

## ***Policies and Procedures***

|  |                                   |                                 |               |               |  |  |
|--|-----------------------------------|---------------------------------|---------------|---------------|--|--|
| <i>Section:</i><br><b>School of Medicine</b>     |                                   | <i>NO.</i>                      |               |               |  |  |
| <i>Chapter:</i><br><b>Neurology</b>              | <i>Issued:</i><br><b>10/25/19</b> | <i>REV. A</i><br><b>1/18/23</b> | <i>REV. B</i> | <i>REV. C</i> |  |  |
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### **PURPOSE**

GME Programs, in partnership with Creighton University, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

### **SCOPE**

This policy applies to all Creighton University Department of Neurology Residency Training Program.

### **POLICY DEFINITIONS:**

- *Clinical and Educational Work Hours:* Clinical and educational work hours are inclusive of all in house clinical and educational activities, clinical work done from home, and all moonlighting. It does not include educational activities, research or studying done at home.
- *Day off:* One continuous 24-hour period completely free from all administrative, clinical and educational activities. Home call cannot occur on a day off.
- *Work hour flexibility:* Residents who have appropriately handed off patients following the conclusion of scheduled work periods have the flexibility to voluntarily remain at work in unusual circumstances, if, in their judgment, those circumstances benefit patient care or education. Such additional time must be counted toward the 80-hour limit. The resident must not stay if fatigued.
- It is important to note that a resident may remain or return only if the decision is made voluntarily.
- Residents must not be scheduled beyond work period restrictions or required to stay by an attending or more senior resident/fellow.

### **POLICY**

Clinical and educational assignments must be assigned while recognizing that faculty and residents collectively have responsibility for the safety and welfare of patients. The ACGME common program requirements recognize that residents may choose to work beyond their

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scheduled time or return to the clinical site during a time off period to care for a patient. The requirements preserve the flexibility for residents to make those choices if residents recognize the responsibility to work rested and fit for duty.

- **Resident Logging**
  - Residents are required to document their duty hours in New Innovations.
  - In the case of a duty hour violation, the resident must document on why there was a violation. The program director will then review and document on that violation. A violation may be justifiable, but the program director must approve. Please see the section on flexibility to see examples of what is justifiable.
- **Time off between scheduled clinical work and education periods**
  - Residents should have eight hours off between scheduled clinical work and education periods.
  - Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- **Days Off**
  - Residents must be scheduled for a minimum of one 24-hour day in seven free of clinical work and required education. This can be averaged over four weeks to allow flexibility in scheduling time off. Home call cannot be assigned on a free day.
- **In House Call**
  - Residents must not be scheduled for in-house call no more frequently than every third night when averaged over a four-week period.
  - Work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. A resident may have an additional 4 hours for care of established patients. These additional 4 hours cannot include ambulatory work or new patients to care for.
- **Home Call**
  - Does not require a rest period after an assignment of home call overnight.
  - At home call is not subject to every third night limitation but must not be so frequent or taxing to preclude rest or reasonable personal time for each resident.
- **Night Float**

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- Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
- The number of consecutive weeks of night float and maximum number of months of night float per year may be further specified by a specialties Review Committee.
- **Flexibility at Resident’s Discretion**
  - There may be circumstances when residents choose to stay to care for their patients beyond a work period or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour work week and the one day off in seven requirements.

As described in “Physician Impairment and Resources”, duty hour regulations were imposed by the ACGME on all training programs in July 2003. The ACGME has created a mandatory set of duty hour regulations designed to reduce sleep deprivation and fatigue among physicians in training. Full (100%) compliance with these regulations is expected of our neurology residents.

Residents must take personal responsibility for tracking their duty hours and must notify their current attending or program administrator immediately when any violation is imminent.

Residents are expected to enter duty hours into the system continuously, at a minimum each week. Failure to do so may result in corrective action. Continuous failure to comply may result in termination.

Residents are not permitted to participate in any moonlighting during the four years of the program.

### **REFERENCES**

<https://www.acgme.org/>

### **AMENDMENTS OR TERMINATION OF THIS POLICY**

Creighton University reserves the right to modify, amend or terminate this policy at any time.

*The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.*

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