



**Department of Neurological
Surgery:
Residency Training
Program
Policies and Procedures**

neurOSUgery

Resident Duty Hours and the Working Environment

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

Duty Hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours also include any research activity that is part of the required curriculum for the training program. Duty hours do *not* include reading and preparation time spent away from the duty site.

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
3. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

If a resident feels that patient care responsibilities are especially difficult or prolonged or if unexpected circumstances have created him/her fatigue sufficient to jeopardize patient care, then it is the responsibility of that resident to report to the Program Director or attending on their service. The Program Director or attending can release the resident of duty for that day if appropriate and make arrangements to avoid future fatigue issues.

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 work day when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
3. No new patients may be accepted after 24 hours of continuous duty.
 - a. A new patient is defined as any patient for whom the resident has not previously provided care.

4. At-home call (or pager call) is defined as call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
 - b. Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
 - c. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - d. The Program Director and the faculty monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Chief residents never take in-house call and if they have operated late or all night are excused the next day.

Conferences/Courses

If attendance at the conference is required by the program or the resident is a representative for the program (presenting a paper or poster), the hours the resident is actively attending the conference should be counted toward the weekly limit and recorded as duty hours. Travel time and non-conference hours while away should not be counted as duty hours. Vendor-sponsored courses are to be attended during your own personal time.

Duty hours are logged into the E-Value system. The program coordinator will set-up each trainees account. Necessity for compliance as well as proper reporting is stressed and insisted upon. Hours are monitored at least once a month by the program director and coordinator. The OSU GME website has an anonymous duty hours violations report available to all trainees in the event that they would like to make a report to the Assistant Dean for GME.

Any questions as to how to record hours please ask the program director or coordinator.

Moonlighting Policy

Because residency education is a full-time endeavor, the program must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. The program must comply with Ohio State University Hospital's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

The policy within The Department of Neurological Surgery will be to officially allow no moonlighting. The faculty does, however, recognize that there may be exceptional

circumstances, which may require a resident to seek extra compensation. If this circumstance arises the resident may petition the Chairman for a special dispensation using the GME moonlighting approval form. This dispensation will be considered only for the time the resident is “off-service” and on his/her laboratory or basic science rotation. The reason for the special dispensation will be discussed at a meeting of the entire faculty. The resident may be present if he/she chooses. If special dispensation for moonlighting is granted it will be under the specific direction of the Chairman and/or Program Director in accordance with the OSU GME “Resident and Fellow Moonlighting” policy. Specific guidelines will be instituted. Failure of the resident to stay within the guidelines may result in limitation or prohibition of moonlighting or the resident being placed on probation. Moonlighting without faculty permission will automatically result in the resident being placed on probation. No moonlighting will be allowed while the resident is on a clinical rotation, family, medical, paternity or maternity leave. There will be no exceptions.

If moonlighting is approved, the resident should know that the University Self Insurance Program (malpractice insurance) covering them as a resident, does not cover moonlighting activities.

The Department of Neurological Surgery does allow internal moonlighting at Children’s Hospital. This allows the 2 residents rotating at NCH to stay within the 80-hr work week and provides support to an affiliated program. This moonlighting is optional and not required. It is home call for which the resident is reimbursed. The hours when a resident is called in are counted toward their duty hours. The Chief resident under the direction of the Program Director is responsible for the schedule. Each resident’s performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of internal moonlighting.

Supervision of Residents

- a. All patient care is supervised by qualified faculty in such a way that the residents assume progressively increasing responsibility according to their level of education, ability and experience. The faculty will determine the level of responsibility accorded to each resident which depends on the resident’s knowledge, technical skill, experience, the complexity of the patient’s illnesses and the risk of any procedures that the resident will perform. The Program Director will ensure, direct, and document adequate supervision of residents at all times. Residents will be provided with rapid, reliable systems for communicating with supervising faculty.
- b. Faculty schedules are structured to provide residents with continuous supervision and consultation.
- c. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
- d. The Program Director has the responsibility of overseeing education and issues regarding sexual harassment/romantic relationships.

Evaluations

The residency program will require its residents to develop competency in the areas of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice to the level expected of a new practitioner. Toward this end, the program will define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for our residents to demonstrate the six ACGME core competencies.

Twice annually all residents are provided with a formal evaluation during a meeting of the faculty and the resident. Evaluation forms are also filled out by the nursing staff and PCRMs of the department and the operating room staff. These additional evaluation forms are combined into one overall evaluation to give a 360 review of performance. The evaluation will review subjective and objective criteria related to the goals and objectives for all residents as well as the specific ones per PGY level. Attendance records at conferences, and clinics, academic achievements, presentations at meetings, papers, research, operative logs, and duty hours will also be reviewed. The Program Director prepares a written summary of the evaluation that will be reviewed and signed by the resident. The written summary, faculty evaluations, and 360 combined evaluation will become part of the resident's individual portfolio which may be reviewed by the resident at any time. Residents are promoted based on successfully completing the requirements of their PGY level as defined in the goals and objectives booklet.

