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
- Odds of a percutaneous injury
- 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\textsuperscript{10,11,12,13}

- Limited data: Improved patient outcomes in certain clinical scenarios\textsuperscript{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.\(^\text{16}\)

- 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
References


References


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