ABSTRACT

Objectives
In 2008, the Institute of Medicine (IOM) published a report detailing recommendations for modifying the existing standards for resident duty-hour restrictions. This study identifies the current opinion of otolaryngology residents regarding implementation of the IOM recommendations and how this may affect surgical training and patient care.

Methods
An online-survey was distributed to otolaryngology residents via email. Residents were asked about their familiarity with the IOM recommendations, how the new guidelines would affect their training, and whether changes would have to be made to become compliant to possible new guidelines.

Results
A total of 150 otolaryngology residents nationwide completed the survey, representing 13.8% of the ENT physicians in training. Most residents were satisfied with their current level of training and felt that increased work hour restrictions would be a challenge to education (79%). Residents expressed concern about the level of care they could provide their patients. Fifty-six percent strongly agreed that they would not be able to provide the same level of care for their patients given the new restrictions.

Conclusion
The majority of otolaryngology residents are not in favor of the IOM proposed work hour restrictions. These new guidelines have potential implications both on education and patient care. Many have raised suspicion on negative impact of patient safety, clinical care, educational outcomes, and cost of training for both medical and surgical fields. Most residents surveyed had reservations on the impact of the new restrictions on both their education and patient care. The institution of new blanket policies should be cautioned.

INTRODUCTION

In 1989, New York State imposed the first set of resident duty-hour restrictions five years after the well-publicized death of 19-year-old patient Libby Zion. The Accreditation Committee of Graduate Medical Education (ACGME) followed suit. In the summer of 2003, the 80-hour work-week decree was broadened to include all resident training programs nationwide. The restrictions have been generally well-received and almost universally implemented.

Excluding minor revisions, the requirements have not undergone an overhaul since their institution. However, on December 2nd, 2008, the Institute of Medicine (IOM) published a report detailing modifications to the existing standards of ACGME duty-hour requirements. The Institute of Medicine’s proposal has thus far been met with resistance from a wide variety of specialties. Surgery and the surgical subspecialties provide unique challenges to regulation of time residents are involved in patient care.

METHODS AND MATERIALS

After review by our institutional review board, our study protocol was granted exempt status due to its minimal risk. The survey was created with SurveyMonkey (Portland, Oregon) and distributed via email. A total of 827 emails were sent directly to otolaryngology residents while 48 were sent to residency coordinators. The survey asked the residents to rate on a five point Likert scale their opinions on the burden to log duty hours, familiarity with IOM work hour recommendations, training in patient hand-offs, frequency of Q2 call, supervision, hospital utilization of residents as cheap labor, days off per month, interest in a 60-hour work week, ability to provide microvascular experience with 16 hour work limits, characteristics of a strong resident vs doctor, and satisfaction with the current training.

RESULTS

A total of 150 completed surveys were obtained, this represents 13.8%. There were 25% female and 75% male respondents.

Overall, 69% of respondents reported a familiarity with the new work hour recommendations introduced by the Institute of Medicine in 2008. When asked if residents had formal didactic sessions where the topic of patient hand-offs was discussed, 47% agreed and 53% disagreed. The large majority (77%) of ENT residents agree that logging of daily hours is burdensome.

With respect to the IOM recommendation to increase the number of days off to five over an average of one month, the majority (82%) report more than five days off. Not surprisingly, junior levels were more likely to report less than five days off than senior residents (first year resident 17% compared to fifth year at 73%). If duty hours were to be limited to 16 hours at a time, the majority of residents across training levels report difficulty in providing call coverage (82% agreed, 5% neutral, 13% disagreed).

Residents overwhelmingly agreed (80%) that increased work hour restrictions would be a challenge to education. Of the 35 fifth year resident responders, 90% agreed that work hour restrictions would be a challenge to education. Among all residents, respondents overwhelmingly disagree that they would look forward to a 60-hour workweek, if training was extended by 1 to 2 years; 76% strongly disagree and 16% somewhat disagree.

CONCLUSIONS

The majority of otolaryngology residents are not in favor of the IOM proposed work hour restrictions. These new guidelines have potential implications both on education and economic impacts of such a change. Many have raised suspicion on negative impact of patient safety, clinical care, educational outcomes, and cost of training for both medical and surgical fields. Most residents surveyed had reservations on the impact of the new restrictions on both their education and patient care. The institution of new blanket policies should be cautioned.

REFERENCE

1. Accreditation Council for Graduate Medical Education: Common program requirements. For insertion into all specialty/subspecialty program requirements. http://www.acgme.org/Portals/0/ProgramRequirements.pdf

RECOMMENDATIONS

The initial mandate was based on preventable medical errors and patient safety. Within the otolaryngology specific literature, following the 2003 guidelines, program directors felt the new restrictions did not improve patient care or residency training. However residents were overall appreciative of work hour limitations and did not feel clinical experience was negatively affected.

The new IOM recommendations do not actually decrease total work hours, however to be compliant with the new regulations, there would be an expected decrease in weekwork hours. There are rumors of both a 60-hour regulation and a 56-hour regulation. Certainly continuity of care has been one of the most scrutinized effects of duty hour restrictions. According to the proposed 56-hour workweek, this would almost double the number of patient hand-offs. One of the solutions to the 80-hour workweek imposed in 2003 was a shift from in-house to home call for otolaryngology residents. If the goal of duty hour limits are to provide improved patient care and resident education, it is contrary to the spirit of which reforms to create burdensome bureaucracy.

Lastly, the effects of infrastructural changes and the added cost to comply with ACGME duty-hour restrictions should be addressed. In 2005, 45% of otolaryngology faculty increased their own workload to accommodate the decrease in time allowed for patient care for residents. Additionally up to two-thirds reported hiring additional support staff to accommodate the 80-hour work week. Despite the 80-hour work week and addition of staff, (67%) majority of otolaryngology residents still agree they are perceived as overwork and workshop.

A danger is that work-hour regulations could lead to decreased operative experience and educational time in order to allow for the completion of non-educational activity.

REFERENCES

1. Accreditation Council for Graduate Medical Education: Common program requirements. For insertion into all specialty/subspecialty program requirements. http://www.acgme.org/Portals/0/ProgramRequirements.pdf


4. Jagannathan J, Vates GE, Pouratian N, Sheehan JP, Patrie J, Grady MS, Jane JA. Impact of the Accreditation Council for Graduate Medical Education work-hour regulations on neurosurgical resident training 6,7. However residents were overall appreciative of work hour limitations and did not feel clinical experience was negatively affected.


