

**THE MOUNT SINAI SCHOOL OF MEDICINE  
GENERAL SURGERY RESIDENCY PROGRAM**

**Policy on Resident Duty Hours**

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Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. This balance will ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education will have priority in the allotment of residents' time and energy. Duty hour assignments will recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

**1. Supervision of Residents**

- a. All patient care must be supervised by qualified faculty. The Program Director will ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
- b. Faculty schedules must be structured to provide residents with continuous supervision consultation, while residents are on both onsite and offsite rotations.
- c. Faculty and residents will be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
- d. Supervision of the resident activities will be consistent with the General Surgery Residency Program Policy on delineation of privileges.

**2. Duty Hours**

- a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative in-house call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site, nor do they include time in transit, to and from the affiliate sites.
- b. Duty hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Residents will be provided with 1 day in 7 free from all educational and clinical responsibilities, 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. Adequate time for rest and personal activities will be provided. This will consist of at least a 10 hour time period provided between all daily duty periods and after in-house call. Intermediate-level residents should have 10 hours free of duty between scheduled shifts, and must have 24 hours free of duty after 24 hours of in-house duty.
- e. If a resident stays past one's scheduled shift, the resident is required to notify the Chief Resident of the respective teams, and come in late the following day to ensure compliance with maintaining 8 hours off between scheduled shifts.
- f. Interns cannot work more than 16 hours per shift.

### 3. 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 workday when residents are required to be immediately available in the assigned institution.

- a. In-house call will occur no more frequently than once every third night, averaged over a four-week period.
- b. Continuous on-site duty, including in-house call, will not exceed 24 consecutive hours. Residents may remain on duty for up to three 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 the *Program Requirements for Residency Education in General Surgery*.
- c. No new patients, as defined in the *Program Requirements for Residency Education in General Surgery*, 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 will not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call will 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 will monitor the demands of at-home call in the program and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

### 4. Moonlighting

- a. Moonlighting is prohibited for all residents while on clinical rotations. Moonlighting can only be done by residents who are on scheduled vacation or research.
- b. Because residency education is a full-time endeavor, the Program Director will ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- c. Under New York State law, professional activities involving the practice of medicine outside the program are available only to a Resident Physician who holds a medical license from the New York State Board of Medical Examiners. Professional Liability Insurance issued by The Mount Sinai School of Medicine will not cover the Resident Physician for any liabilities incurred in such professional activity.
- d. The Resident Physician fringe benefits listed in The Mount Sinai School of Medicine's Foundation Graduate Medical Education Resident Handbook, including responsibility for any injury or disability incurred, do not apply during such outside or unassigned professional activity.

## **5. Oversight**

- a. Monitoring of duty hours will occur with frequency sufficient to ensure an appropriate balance between education and service.
- b. Back-up support systems will be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.