The 2003 implementation of the eighty hour work week by the American College of Graduate Medical Education and the American Osteopathic Association has reduced resident fatigue and burnout, but has increased reliance on shift-work by physicians that has disrupted continuity of care. The 2008 Institute of Medicine (IOM) Report, *Resident Duty Hours: Enhancing Sleep, Supervision, and Safety*, recommends continuation of the eighty-hour work week with modification to allow for five hour naps during extended duty shifts and moving toward a maximum shift length of sixteen hours.

Shortening shifts leads to an increase in handoffs and the dilution of clinical data or omission of information leading to adverse patient events. Data from New York demonstrates that preventable adverse events can be attributed to handoffs and the cross-coverage of unfamiliar patients. A study on rotation shift schedules versus fixed day or night schedules for nurses found that nurses working the rotating schedule were twice as likely to report accidents or errors (including medication errors, work-related injuries, or accidents on the commute home), and two and a half times more likely to report ‘near-miss’ accidents or errors.

I oppose implementation of the IOM recommendations because no clear evidence exists that the changes would improve patient safety or resident quality of life. Well-designed randomized controlled pilot studies should be established to quantify the effects of the proposed changes prior to widespread implementation that may put both patients and physicians in training at risk.