At the end of the training program, the Program Director completes a final written evaluation of each graduating resident which includes a review of the resident's performance during the final period of training and verifies that the resident has demonstrated sufficient professional ability to practice competently and independently. This final written evaluation is kept as part of the resident's permanent record and sent to the American Board of Neurological Surgery.

The Program Director may conduct and record more frequent evaluations as needed.

At the end of each academic year, residents evaluate the faculty. The resident completes a form for each faculty with whom he/she has worked. Residents are encouraged to make additional confidential written comments. Each individual evaluation is compiled into one evaluation per faculty member with all written comments typed. The combined evaluation is then sent to each faculty member and reviewed by the Department Chairman and the Program Chairman. This evaluation is also incorporated into the departmental evaluation prepared by the Department Chairman on each faculty member annually and made part of the faculty member's permanent file. The residents annually select the faculty member they feel has contributed most to their education and an award is presented to the faculty member at the departmental banquet at the time of graduation.

At the end of each academic year, all residents and faculty are given an evaluation form on the program. These forms are compiled into one comprehensive evaluation to show both strengths and areas that need improvement. The comprehensive evaluation is

reviewed by the Program Chairman, Program Director, Program Coordinator, and Education Committee.

Through the secure/password protected portion of our department website, residents also have the option to anonymously report an event at any time. Once submitted, the anonymous report is then e-mailed to the program director and coordinator. This ensures that residents always have a means to express concerns even during non-office hours and without fear of retaliation.

Probation and Dismissal

It is assumed that residents entering Neurological Surgery will successfully complete the program. The selection process is rigorous and in general applicants are highly motivated and qualified. Once in the program, the faculty is committed to the education and success of each individual resident.

If a problem arises related to the six core competencies or due to a failure to fulfill general academic, clinical, ethical or administrative requirements and expectations of the program or institution, there is a process for resolving the difficulty.

The initial step in the process is focused review of the resident. Focused review may be initiated by contacting the Chairman or Program Director and generating a letter documenting the area of concern. The program director may remove the resident from clinical responsibilities if the concerns may place patients, peers, or others at risk. The focused review will be addressed at a special meeting of the members of the Education Committee minus the committee appointed resident member. Additional faculty members may be asked to join the meeting if deemed appropriate. The resident in concern is provided an opportunity to appear at the meeting to discuss the action and provide information and/or submit a written comment regarding the concerns. (The issue may be so minor as to be resolved at this meeting or so severe that probation or dismissal results after the faculty and resident meeting.) The program director will notify, in writing, the resident, Chairman of the Department and the GME office of the corrective action required by the resident. If the deficiency is not corrected after the focused review period, the resident will be placed on probation. The final steps are suspension and/or termination. Each level of adverse action will be consulted with the education committee which requires faculty review, approval and complete and frank discussion with the resident.

If it is the recommendation of the faculty that the resident be placed on probation, the resident will be informed in writing and have the opportunity to meet with the faculty. The faculty will then determine the length of time the probation will last and the specific action required by the resident to correct the deficiency. A specific faculty member will be appointed to work with and mentor the resident during this period, and meetings will take place at predetermined times. Failure to rectify the issue causing probation will result in dismissal of the resident. The time frame to rectify the issue will be determined by the seriousness of the issue requiring remedy.

Time spent on focused review or probation may or may not be used for credit toward the completion of the training program at the Program Director's discretion. Any time that is not counted toward credit must be made up by either trading in vacation time or adding additional time at the end of the training. The resident's schedule and activities may be modified during the period of focused review or probation in order to allow the resident an opportunity to remedy the deficiencies or to ensure that the resident is fully prepared to move forward to the next stage of training.

The Program Director must notify any resident in writing if he/she will not be advanced to the next higher level or if he/she will not receive a certificate of completion. Notification will occur as soon as possible and preferably four months prior to the end of the resident's contract, if the resident's contract is not to be extended. However, if the primary reason(s) for the non-renewal occurs within the four months prior to the end of the contract, the Program Director will ensure the resident is provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the contract.

Any resident has the right to challenge the accuracy of any evaluation/adverse action of his/her performance. Specific steps are outlined in the "Academic and Administrative Adverse Actions" and "Resident Due Process" policy as set by the OSUMC Graduate Medical Education. The only adverse action that is not eligible for appeal is focused review that does not extend the length of the training.

Limited Staff Agreement and Other Requirements

The Limited Staff Agreement is provided on an annual basis to all residents and fellows within the graduate medical education training programs sponsored by The Ohio State University Hospital.

