

## Innovative Approaches

### The “Galveston Plan” for Resident Duty Hours

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**Background:** In early 2003, the neurology program at the University of Texas Medical Branch at Galveston adopted a schedule that conforms to the ACGME regulations regarding duty hours and it has worked very well. Our only regret is that we didn't do this 10 years ago.

**Method and Results:** The caveat is that this won't work for everyone. Our program has these features that make it work. We have 8 or 9 Neurology Residents (total) at any one time. All Neurology residents take night call with no differences between senior and junior Residents and no rotating residents participate in call. We have only one hospital complex all connected with tunnels and hallways. The heart of the system is that we have a “Night Float” resident that takes call (with consistent faculty back-up) from 1700 until 0700 Monday, Tuesday, Wednesday and Thursday nights and Sunday from 0700 until Monday 0700. That is exactly 80 hours. This rotation is 2 weeks in duration, three times a year. Each of the other residents, in rotation, takes call from 1700 Friday until 0700 Saturday and another resident from 0700 Saturday to 0700 Sunday. None of the residents work more than 80 hours per week, have more than 24 hours continuously on duty or have less than 8 hours between “shifts” for rest. All have at least one 24 hour period free of duties. Continuity clinics are cancelled for the “Float Resident” for the 2 weeks of their call. Two of our residents have elected to take their turn as “Float Resident” in 4 week blocks. They like this but others did not, and did only 2 weeks at a time. We have sufficient flexibility that the Float Resident for this 2 weeks and the one for the next 2 weeks alternate on our 5-day - all day Outpatient Clinic.

**Conclusion:** Our residents no longer complain of being “post-call” and don't fall asleep in conferences. They consider this plan a real success, as do the faculty members.