

The Association for Surgical Education

# Professional values, value conflicts, and assessments of the duty-hour restrictions after six years: a multi-institutional study of surgical faculty and residents

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## KEYWORDS:

Duty-hour restrictions;  
Professional values;  
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Surgical residents;  
Surgical faculty  
members

## Abstract

**BACKGROUND:** The aim of this study was to explore professional values, value conflicts, and assessments of the Accreditation Council for Graduate Medical Education's duty-hour restrictions.

**METHODS:** Questionnaires distributed at 15 general surgery programs yielded a response rate of 82% (286 faculty members and 306 residents). Eighteen items were examined via mean differences, percentages in agreement, and significance tests. Follow-up interviews with 110 participants were explored for main themes.

**RESULTS:** Residents and faculty members differed slightly with respect to core values but substantially as to whether the restrictions conflict with core values or compromise care. The average resident–faculty member gap for those 13 items was 35 percentage points. Interview evidence indicates consensus over professional values, a gulf between individualistic and team orientations, frequent moral dilemmas, and concerns about the assumption of responsibility by residents and “real-world” training.

**CONCLUSIONS:** The divide between residents and faculty members over conflicts between the restrictions, core values, and patient care poses a significant issue and represents a challenge in educating the next generation of surgeons.

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**Table 1** Sample characteristics

Variable	Attribute	Resident survey n (Response Rate)	Resident interview n	Faculty member survey n (Response Rate)	Faculty member interview n
Program site	1	14 (82%)	2	5 (71%)	2
	2	32 (100%)	3	28 (100%)	5
	3	15 (88%)	4	16 (94%)	5
	4	41 (98%)	6	30 (97%)	4
	5	21 (84%)	5	16 (84%)	4
	6	24 (63%)	4	14 (56%)	3
	7	23 (56%)	1	39 (64%)	5
	8	34 (89%)	6	22 (79%)	5
	9	15 (100%)	4	11 (100%)	5
	10	10 (67%)	2	13 (72%)	3
	11	9 (90%)	4	13 (93%)	4
	12	22 (100%)	3	22 (100%)	4
	13	19 (76%)	4	35 (80%)	5
	14	10 (83%)	4	8 (80%)	3
	15	17 (71%)	0	14 (88%)	0
Program type	University	141 (82%)	23	158 (81%)	27
	Nonuniversity	165 (82%)	29	128 (82%)	31
Sample total		306 (82%)	52	286 (81%)	58

Studies of the educational consequences of the duty-hour restrictions for resident physicians enacted in 2003 by the Accreditation Council for Graduate Medical Education have largely focused on case volume, case mix, time for didactic instruction, and in-service and board examinations.<sup>1–5</sup> Although those are clearly important processes and outcomes, they bear primarily upon the technical dimension of residency training and thus overlook the cultural dimension. The recent Institute of Medicine<sup>1</sup> report on duty hours affirmed the importance of culture by noting that one of “three cardinal educational principles” that underlie residency training is “to reinforce professionalism and its obligations.”

Our aim was to explore 2 interrelated issues. The first centers on the extent to which surgical residents and faculty members concur with traditional professional values and perceive a conflict between those values and the duty-hour restrictions. Although many studies have pointed to broad generational shifts,<sup>6,7</sup> we know of no current evidence on the extent to which surgeons embrace traditional values—such as placing the welfare of patients above all else and accepting inconvenience in order to meet patient needs—or whether they are believed to clash with the duty-hour restrictions. Several earlier studies noted conflicts between the duty-hour restrictions and professionalism and how such conflicts can prompt significant ethical dilemmas and underreporting of duty hours.<sup>8–11</sup> Our second aim was to examine more broadly whether surgical residents and faculty members believe that the duty-hour restrictions affect patient care and how the restrictions are viewed 6 full residency years after they were implemented. Evidence of lingering concerns about the duty-hour restrictions is im-

portant in light of the paucity of objective evidence on the patient-care consequences of the duty-hour restrictions.<sup>1</sup>

## Methods

This study included faculty members and residents from 15 residency programs in general surgery located in 11 states and all 4 time zones (Table 1). Onsite coordinators secured approval by their local institutional review boards, administered the questionnaire during the summer of 2009, gathered completed forms (enclosed in envelopes to assure confidentiality and anonymity), and returned materials to the lead author. Categorical residents and clinically active faculty members were eligible to participate. Response rates were 82% for residents (n = 306) and 81% for faculty members (n = 286). The data provide statistical power of >.90 to detect small (.25-point) differences between faculty members and residents and medium-sized (.50-point) differences within those 2 groups with respect to the exploratory factors considered below (eg, years as an attending surgeon, postgraduate year (PGY) level, gender, program size, and program type).<sup>12</sup>

Data collection focused on professional values, conflicts between values and the duty-hour restrictions, whether the duty-hour restrictions affect patient care, and overall assessments of the duty-hour restrictions. Questionnaire items about values were adapted from statements made by the American College of Surgeons (<http://www.facs.org>); other items were adapted from previous studies or generated on the basis of discussions with residents and faculty members. Responses were formatted as 5-point, Likert-style items, ranging from “strongly disagree” to “strongly agree.” The questionnaire was reviewed and critiqued by the director of the Survey Research Center at the lead author’s university. A final item asked if

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