

Duty Hours: The Resident Perspective

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Presentation Outline



I. Impact of Current Regulations

- A. Quality of Life
- B. Resident Safety
- C. Resident Education
- D. Patient Safety
- E. Professionalism



II. Compliance With Current Regulations



III. Potential Directions for the Future





Impact on Quality of Life

- General Increase in Quality of Life
 - Found across most specialty programs^{1,2,3,4}
- Decrease in Emotional Exhaustion (“Burn Out”)⁵
- Increase in Sleep Time^{1,6,7}
- Current Literature
 - Few studies show no difference ⁴
 - No study demonstrates worsening of Quality of Life measures



Resident Safety

- Odds of experiencing a motor vehicle crash ⁸
- Odds of a percutaneous injury ⁹
- No data on potential long-term sleep deprivation effects
- Large amount of anecdotal evidence on potentially harmful motor vehicle incidents
- Although all potential solutions are encouraged, preventive measures are superior



Resident Education

- Great Concern to Postgraduate Trainees
 - Impact on Surgical Specialties
- Limited Data: Impact of Duty Hours on Resident Education
 - Large differences in US and European Training Models
- Limited Data: Number of surgical cases with implementation of 80hr work week.
 - Unsure if this harms or improves Graduate Education
- Under 80hr work week, shift reductions (<16 hours) on resident education have yet to be fully studied



Patient Safety

- 80hr limit: No significant impact on patient mortality^{10,11,12,13}
- Limited data: Improved patient outcomes in certain clinical scenarios^{14,15}
- Limited data in dissecting differences:
 - Number of extended shifts
 - Decrease in total hours
 - Duration of extended shifts



Professionalism

- Time constraints – A possible barrier to incorporating professionalism into residents' daily lives.¹⁶
- Potential Harms on Professionalism:
 - Less time for communication with patients and patients' families.
 - Decrease in continuity of care
 - Decrease in accountability toward colleagues
- Improvements on Professionalism:
 - Promotion of resident well-being
 - Increase in Teamwork and “Team Culture”



Work Hour Compliance

- Discrepancy between reported and actual work hour violations ^{17,18,19,20}
 - Violations of the 80 hour rule: 10 – 43% vs. 3.3% (ACGME)
 - Violations of 30 hour rule: 22 – 67%
- AMA-RFS Survey: 50% of residents would be uncomfortable reporting working excessive duty-hours ²¹
- Resident Concerns:
 - Professional Reputation
 - Negative impact on residents' careers
 - Fear of being thought of as “Inefficient”
 - Loss of Program Accreditation / Harm



Future Directions

- Continue to support current ACGME duty hour restrictions
- Voluntary reduction/elimination of extended work hour shifts can improve resident safety and quality of life.
- Innovations in Medical Education
 - “Transfer of Patient Care” Competencies
 - Promotion of educational activities in setting of work hour restrictions



Future Directions

- Central, prioritized research agenda that further evaluates duty-hour reforms
 - Development of specific research questions/objectives
- Outcomes-based research that further elucidates the impact of work hour reductions on:
 - Patient Safety
 - Resident Education
 - Resident Safety
 - Resident Quality of Life
 - Professionalism



Questions?



- Special contributors to this presentation include:
 - Adam Levine, Ross Goldberg, Hannah Zimmerman
 - 2007-2008 AMA-RFS Governing Council

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