Abstract

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 hours naps during extended duty shifts and moving toward a maximum shift length of sixteen hours.

Impact

101,000 physicians-in-training in US1
Estimated Cost of Implementation: $1.6 billion (in 2006 US dollars)2

Data

Rotational Shift Work In Nursing
- 2x as likely to report accidents or errors
- 2.5x more likely to report ‘near-miss’ accidents or errors

Physicians
- Since 1989, New York has seen an increase in preventable adverse events attributed to handoffs and cross-coverage of unfamiliar patients.3,4
- Physicians feel the EWTD legislation will have a negative effect on clinical experience, patient care, and training.5
- Warwick EWTD Study-93% fewer errors occurred on an intervention rotation with shifts up to 48-hours as compared to a traditional 56 hour per week schedule.6

Stakeholders
- Association of American Medical Colleges
  Any further modification will require substantial commitment of time and resources to ensure “safe, high-quality patient care while still ensuring that tomorrow’s doctors receive the very best clinical education.”10
- Dr. Kevin Volpp: “Studies have not shown consistent benefit from implementation of the current ACGME standards.”11
- American Association of Neurosurgical Surgeons Association: The IOM report fails to address the risk associated with increased number of handoffs and the lack of continuity of care in neurosurgical patients12
- Committee of Interns and Residents
  “The recommendations . . . are an important corroboration of our advocacy . . . about the dangers of long-hours to patient care and to resident well-being”13
- American Medical Student Association
  AMSA calls for support of legislation that enforces the work hour regulations through civil penalties rather than a loss of accreditation and appropriate funding to hospitals to hire auxiliary staff.14

Conclusions

I oppose implementation of the IOM recommendations. No clear evidence exists that the changes would improve patient safety or resident quality of life. 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.

References
8. American Medical Students Association: “We oppose the 48 hour per week 120 hour work week.” Available at http://www.amsa.org/newsroom/pressrel/2002/010202.htm accessed March 09, 2009
9. The American Society for Anaesthesiology: “We oppose a 48 hour or 120 hour work week.” Available at http://www.asa.org/webcontent/uploadedFiles/120HR_Anesthesiology_position.pdf accessed March 09, 2009

Variable | 2003 ACGME Duty-Hour Limits6 | IOM Recommendations7
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Max. hours week | 80-hrs, averaged over 4 weeks | No change
Maximum shift length | 30 hrs (admitting patients up to 24 hrs, then 6 additional hrs for transitional and educational activities) | 30 hrs (admitting patients up to 16 hrs, plus 5 hrs protected sleep period between 10 pm and 8 am, remaining hrs for transitional and educational activities); 16 hrs with no protected sleep period
Maximum in-hospital on-call | Every 3rd night, on average | Every 3rd night, no averaging
Minimum time off between scheduled shifts | 10 hrs after a shift | 10 hrs after a day shift, 12 hrs after a night shift, 14 hrs after any extended duty period of 30 hrs, not returning until 6 am of next day
Maximum frequency of in-hospital night shifts | Not addressed | 48 hrs off after 3 or 4 nights of consecutive duty
Mandatory Time off | 4 days per month; 1 day (24 hrs) a week, average over 4 weeks | 5 days per month; 1 day (24 hrs) per week, no averaging One 48-hour period per month
Moonlighting | Internal moonlighting counted against 80-hour week limit | Moonlighting counted against 80-hour week limit
Limit on hours for exceptions | 88 hrs for select programs with sound educational rationale | No change
Emergency room limits | 12-hour shift limit, equivalent period of time off between shifts; 60-hour workweek with an additional 12 hrs for education | No change