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Study finds limiting work hours for surgical residents enhances training

Although work-hour restrictions may improve well-being of residents, it may make the job harder for faculty members

CHICAGO (Sept. 17, 2007) Contrary to concerns that restricting work hours for surgical residents negatively affects the quality of patient care or the residents' education, a study in the September issue of the Journal of the American College of Surgeons found that limiting work hours does not compromise education or the quality of care. In addition, the study found that the new model improved overall teaching effectiveness and increased the amount of operating room experience that residents receive.

However, researchers concluded that duty-hour restrictions could amplify job dissatisfaction and work hours among faculty and necessitate an increase in physician assistant and nurse staffing.

Four years ago, the Accreditation Council for Graduate Medical Education (ACGME) mandated the Common Duty Hours Standard, which required a dramatic redesign of the country's resident training programs. Among the key requirements were to limit resident work hours to no more than 80 hours per week averaged over a four-week period, restrict shifts to 30 hours, and permit at least a 10-hour rest period in between shifts. As a result of the mandate, many surgical educators were prompted to rethink their programs' organizational structures to adhere to the new requirements.

"These findings cannot be ignored. In this environment, limits on duty hours require us to reorganize our residency programs to promote high-quality education, safe patient care, and resident well-being and to carefully monitor the results of this reorganization to be sure that all of these requirements are being satisfied," Joseph R. Schneider, MD, FACS and lead author of the study, said.

The study, Implementation and Evaluation of a New Surgical Residency Model, which was conducted by the department of surgery at the Northwestern University Feinberg School of Medicine, involved the four core hospitals that make up the school's McGaw Medical Center. This new model included a mixture of apprenticeship, small team, and night-float models. The study evaluated the impact of their reengineered residency program and scheduling structure.

According to rotation evaluation forms completed by residents, the new program improved resident satisfaction with the quality of the teaching they received on rounds, in conferences, in the clinic and in the operating room. In addition, residents were more satisfied that they met the objectives of their rotations. The study also addressed a widespread concern that shortened resident hours would negatively affect patient care and patient outcomes. The authors found no evidence for deterioration in any patient outcome measures. In fact, continuity of care actually improved and residents were more likely to see patients after the operation as a result of the new system.

Although duty-hour restrictions did not cause a deterioration of surgical residents' educational experience, these restrictions have the potential to produce new challenges, added Dr. Schneider. Faculty surveys showed perceived increases in work hours and job dissatisfaction after implementation of the new program structure. Also, 10 new physician assistant and nurse positions were hired as a result of the duty-hour restrictions. The department of surgery at the Northwestern University Feinberg School of Medicine implemented a new residency program structure on July 1, 2003, to include a mixture of apprenticeship, small team, and night-float models. Before this change was made, the residency program used the traditional team-based approach with call being taken every third or fourth night, depending on the rotation. This study describes the organization of the new program structure and subsequent evaluation findings from measures taken over three years, beginning one year before, and completed two years after, the program implementation.

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than 71,000 members and is the largest organization of surgeons in the world. For more information, visit www.facs.org.

ACS has been publishing educational articles on its Web site to assist surgery program directors in training and managing surgical residents in the era of the 80-hour-work week, see: www.facs.org/education/rap/foreword.html.
