

**NEUROLOGY RESIDENCY PROGRAM**  
**DUTY HOURS POLICY**  
**University of North Dakota School of Medicine & Health Sciences (UNDSMHS)**  
**Academic Year: 2022-2023**  
*Revised April 25, 2022*

**A. Principles**

Physicians have a professional responsibility to appear for duty appropriately rested and fit to provide the services required by their patients. The program is committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment. The learning objectives of the program will be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events and must not be compromised by excessive reliance on residents to fulfill non-physician service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

**B. Application**

This policy applies to all residents in the UND Neurology residency program.

**C. Definitions**

Duty hours: time spent in all clinical and academic activities related to the program. Specifically, this includes time spent in patient care (both inpatient and outpatient), administrative duties related to patient care, the provision of transfer of patient care, time spent in-house during call activities, scheduled educational activities such as conferences, and all moonlighting.

Duty hours do NOT include reading and preparation time spent away from the duty site.

**D. Resident Duty Hours**

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

### **E. Mandatory Time Free of Duty**

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Residents should have eight hours off between scheduled clinical work and education periods.

There may be circumstances when residents choose to stay to care for their patients 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 and one-day-off-in-seven requirements.

### **F. Maximum Duty Period Length**

Clinical and educational work periods for residents (PGY1-PGY4) must not exceed twenty-four (24) hours of continuous scheduled clinical assignments.

- Up to four (4) hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.
- Additional patient care responsibilities must not be assigned to a resident during this time.

### **G. Clinical and Educational Work Hour Exceptions**

In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- To continue to provide care to a single severely ill or unstable patient.
- To provide humanistic attention to the needs of a patient or family.
- To attend unique educational events.

These additional hours of care or education will be counted toward the 80-hour weekly limit.

### **H. Moonlighting**

Residents (PGY-3 and PGY-4) may be approved if it does not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the resident's fitness for work nor compromise patient safety with program director approval documents per policy.

### **I. Maximum Frequency of In-House Night Float**

Residents must not be scheduled for more than six consecutive nights of night float.

Residents should not have more than two consecutive weeks of night float or half of a calendar month (maximum 16 days).

Night float must comply with the 80-hour weekly limit.

### **J. Maximum In-House On-Call Frequency**

Residents must be scheduled for in-house call no more frequently than every-third night (when averaged over a four-week period).

### **K. At Home Call**

Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to every third night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.

At-home must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Residents are permitted to return to the hospital while on at home call to provide direct care for new or established patients. These hours of inpatient care must be included in the 80-hour maximum weekly limit.

### **L. Implementation**

Residents are required to report work hours on a weekly basis in MEDHUB.

Work hours and time off are monitored by the program director who will implement schedule adjustments as necessary to stay within the maximum of 80 hrs./week (averaged over 4 weeks), and a minimum of 24 consecutive hours off out of 7 days (averaged over 4 weeks).

Residents must notify the director if they or other residents are requested or pressured to work in excess of the duty hour limitations.

The director will immediately notify the DIO of any duty hour violations.

It is the resident's responsibility to ensure that he/she leave work at the assigned and call back up in a timely manner if necessary.

Any resident recognizing an issue in adhering to the duty hours limit is to contact the program director or site director immediately before a violation occurs.