

Editorial Open Access

Work Hours and Residents

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I am Tired. I work long hours and have multiple responsibilities. I am NOT a resident. I am a faculty member at a busy tertiary medical center. I finished residency at this same medical center prior to the institution of resident work hour restrictions [1]. Since 2003 the Accreditation Council for Graduate Medical Education, (ACGME), has had in place restrictions on how many hours residents can work [2]. New restrictions began July 1st 2011. The ultimate goal of these restrictions is to enhance the quality and safety of patient care [3]. They are a direct response from the tragic death of an 18 year old in the state of New York in 1983.

Libby Zion was admitted and died in a New York hospital; she was evaluated and treated by residents and interns only. Although an attending was consulted, the attending never saw her. The malpractice case went to court in 1994 and reforms began in 2003. I don't believe anyone wants to revisit a time when unsupervised interns and residents "ran" the hospital-"free range". The changes were well over due. But where do we stop? Do we have an end point? What evidence is available to back it up?

How many studies show a direct correlation between increased patient safety and the ACGME recommendations? [4]. The restricted hours necessitate more hand-offs in care, less continuity of care and less exposure to different phases of care. Are our residents adequately prepared to be competent independent practitioners? There are so many sides to this issue, but the fact is that each medical specialty has different educational requirements. These requirements must be met in a particular time frame to ensure a safe and properly trained resident.

The knowledge does not entirely come from books and lectures. There has to be real hands on clinical experience. This is paramount-you have to just "be there".

Our residents are adults with personal responsibilities; they may have small children or elderly parents.

There is absolutely no guarantee that the time spent off is used to sleep or read. They don't live in dorms, we can't control when they eat and go to bed.

I hope we are not training a generation of physicians who will quickly become disenchanted, disillusioned and disheartened with the practice of REAL medicine. One that has no work hour restrictions and plenty of demands to fill 24 hours.

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