled daily duty periods and after in-house call.

2. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
- b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
- c. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
- d. At-home call (pager call) is defined as call taken from outside the assigned institution.
 1. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 3. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

3. Moonlighting

- a. The program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

- b. In accordance with ACGME policy, any internal moonlighting, as defined by the ACGME to include moonlighting at the Jackson Veterans Affairs Medical Center or other affiliated institutions, will be counted toward the 80-hour weekly limit on scheduled duty hours.
- c. In Mississippi, it is illegal and/or grounds for loss of temporary or limited medical licensure for any resident or fellow in training to engage in moonlighting unless in possession of an unrestricted license to practice medicine in the State. Residents are not required to engage in moonlighting; further, the University of Mississippi Medical Center (UMMC) discourages moonlighting or professional activity by residents or fellows apart from full-time UMMC-sponsored or ACGME-sanctioned postgraduate educational programs because these activities tend to interfere with the educational process and health of the physician-in-training. The program director must acknowledge in writing that a resident or fellow is moonlighting, and the information made a part of the resident's folder. The effects of moonlighting on performance in the residency program will be monitored and adverse effects may lead to withdrawal of permission to engage in moonlighting activities.

The University of Mississippi Medical Center professional liability program for residents only applies to those professional activities within the course and scope of their employment while at UMMC and/or on official rotation at other hospitals or clinics. It does not apply to outside professional activities such as moonlighting.

The UMMC institutional DEA number must not be used while moonlighting.

4. Oversight

- a. Each residency program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of scheduled duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
- b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
- c. To monitor compliance with applicable institutional and specialty/subspecialty duty hours policies and requirements, the GMEC will assess each UMMC residency program at least annually. The extent and frequency of monitoring for each program will be determined by the GMEC based upon the program's duty hour history, data collected by the GMEC from the program and its residents, and other data sources identified by the GMEC. Duty hours assessment will also be a standard component of each GMEC-RRSC internal program review and report.

Work Hours Extension

The work hours of resident physicians enrolled in programs which have been granted an extension are limited to the amount in that extension up to a maximum of 88 hours per week. Except for an extension of total work hours all other aspects discussed in section 1 a-d of this policy apply to those programs receiving the extension.

The UMMC considers the participation in program or institutional work hours monitoring processes to be a part of the resident physician's professional responsibilities.

Approved GMEC 5/22/2003