

Work Hours Restrictions as an Ethical Dilemma for Residents: A Descriptive Survey of Violation Types and Frequency

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BACKGROUND: The Accreditation Council for Graduate Medical Education (ACGME) implemented requirements regarding allowable duty hours for resident training in the United States in July 2003. In a previous pilot study at Vanderbilt University Medical Center, a significant number of residents reported violation of requirements. In addition, almost half of those individuals admitted under-reporting their hours worked. The authors' goal was to further delineate the type and frequency of violations and under-reporting.

METHODS: A survey tool was designed to assess specific types of violations as well as factors that influence the number of hours residents worked and reported. Approval was obtained from the Vanderbilt Institutional Review Board and Office of Graduate Medical Education before enrollment of subjects. The program directors of Pediatrics, Internal Medicine, Medicine-Pediatrics, and General Surgery supported the participation of their residents. A voluntary anonymous survey of these residents was conducted 1 year after the pilot study.

RESULTS: Of 263 eligible residents, 175 were surveyed. Of 175 residents, 125 (71%) residents responded. Eighty-five percent of residents reported violation of duty-hour requirements within the preceding 3 months. Residents reported violation of specific requirements as follows: 1 day off in 7, 28%; 80-hour weekly average, 65%; and "24+6" consecutive hours, 85%. Residents were asked to estimate the number of hours by which they exceeded requirements. Hours over the 80-hour weekly

requirement were reported as follows: 1 hour, 12%; 2 hours, 15%; 3 hours, 21%; 4 hours, 5%; 5 hours, 14%; and 6 or more hours, 33%. Hours over the "24+6" requirement were reported as follows: 1 hour, 30%; 2 hours, 42%; 3 hours, 18%; 4 hours, 7%; 5 hours, 1%; and 6 or more hours, 2%.

Forty-eight percent of respondents admitted under-reporting violations to their program director.

CONCLUSIONS: Eighty-five percent of residents reported at least 1 violation, and 48% admitted under-reporting violations. These results support the previous findings of 80% and 49%, respectively. Of the various requirements, the "24+6" rule was most frequently violated. Of those in violation of the "24+6" requirement, the majority (90%) exceeded limits by no more than 3 hours. Of those in violation of the 80-hour weekly average requirement, the majority (57%) exceeded limits by no more than 5 hours. Per the ACGME website, "an RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale." Although the overall percent of residents reporting violation remains high, the number of excess hours worked is small relative to established standards (within 10%). The authors propose that systems adaptations could be developed to improve compliance. Special attention is warranted to investigate the activities of residents in the post-call period. (Curr Surg 63: 448-455. © 2006 by the Association of Program Directors in Surgery.)

BACKGROUND

As of July 2003, the Accreditation Council for Graduate Medical Education (ACGME) developed requirements regarding allowable duty hours for resident training in the United States. The rationale for implementing these restrictions is well estab-

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Presented at Surgical Education Week, Tucson, Arizona, March 21, 2006.

Supported in part by a grant from the Agency for Healthcare Research and Quality (T32 HS 13833) through the Vanderbilt Department of Preventive Medicine.

lished.¹⁻⁹ Investigation of the true impact of these restrictions on the quality of patient care is continuing.¹⁰⁻¹⁵ This societal impact will likely be the principle indicator used to judge whether internal regulation of the medical labor force is both appropriate and sufficient. Additional consideration must be given to the potential for unintended effects among individual residents, training programs, institutions, and graduate medical education as a whole.¹⁶⁻²¹

In addition to allocating substantial resources to promote compliance, Vanderbilt University Medical Center has placed significant emphasis on monitoring the professional, social, and educational impact of the work-hour requirements. This internal due diligence led to concern that self-reporting of hours had created conflict for residents. The underlying social construct was investigated in a single-institution pilot study conducted 16-months after implementation of work-hour restrictions. A significant number of respondents from 4 training programs at Vanderbilt University Medical Center (Medicine, Pediatrics, Surgery, and Medicine-Pediatrics) reported violating requirements over the preceding 6 months. The principle factor influencing the decision to violate work-hours restrictions was concern for patient care. Furthermore, a substantial proportion of respondents admitted under-reporting their hours worked, with obvious implications pertinent to professionalism. The authors argued that standardized national work-hour regulations had created an ethical dilemma for resident training in the United States.²²

Although these findings were provocative, the pilot tool collected limited information on a narrow set of potential factors centered about the issue of violation. Local and national feed-

back from this initial study clarified these limitations and prompted the development of a more comprehensive survey with better methods for measurement and analysis. The goals were to further delineate the type and frequency of violations and broaden the investigation of factors influencing the decisions residents make. The intent of this study was to test out this new survey on a similar population of residents and to identify items for revision/inclusion/deletion from the tool in preparation for future multi-institutional application.

HYPOTHESES/ASSUMPTIONS

The "24+6 rule" is the most frequently violated work-hours restriction. Under-reporting of hours remains a frequent problem. Violations usually consist of a relatively small number of hours.

METHODS

With the pilot survey as a model, the authors expanded their survey to assess specific types of violations as well as factors that influence the number of hours residents worked and reported. Resident and faculty input plus the input of a behavioral methods expert were sought through individual discussion, feedback from presentation of the pilot data, and multiple focus groups. The resulting survey included a total of 40 items (Fig. 1). The first 8 items gauge respondents' attitudes toward work-hour restrictions with responses positioned along a 6-point Likert scale (Strongly Agree = 6, Strongly Disagree = 1). The next 9

- Attitudes toward work-hour restrictions
 1. improved my quality of life
 2. improved my ability to deliver quality patient care
 3. improved my clinical education
 4. improved my sense of professionalism as a resident
 5. significant source of stress for me at work
 6. significant source of stress outside of work
 7. forced me to become significantly more efficient at work
 8. have hindered my education significantly
- I have felt compelled to violate work hours requirements to ...
 9. attend educational conferences
 10. moonlight for money
 11. moonlight for experience
 12. optimize patient care
 13. further my educational experience
 14. fulfill faculty expectations
 15. fulfill senior resident expectations
 16. improve my evaluations
 17. complete tasks left by post-call residents
- Admission of violation
 18. I have violated work hours regulations
- I have felt compelled to under-report work hours to/so I can...
 19. attend educational conferences
 20. moonlight more often
 21. optimize patient care
 22. further my educational experience
 23. fulfill faculty expectations
 24. fulfill senior resident expectations
- 25. a sense of duty to my coworkers/team
- 26. protect my program from RRC/ACGME penalties
- Admission of misreporting
 27. I have under-reported my work hours to my program director
 28. I have over-reported my work hours to my program director
- Quantitative/qualitative measure of violation/reporting: I have/Typically, I ...
 29. violated work hours requirements on __ occasions
 30. exceeded the 80-hour weekly average hours requirement on __ occasions
 31. exceeded the 24+6 consecutive hours requirement on __ occasions
 32. violated the one-day-off in seven requirement on __ occasions
 33. under-reported my work hours on __ occasions
 34. under-reported the 80-hour weekly average requirement on __ occasions
 35. under-reported the 24+6 consecutive hours requirement on __ occasions
 36. under-reported the one-day-off in seven requirement on __ occasions
 37. over-reported my work hours on __ occasions
 38. exceeded the 80-hour weekly average hours requirement by __ hours
 39. exceeded the 24+6 consecutive hours requirement by __ hours
 40. under-reported my work hours by __ hour

FIGURE 1. Forty items pertaining to the previous 3 months.

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