Update: ACGME Common Program Requirements
Resident Duty Hours/Supervision

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Objectives

- Become familiar with the July 1, 2011 Common Program Requirements of the ACGME
- Review the upcoming duty hour guidelines
- Review the barriers to effective resident supervision
- Look at a proposed guide to facilitate attending involvement in patient care

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Smile, It’s A Beautiful Day

"The first commandment is: Thou shalt not shoot the messenger."
Libby Zion Case
- 1999 IOM Report: 48-98,000 people die each year as a result of medical errors
- 2001 Public Citizen petitions OSHA: establish and enforce resident duty hours
- 2003 ACGME implements duty hour restrictions (will re-visit in 5 years)
- 2008 IOM follow up: adjustments to the 2003 restrictions are needed

1999 IOM Report
- At the request of Congress
- 48,000-98,000 people die each year as a result of medical error (equal to 245 jumbo jet crashes per year)
- Who the heck is the IOM?
  - Established in 1970 by National Academy of Sciences
  - Provides independent, objective, evidence-based advice to policy makers, health professionals, the private sector and the public

Libby Zion
- 18 year old college freshman in Manhattan: hx of depression
- Tremors and mental status changes
- Contributing factors: resident fatigue and inadequate clinical supervision
- Grand Jury: “the most serious deficiencies can be traced to the practice of permitting...interns and junior residents to practice medicine without supervision”

History Lesson
- 2009 International Symposium on Resident Duty Hours and Learning Environment
  - ACGME’s 5 year follow up
- 2010 Public Citizen, Committee of Interns and Residents/SEIU Healthcare, American Medical Student Association: petitions OSHA
  - Establish and enforce resident duty hours in lieu of the ACGME

History Continued
2001 Public Citizen

- Consumer watch dog group
- Petition to OSHA
- Asked OSHA to establish and enforce resident duty hour regulations

2003 ACGME Duty Hours

- Max hours per week: 80 avg/4 weeks
- Max shift length: 30 (24+6)
- Max in-house call: 1:3 avg
- Min time off: 10 hours shift
- Mandatory time off: 1 day avg/week
- Moonlighting: Internal counts
- Work hour exemptions: 8 hours*
- ER limits: 12 hours/shift

* if sound educational rationale exists

Results

2008 IOM Follow Up

- Committee on Optimizing Medical Trainee Hours and Work Schedules

- 2 members:
  - Jordan Cohen, M.D.: Professor Medicine and Public Health GWU and former president and CEO of the AAMC
  - Javier Gonzalez, M.D.: Professor of Pediatrics and Program Director at Cincinnati Children's Hospital
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<th>Charge</th>
<th>IOM Report Categories</th>
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<td>Recommend ways to improve conditions for safety during training while maintaining the necessary educational experience to ensure long term patient safety after trainees are on their own&lt;br&gt;Review the 2003 ACGME Resident Duty Hour Limitations</td>
<td>Preventing and Mitigating Fatigue&lt;br&gt;Optimizing resident education and training&lt;br&gt;Improving patient safety and error detection</td>
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<th>Preventing and Mitigating Fatigue</th>
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<td>Factors that increase fatigue&lt;br&gt;- Prolonged wakefulness&lt;br&gt;- Reduced or disturbed periods of sleep&lt;br&gt;- Shift variability&lt;br&gt;- Volume and intensity of work&lt;br&gt;Fatigue makes error more likely to occur&lt;br&gt;- Maggie’s Law&lt;br&gt;- Lack of adherence to current limits is common and under-reported&lt;br&gt;Adjustments to the 2003 ACGME rules are needed</td>
<td>ACGME led&lt;br&gt;11 meetings over 1.5 years&lt;br&gt;Leaders in: sleep research and physiology, resident supervision, IOM, patient safety, Safety Net Hospitals, Hospital Associations</td>
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2010 ACGME Duty Hour Limits

- Effective July 1, 2011
- Max hours/week: 80 avg/4wk
- Max shift length: PGY1: 16 hrs; 2 24
- Max in-house call: 1:3 avg
- Min time off: should 10hrs, must 8,14 after 24
- Mandatory time off: 1 day/wk avg
- Moonlighting: all counts
- Work hour exceptions: 8
  - May stay on own initiative to take care of 1 patient
  - No new responsibilities after 24 hours

Implications on Training?

- View of residency program directors
  - 464 Program Directors Surveyed
    - 87% weakens residents’ continuity with patients
    - 71% will not decrease or will increase resident fatigue
    - 78% weakens ability to achieve competency in 5 of 6 ACGME Core Competencies

- Mayo Clinic Proceedings, 2011 Feb. 9

Optimizing Resident Education and Training

- Ensure appropriate patient workload
- Reducing non-educational work
- Improving supervision of residents: more frequent consults between residents and their supervisors
  - Fewer errors
  - Lower patient mortality
  - Improved quality of care

- ACGME Standard: intern supervised by Sr./Attending in-house as of July 1, 2011

Attending Supervision - first day on the wards

“What I need is a list of specific unknown problems we will encounter.”
**A Possible Scenario**

- First day on the wards for a Sr. Internal Medicine Resident

**Barriers**

- Cultural
- Communication
- Environment

**Resident Uncertainty**

- "Results in delays of indicated care and, in some cases, patient harm. **Despite the presence of a supervising figure, residents adhere to a hierarchy when seeking advice in clinical matters.**"

  - Farnan et al; Quality Safe Health Care 2008; 17: 122-126

**Suggested Model**

**SUPERB**

- Guide for Attending Supervision

**SAFETY**

- Guide for Attending Input
**Improving Patient Safety and Error Detection**

- Improve handovers- programs must:
  - Minimize the number of transitions of care through clinical assignment design
  - Ensure and monitor structured handovers
  - Ensure residents are competent in communicating with team members in the handover process
  - Assure schedules identify resident and attending faculty responsible for each patient's care

**PBLI**

- Turn errors or “near misses” into learning experiences to prevent future occurrences
- Residents must be taught error:
  - Detection
  - Correction
  - Reporting
  - Monitoring
- Residents *must* participate fully in the hospital’s CQI efforts

**And the total is...............**

- $1.7 billion

- Cost of hiring staff substitutes, support staff, other clinicians, additional residents, current resident’s excess time

**After all of that!!**

- 2010- Petition to OSHA
  - Public Citizen, Committee of Interns and Residents/SEIU Healthcare, American Medical Student Association

- OSHA to *establish and enforce* resident physician duty hour limitations in lieu of the ACGME’s continuing oversight
**Finally......NEVER QUIT!!**

"The doctors never gave up."

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**Food for Thought**

- People are more likely to act their way into a new way of thinking; than they are to think their way into a new way of acting.