

Reducing Duty Hours in the University of Florida Neurological Surgery Program

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Background: The Department of Neurosurgery at the University of Florida wholeheartedly subscribes to the philosophy underlying the new ACGME resident work hour policies – fatigue leads to errors. Faculty and residents have worked together to create and modify a system which respects all of the new work hour policies, while preserving and maximizing the educational missions of the residency program. The system currently works as follows:

1. The program covers four services: two teams at Shands UF (SUF), one team at Shands at AGH (SAGH), and one team at the Gainesville VA hospital. Since the new work hour policies result in approximately 20% less resident manpower at any given time, it was necessary to hire a nurse practitioner (ARNP) for each of these services (two for one of them). Two of the ARNPs are hospital supported; three are supported by the department. This is a substantial financial burden for the department, at a time when surgical reimbursement is generally decreasing. Regardless of the financial issues, the ARNPs have worked out very well. They have become adept at handling many of the less “educational” aspects of residency, such as routine consults, preoperative histories and physicals, routine labs, lumbar punctures, discharge orders and similar services. And there is no question that patient and family satisfaction have increased significantly, especially in the area of discharge teaching.
2. There is a 7AM didactic conference every morning. Consequently, rounds typically start no later than 5:30 AM. Surgery not infrequently runs into the early evening. 12-14 hour non-call days, plus several 30 hour shifts of call add up to more than 80 hours per week. The program therefore has gone to an every 7th night call schedule. Off service and lab residents, who previously did not take call, are now in the regular rotation with the four SUF on service residents.
3. On weekends, each SUF team member gets one full day off. Basically, since there is no elective weekend surgery, a reduced resident crew (one chief resident and one resident from each of the SUF services) covers inpatient services on Saturday and Sunday. The on-service residents only take call Sunday –Thursday. This guarantees that their post-call day will be during the week. So they get one post call half day (after 11:30AM) and one full weekend day off per week. Even if they work 14-hour days when off call, they total number of hours will rarely exceed 80, and will never exceed 80 when averaged over one month.
4. Residents at GVAH and SAGH take home call. And they alternate weekend coverage at both hospitals. These services are smaller and have less medical acuity, so the duty hour policies work well.

5. Chief residents take home call and only come in to back up junior resident emergency consults or to do surgery. They alternate weekend call. The only work hour issue with the chiefs is the requirement for 10 hours off between shifts. If they work all day, then are called in for several hours to operate at night, every effort is made to get them home as early as possible the next day.
6. Residents are required to fill out a time card and to turn it in to the residency coordinator every Monday morning. This is mandatory. Interestingly, several residents were caught falsifying their time cards early in this process. They felt perfectly justified in reducing the number of hours reported to the program director. One of the real issues in implementing these new policies is resident resistance. In general, no doctor wants to be told what to do! And some residents genuinely feel that their educational experience is shortchanged if they are forced to go home rather than participate in surgery. It was necessary to make it clear that severe consequences would follow if the hours were not accurately reported.
7. There is a residency meeting at least once per month. The program director and all residents discuss work hour issues. There have been many jointly made decisions to adjust the system. This process will probably continue.

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