Statement on Residency Work

Hours

Student National Medical Association
Health Policy and Legislative Affairs Committee
Statement on Residency Work Hours

Third Revision

Revised and prepared for the Fall 2018 National Leadership Institute BOD Session
September 21-23, 2018
Newark, DE

By:
Damien Roland, HPLA Committee Member
Eloho E. Akpovi, HPLA Policy Statements Subcommittee Chairperson
Jeniffer Okungbowa-Ikponmwosa, HPLA Committee Chairperson
Veronica Wright, HPLA Committee Chairperson

Originally authored in 2003 by:
Kameron Leigh Matthews, MD, JD, FAAFP
INTRODUCTION

The Student National Medical Association (SNMA), established in 1964 by medical students of Meharry Medical College and Howard University, is the nation’s oldest and largest organization focused on the needs and concerns of underrepresented medical students of color. As future physicians, the SNMA recognizes the need for comprehensive residency work hour limitations and regulations in order to assure the protection of both patients and residents inside and outside of the workplace. The purpose of this policy statement is to emphasize the importance of limitations of residency work hours and the consequences of not having these limitations as it relates to the health of both patients and health professionals.

BACKGROUND

As medical students transition into their careers as physicians, they are faced with the traditionally difficult and strenuous training period of residency. Historically, American medical resident physicians (physicians-in-training) have worked among the highest – if not the highest – number of hours in the professional world, regularly clocking 95 and as many as 136 out of the 168 hours in a week.1 These long hours have had a detrimental effect on the mental, emotional, general health, and safety status of resident physicians, who are charged with the initial medical care of a significant proportion of patients across the nation. Sleep deprivation resulting from these long hours were historically considered the norm.

However, the emotional and mental states of resident physicians are adversely affected by sleep deprivation. Mood alterations that are common as resident physicians become fatigued and sleep deprived include difficulty concentrating, depressed mood, irritability, inappropriate affect, and memory deficit.5 A review of the studies of the effects of sleep deprivation on resident physicians stated: “[the] accumulated evidence of studies performed over the past 30 years...suggests that the traditional system of 100-hour work weeks and 36-hour days may do harm. Clearly, resident physicians’ moods, affects and attitudes are altered unfavorably.”7

In addition to changes in mood, as many as 30% of medical resident physicians experience depression at one time during their residencies, with female physicians being especially vulnerable.8,9 Per a study done in 1990 evaluating the effects of sleep deprivation on cognitive function, “[the] combination of stress and fatigue may lead to severe psychological repercussions,
which may first appear as disappointment, loss of idealism, and isolation, and then progress to feelings of helplessness, impaired performance, and outright depression.”

**Scope of the Problem**

The aforementioned statistics demonstrate that not only were resident physicians being harmed by the negative effects caused by long hours, but also that patients and the proper delivery of their health care may be affected as well. According to the Institute of Medicine, 100,000 patients die each year because of medical errors. While acknowledging that medical errors could occur in a wide range of situations, it is also important to recognize the data from an increasing number of studies that pinpoint sleep deprivation as a contributor. Some studies have even shown that well-rested physicians outperform their sleep-deprived colleagues in tests of memory, mathematical skills, visual attention, concentration, electrocardiogram interpretation and anesthesia monitoring. To further affirm this, a survey study evaluating the etiology of medical errors in a group of internal medicine resident physicians has reported that 41% of their medical errors were due to fatigue.

There are three main arguments against residency work hour limitations: (1) Residency programs reduce financial burdens of hospitals by providing care to patients at low wages and reducing hours will shift work to higher paid fellows and attending physicians. While residents do provide a service to the hospital and the community by providing physician coverage at decreased cost to the hospital in exchange for education, such savings should not be at the expense of the physical and mental health of the resident physicians. (2) Limiting resident hours will increase the number of patient handoffs which increases chance of error. While increased patient handoffs can increase error, these errors can be prevented by proper communication between physicians. (3) Limiting resident hours will disrupt the defined timelines for completion of residency and reduce the amount of training. Anecdotal evidence, however, shows that much of the time that resident physicians are in the hospital is not used for direct patient care and resident education, but is instead used to perform ancillary tasks (find laboratory results, perform clerical duties, and other non-educational tasks). By cutting back on the non-educational tasks, the time that resident physicians spend in the hospital can be used more efficiently to ensure quality and continuity of patient care as well as to develop and maintain the patient-physician relationship.
A study by Ebrahimi et al, showcased the importance of occupational stress on medical students and residents. The data showed that junior residents (first and second years) are more likely to have work stress. Similarly, a study by Alexander et al. determined that there was a significant difference regarding the stress of physical environment, self-care and personal string in the first-year residents compared to their attending physicians. They argued that the reasons behind these findings may be lack of experience to use coping resources, lack of orientation to academic and clinical activities, lack of support by team members, dealing with their superiors, staff and patients. These findings further emphasize the importance of providing residents with a supportive environment where they can not only perform at their best but provide excellent patient care because they are not significantly stressed or burned out.

**STATEMENT OF POSITION AND RECOMMENDATIONS**

While recognizing the arguments against residency work hour limitations, we do not recognize that exorbitant working hours for resident physicians is the only solution. We appreciate the following enacted policies of the Accreditation Council for Graduate Medical Education (ACGME), as of 2011.

1. An 80-hour per 7-day week maximum (Averaging over 4 weeks)
2. A 16-hour shift length maximum for PGY-1, a 24-hour shift length maximum for
3. PGY-2 residents and above
4. A maximum on-call frequency of every third night (Averaging over 4 weeks)
5. Mandatory 24 hours off per week (Averaging over 4 weeks)

However, we, the members of the Student National Medical Association, are in strong support of the following modified measures:

6. An 80-hour per 7-day week maximum (Averaging over 2 weeks)
7. A 16-hour shift length maximum for PGY-1, a 24-hour shift length maximum for
8. PGY-2 residents and above
9. A maximum on-call frequency of every third night (Averaging over 2 weeks)
10. Mandatory 24 hours off per week (Averaging over 2 weeks)
11. Schedule adequate overlap time for shift changeovers to ensure effective handovers
12. Protection for resident physicians that provide information on programs that are in violation of the above policies

13. Civil penalties for and public disclosure of hospitals that are in violation of the above policies

14. Open opportunity for residents and third and fourth year medical students to voice their concerns verbally or in written form about how their work hours are affecting them and providing effective ideas for change.

15. Protection for resident physicians that provide information concerning any adverse negative physical and mental effects from violation of the above policies. For example, the resident can disclose if they are depressed and/or have developed a chronic medical condition attributed to their work hours and burn out.
REFERENCES


11. Robbins J, Gottlieb F. Sleep deprivation and cognitive testing in internal medicine house staff. Western Journal of Medicine 1990; 152:82-86.

