

What Innovations are Programs Using to Meet Duty Hours Requirements?

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*** I have nothing to disclose.*

BACKGROUND

- There is little information available about the effect of duty hour requirements on Anesthesiology residencies and fellowships.
- A 5-question on-line survey was sent to members of SAAA asking about their experiences with compliance.

RESPONDERS

- 180 responses were received from 157 departments.
- 46% were from Chairmen and 54% were from Program Directors (PD).
- 16 departments sent responses from both the Chair and the PD.
- 2 departments sent responses from the Chair and 3-4 PD (presumably fellowship directors).

SURVEY QUESTION #1

What specific duty hour requirements have been a problem for your program?

- 16% responded that it was staying below 80 hours per week.
- 11% answered it was getting the minimum number of days (24-hour periods) off per month.
- 73% replied it was the 10-hour window between shifts.

SURVEY QUESTION #2

Have duty hours been mentioned as a compliance issue on your Internal Review done by the local GME Committee?

- 26% said yes
- 74% said no

SURVEY QUESTION #3

Have duty hours been mentioned as a compliance issue on your external RRC site visit?

- 16% said yes (compared to 26% cited on their Internal Review)
- 84% said no (compared to 74%)

SURVEY QUESTION #4

On which rotations has it been difficult for your program to stay in compliance?

- Critical Care Medicine: 103 responders
- Cardio-thoracic rotation: 23
- General O.R.: 20
- Clinical Base Year rotations: 20
- Obstetric anesthesia: 7
- Pediatric anesthesia: 4

SURVEY QUESTION #4

- Several programs mentioned that it is the home call rotations (usually cardiac, transplant and pediatrics) that have issues with reporting duty hours because residents come and go to the hospital off-hours.
- There seems to be particular confusion about the 10-hour window as it pertains to home call.

SURVEY QUESTION #5

Please give us an example of an innovative way you found to address your duty hour problems.

- Several said that compliance only required education of their faculty and residents, and/or daily or monthly monitoring, with on-line systems (e.g. New Innovations) or swipe cards.

#5: SOLUTIONS

- Use the same wording for questions on your monthly monitoring as for those on the ACGME survey. This may provide a chance to correct misinterpretation of the ACGME questions or anticipate issues.
- Residents must sign an agreement stating they understand the duty hour rules and promise to report any problems they encounter.

#5: SOLUTIONS

- Penalties described for residents who either fail to report their duty hours weekly / monthly, or are not in compliance with duty hour rules (and have not reported the problem) range from announcing the non-compliant residents at departmental Grand Rounds to formal probation to dismissal from the program.

#5: SOLUTIONS

- Call team residents stay post-call to set up rooms for late-arriving residents (those complying with the 10-hour window), see their pre-ops, and start their cases if needed. Clinic residents were another option.
- Residents take their late call assignment (the last to leave) the day before their first call assignment. Assuming the first call resident comes in later in the day, there isn't a problem with the 10-hour window.

#5: SOLUTIONS

- Moonlighting residents on “less intense” rotations are used to cover weekend shifts in the ICU.
- Surgeons operating in a room that will run late (after 8:30 pm) are told their room will start late the next day because the resident cannot return until after their 10-hour break.

#5: SOLUTIONS

- Hiring CRNA's and PA's or using faculty to cover early rooms when the resident cannot return, or late rooms so the resident can leave.
- Putting residents on a week of night float or night shifts. They relieve residents in late-running rooms but don't have to be in early the next day.

#5: SOLUTIONS

- Communicate with the PD for non-anesthesia rotations (Medicine, Surgery, Transitional) about duty hour violations on their services. Most reported these were ICU or Clinical Base Year months outside the Anesthesiology department.
- Don't let the surgical service make the call schedule in the ICU.

THEMES

Many Chairmen and Program Directors felt that strict compliance with duty hour rules is resulting in:

- Loss of professionalism among residents.
- A poor work ethic that will not lead to success in practice after residency.
- Residents missing rare or classic cases and / or a lack of continuity if they are not completing a case.
- Increased importance of CRNA's and PA's over resident physicians when physician extenders are seen as the "experienced" professionals.
- Increased expense for departments and hospitals to hire these alternative anesthesia providers.

ACTION ITEMS

1. The ACGME survey often reports different (and damaging) results compared to internal resident reports.

Is this a confidentiality issue (residents don't tell us things they are willing to tell ACGME) or misinterpretation of the one-size-fits-all-programs questions on the ACGME survey?

ACTION ITEMS

2. The ACGME and / or RRC needs to provide clearer reporting rules regarding duty hours when on call from home, especially what circumstances violate the 10-hour rule.

For example, if the only case a resident does over a weekend of call from home lasts from 7-10pm on Sunday night, can they start an early case on Monday morning?

ACTION ITEMS

3. Many programs reported that to achieve compliance, they had residents leave ICU rounds in the morning post-call, or skip morning didactics if they worked past 8:30pm, or miss afternoon didactics post-call – all to comply with duty hours.

Is this in the best interest of resident education and preparing them for the “real world”?

CONCLUSION

“...the best opportunities for learning are episodic and in the flow of patients as they present to our residents. Adjustment of the rules to allow a resident to commence or continue the care of a patient who demonstrates a rare but classic anesthesia dilemma without breaking a rigid daily rule supports learning. Thus, education becomes case-based rather than shift-based. This supports professionalism, encourages commitment and builds confidence within the resident.”

**COMMENTS
AND
QUESTIONS?**

ARS Early Question

- Have you had, or do you currently have, any rotations in your residency or fellowship that you know are out of compliance with ACGME duty hour requirements (either rarely or routinely)?

ARS Later Question

- Have you been able to correct all issues of non-compliance with ACGME duty hour requirements in your residency or fellowship program?

ARS Later / End Question

- If a resident is on home call over a weekend, but only does 1 case from 7-10 pm on Sunday evening, can the resident start a room at 7 am on Monday morning?