

Emergency Medicine: Shift Workers and Safety Net

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Overview

- EM duty hours definitions
- EM duty hours challenges
- EM duty hours suggestions
- Effect of other specialties' duty hours restrictions on EM patient care
- Professionalism in GME
- Lessons learned and scheduling suggestions for other specialties

EM Duty Hours: Definitions

- EM: the original hours restriction, since 1980s
- No greater than 60 hours/wk, ave. of one day off in 7
- no fewer than the duration of the shift off between shifts
- No greater than 12 hour shifts (+sign out okay)

EM Duty Hours: Challenges

- “No less than same number of hours off between shifts”
- “No greater than 12 hour shifts in duration”
- RRC-EM requires minimum of 70% conference attendance
 - These 3 issues are in competition with each other for optimal scheduling

EM Duty Hours: Suggestions

- Include ALL moonlighting in the regulated duty hours (not just “in-house”)
- Different RRCs should have same interpretation of same ACGME regulations (ex. max 12 hour shifts)
- Allow residents to be excused from conference if their attendance would result in excessive fatigue.

Duty hours restrictions effect on EM patient care

- “Black out” periods result in ED patient care delays
- Admission caps, “night float” systems, etc.
 - create challenges to effective transfer of patient care from ED to in-patient teams
 - Delay in patient care once on the ward
 - (“We’re admitting for 3 days from now!”)
- Solutions to these issues decreased patient care experiences for in-patient rotations

Effects:

- Decreased patient exposures per resident rotation (ward, ICU, ED, OR)
- Thus overall fewer patient care experiences per resident during training.

Potential remedies?

- Accept lack of experience at end of training as new status quo
- Non-surgical specialties redefine the scope of practice
- Increase the length of training
- Use patient care and procedure logs as a component of board eligibility

Professionalism in a shift work environment

- Communication
 - Between physicians, staff, consultants
 - With patient/family
 - “Team” mentality
- Documentation

Scheduling suggestions

- Long blocks of night shifts are unhealthy
- “Anchor sleep”
 - Each shift is able to sleep while its dark outside
 - 12-12 or 3-3 better than 7-7
- Stagger and overlap shifts
 - not everyone working has the same degree of fatigue