The Hospitals' DEA number is restricted for use by the resident only in the course of carrying out clinical duties within their GME training program.

Each trainee must be certified in ACLS and ATLS.

Our department has one RAC representative (Resident Advisory Council). Nominations and voting for this position will occur during orientation each year.

An on-line web-based series, Introduction to the Practice of Medicine is used to assist residents in addressing the core competencies. The modules are designed to increase exposure to non-traditional curricular topics. The modules "Impaired Physician" and "Fatigue/Sleep Deprivation" must be viewed during the first year of training. By the completion of the training program, all residents must successfully view, complete a post-test, and evaluate 8 additional sessions of the IPM lecture series.

<http://ipm.knowbase.com>

In addition, all housestaff must complete annually regulatory education courses in the form of computer based learning modules (CBLs). These include topics such as compliance, HIPPA, infection control, safety, etc.

Residents must successfully complete USMLE Step 3 prior to completion of the PGY2-training year. Residents entering a program at the PGY-3 level or higher must have completed USMLE Step 3 prior to their appointment.

All residents at the PGY2 level must have successfully completed a CITI web-based educational module prior to the completion of the PGY2 training year. The OSUMC desires that all residents and fellows have training in the protection of human research subjects. The CITI training modules are divided into two tracks: Biomedical Research and Social and Behavioral Research. Completion of either module with a minimum score of 80% will satisfy this requirement.

In order to satisfactorily complete the Neurosurgery residency it is necessary to pass the ABNS written examination. Residents may take this examination for self-assessment from the PGY-2 year on, but are expected to pass the examination before becoming Chief Resident PGY-6 or PGY-7. The examination can be taken for credit starting in the PGY-4 year. In our program, residents must pass the examination in the 50% Rank. If they achieve a passing score that is below the 50% Rank, they will continue to take the examination till they reach the 50% Rank.

If the examination is not passed by the PGY-5 or PGY-6 year, the resident will automatically be placed on probation and the faculty will consider dismissal. A resident cannot progress to the Chief Residency, PGY-6 or PGY-7, if the written examination is not successfully passed.

Department Benefits - Resident Travel, Vacations, Etc

The Department of Neurological Surgery provides several benefits to the residents above and beyond those provided by the GME office for all trainees.

Each resident will attend the RUNN Course during their PGY2 year, 1 Board Review Course usually during their PGY4 year and 1 AANS or CNS annual meeting usually during their chief year. The department also covers reasonable expenses of travel to meetings or conferences the resident has been chosen to give an oral presentation. Notice must be given to the program coordinator once a presentation has been submitted and again once it has been accepted. Prior approval for all travel is necessary. All travel must have paperwork submitted with as much advance as possible. Airfare and conference registration may be prepaid but must be done at least 1 month prior to travel dates. Travel for vendor paid/sponsored courses must be approved through the program coordinator with the OSU Administrative Chief in consultation along with the Program Director. Residents on focused review, probation or leaves of absence may not be eligible for travel.

Special permission for attending international meetings must be given by both the Chairman and the Program Director, with one international meeting per residency.

If a conflict arises i.e., two residents have oral presentations at a national meeting; every attempt will be made to accommodate both. If it is not possible to accommodate both residents, the resident who has not previously presented will be allowed to attend, or if neither or both residents have previously presented, then the more senior resident will be given priority.

Each resident is entitled to 3 weeks of vacation per year. Resident vacations are taken either in three 7-day blocks or one 10-day block and one 11-day block per year. If vacation is taken in three 7-day blocks, two blocks are taken during one six month period and one is taken during the other six-month period. If vacation is taken in two blocks, one is taken during each six-month period. (Exceptions will be made by special request.) This must be approved first by the Chief Resident, but it is not fully approved until the Program Director signs the Application for Leave form. Unused vacation may not be carried over to the next year.

Time away from work for interviews will be granted on an as needed basis and will not be taken out of a resident's vacation balance. Interview time must still be approved through the same procedure as vacation time. If interview time is not approved prior to, then the resident will be charged vacation time.

Only ONE resident may leave for vacation or a meeting from NCH at any given time. If two residents wish to leave at the same time, the senior most resident has preference.

No vacations or meetings will be scheduled in June, July, or December.

Schedule permitting, each resident gets time off either during Christmas or New Years each year. This time off is not guaranteed.

Annually, each resident will be allowed to purchase up to \$700 worth of books related to enhancing their knowledge of Neurological Surgery. Money designated for a specific year must be used that year or is lost.

One pair of loupes will be purchased for a resident during his/her residency in Neurological Surgery.

Revised January 2009

Using ACGME Program Requirements for Graduate Medical Education in Neurological Surgery Effective July 1, 2009