

Perceptions of a Night Float System of Resident Call Within an Obstetrics and Gynaecology Residency Training Program

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Abstract

Objective: To determine the attitudes of residents, attending obstetricians, and nursing staff members towards night float resident call, compared with a traditional 24-hour call system.

Methods: In June 2012, obstetrics and gynaecology residents at the University of Toronto who had participated in both a night float and a 24-hour call system were asked to complete an electronic survey. Attending obstetricians and nurses in the labour and delivery unit at two tertiary care hospitals with a night float system of resident call completed electronic and paper surveys, respectively. Questions asked respondents to compare the two systems of call with respect to resident morale, fatigue, and continuity of care, and to indicate which system of call they preferred.

Results: Surveys were completed by 20/24 residents (83%), 24/39 attending obstetricians (62%) and 47/58 nurses (81%). Most residents reported less fatigue (17/20, 85%) and improved continuity of care (15/20, 75%) while doing night float call, but morale was mixed. Overall, 14/20 (70%) residents preferred the night float system. Staff perceptions of resident night float call were mixed in all areas, and most reported no difference in resident morale (17/24, 71%). Nurses found residents were less fatigued (32/47, 68%) and easier to work with (34/47, 72%), and felt that night float call improved continuity of care (37/47, 79%).

Conclusion: Resident attitudes towards night float call are mostly positive. Attitudes of attending obstetricians are mixed, but nurses prefer this system of resident call.

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Résumé

Objectif : Déterminer les attitudes des résidents, des obstétriciens traitants et du personnel infirmier envers la mise en œuvre d'un système d'équipes de garde de nuit (*night float*) pour les résidents, par comparaison avec un système traditionnel de garde de 24 heures.

Méthodes : En juin 2012, nous avons demandé à des résidents en obstétrique-gynécologie de l'Université de Toronto qui avaient participé tant à un système d'équipes de garde de nuit qu'à un système de garde de 24 heures de remplir un questionnaire électronique. Les obstétriciens traitants et le personnel infirmier de la salle de travail et d'accouchement de deux hôpitaux de soins tertiaires comptant un système d'équipes de garde de nuit en ce qui concerne les résidents ont rempli des questionnaires électroniques et en version papier, respectivement. Ces questionnaires demandaient aux répondants de comparer les deux systèmes de garde en ce qui a trait au moral des résidents, à leur fatigue et à la continuité des soins offerts, et d'indiquer lequel de ces deux systèmes ils préféraient.

Résultats : Des questionnaires ont été remplis par 20/24 résidents (83 %), 24/39 obstétriciens traitants (62 %) et 47/58 infirmières (81 %). La plupart des résidents ont signalé une fatigue moindre (17/20, 85 %) et une amélioration de la continuité des soins (15/20, 75 %) dans le cadre du système d'équipes de garde de nuit; toutefois, les réponses quant au moral ont été mixtes. De façon globale, 14/20 (70 %) résidents ont préféré le système d'équipes de garde de nuit. Les perceptions du personnel quant à ce dernier ont été mixtes dans tous les domaines; de plus, la plupart des membres du personnel n'ont signalé aucune différence en ce qui concerne le moral des résidents (17/24, 71 %). Les infirmières ont estimé que les résidents étaient moins fatigués (32/47, 68 %) et qu'il était plus facile de travailler avec eux (34/47, 72 %); elles ont de plus estimé que le système d'équipes de garde de nuit améliorerait la continuité des soins (37/47, 79 %).

Conclusion : Les attitudes des résidents envers le système d'équipes de garde de nuit sont, dans la plupart des cas, positives. Bien que les attitudes des obstétriciens traitants aient été mixtes, les infirmières ont préféré ce système de garde pour ce qui est des résidents.

INTRODUCTION

The first system of graduate medical education, created by Dr William Stewart Halsted, required 362 days per year of around-the-clock service from its residents.¹ Residency programs in North America no longer mandate such extensive call responsibilities, although debate regarding optimal duty hours and shift length has garnered increasing attention in recent years.²

Trainee duty hours have been discussed extensively within Canadian residency circles after implementation of the European Working Time Directive and mandates from the Accreditation Council for Graduate Medical Education in the United States.³ These initiatives have limited shift length for residents in Europe and the United States, respectively. Until 2012, no formal duty hour restrictions existed in Canada, and provincial resident organizations had been in a position to negotiate working hours with provincial governments. Many residency programs have traditionally had a 24-hour on-call system, in which residents work for 24 hours continuously before being released from duty. However, a Quebec arbitrator, Jean-Pierre Lussier, ruled in 2011 that 24-hour call duty has detrimental effects on both patient safety and the safety of medical residents, and that shifts longer than 16 hours lead to an increase in the number of medical errors.⁴ This led to a maximum shift length for residents in Quebec of 16 hours in-house.

In anticipation of a 16-hour maximum shift length being mandated in Ontario, the obstetrics and gynaecology residency program at the University of Toronto has gradually begun to change its system of resident call from a traditional 24-hour call system to a night float system of call, in which residents work for 12 to 14 hours on multiple consecutive evenings. This residency training program is the largest of its kind in Canada, with over 60 residents, six fully affiliated teaching sites, and nine community-affiliated hospitals.

While various night float models exist, the system implemented at the University of Toronto aimed to minimize the number of overnight calls and to comply with duty hour restrictions. Night float call systems have been met with mixed opinions among trainees⁵⁻¹⁰; questions have been raised about quality of life,⁸ fatigue,^{11,12} well-being,¹³ and continuity of patient care.⁹ To date, no studies examining the perceptions of night float call among an obstetrics and gynaecology resident group or attending obstetricians have been published. The opinions of nursing staff members with respect to night float resident call are seldom sought, although positive perceptions have been reported in other disciplines.^{14,15}

Distribution of respondents by level of training

Level of training	Number
PGY-2	7
PGY-3	7
PGY-4	2
PGY-5	4

The objective of this study was to determine initial attitudes among residents, attending obstetricians, and nurses towards night float resident call compared with a traditional 24-hour system of call.

METHODS

In June 2012, University of Toronto residents in obstetrics and gynaecology who had participated in a traditional 24-hour call system and at least six weeks of a night float call system were sent an eight-item electronic survey. The survey collected information about level of training and time spent doing night float call, and sought opinions on resident morale and fatigue, continuity of patient care, call system preference, and the ideal number of nights of consecutive call.

Attending obstetricians at two hospitals in Toronto at which night float call had been adopted (St. Michael's Hospital and Mount Sinai Hospital) were asked to complete a five-item electronic survey. They were asked to compare the two systems of resident call with respect to resident morale, resident fatigue, and continuity of care, and to indicate which system of resident call they preferred.

During the same month, labour and delivery nurses who worked night shifts were approached at shift change at both sites over a two-week period. They were asked to complete a questionnaire similar to that completed by attending obstetricians, although it was paper-based. Nurses were also asked whether they found residents on the night float system of call easier or more difficult to work with. Completed surveys were placed in a collection box at the nursing stations.

The responses were entered into a spreadsheet and descriptive statistical analysis was performed.

RESULTS

Twenty-four residents who had previously participated in a 24-hour call system and had completed at least six weeks of a night float call schedule (range, 6 weeks to 9 months)

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