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EDITORIAL

From the Eyes of the Beholder—Trainees' Perspective on the ACGME Work-Hour Limits

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Our residency class, which began training in July 2002, was the first at our hospital to have trained entirely under the new Accreditation Council for Graduate Medical Education (ACGME) work-hour rules. Our internship orientation uniquely consisted of discussions related to shift work, night float, sign outs, work-hour logs, mandatory days off, and time away from the hospital. These were new concepts that we had not encountered in medical school. The idea of shift work was somewhat foreign to those of us who had entered training in internal medicine, but we soon realized that we had to embrace these rules in order to comply with the work-hour regulations. This shift in paradigm was not necessarily a bad thing, since it provided training that would be similar to the environment that we would face after completing residency. While progressing through our training, we had to become not only experts in our field, but also experts in the work-hour game. As we reflect on our internal medicine training, we believe that the ACGME work hours have been mostly positive, but there are some areas for improvement.

The main objective of the limitation of work hours is enhancing patient safety. Many physicians who trained before the new era of work-hour enforcement may feel that our generation lacks commitment and is not as dedicated to the profession, since we are all "going home earlier." However, society is not demanding that physicians work longer hours. Society is demanding delivery of higher-quality health care. The focus on patient safety is long overdue. Consumer safety has long been in place in many other professions, but, only over the past decade, has medicine realized that sleep-deprived physicians may not offer the highest-quality health care.

A secondary objective of the enforcement of the ACGME work-hour rules is overall improvement in the quality of life of trainees. Trainees are now able to spend more time outside of the hospital with their families and also have increased time for reading about the disease processes that they encounter in the hospital. By increasing the visibility of the ACGME and the limits on work hours, more people who might not otherwise have been interested in medicine as a profession may now decide to explore this option when they realize that the trainee lifestyle allows for increased personal time. Especially when more doctors are entering medicine at a later stage in life, this emphasis on personal time is important. There is increased time for exercise and rest. Rested physicians, both physically and mentally, will allow for improved patient safety and patient-care interactions. Evidence indicates that interns and residents who are sleep deprived are more likely to show signs of depression, cynicism, and anger.[1,2] With the increased cynicism that we face in the world around us, a refreshed physician may be exactly what patients need.

Despite the increased emphasis on patient and trainee well-being, there are unintended consequences that arise from the limitation of work hours. Chief among them is the overemphasis on quantity of work at the expense of education. At a recent forum for residents and fellows that we attended, one of the most common complaints from trainees was the lack of mentorship that they encountered as a result of the ACGME work-hour rules. As programs spend more time focused on compliance with work hours, time for traditional education becomes marginalized. There is less time for education rounds because interns who stay in the hospital overnight must leave early, but the work of patient care must still be performed. Attending physicians are now increasingly called on to do "resident" jobs at the expense of teaching. Residents and fellows are increasingly aware that the role of the mentor is changing right before their eyes. Supervising physicians are forced to lead teams of trainees under different rules and in a different paradigm than when they trained. This can lead to problems. The concept of shared ownership of patients is a challenging one for all to learn, especially those trained in the era when a patient was "my patient" and every detail of care was known because one physician was usually involved during a patient's hospital course. When the team leader is learning these new skills, it is difficult for those who are being mentored to simply pick them up along the way.

Another detrimental outcome of the shortened work week is its effect on professionalism. This can be seen in many facets of medicine but is most significantly felt in patient care. This is especially true in internal medicine training, where we are becoming a shift-driven specialty. When residents are focused on how many hours they have worked, their attention turns from patient care to leaving the hospital. Continuity of care takes a back seat to compliance with the work hours. Residents are beginning to lose the idea of being up all night with a patient and following this patient through his or her hospital stay. Procedures are now being turned over to the next shift of doctors, who may not have a clear idea of what is happening with the patient. Trainees are not exactly excited about this transfer of work to others, and most would rather be able to finish work that they have started.

The increased shift work has also led to more residents being required to alter their circadian rhythms while they sleep during

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the day. The increased shift work is leading to ineffective daytime sleep, which will increase sleep deprivation and negatively impact trainees' health.

Professionalism is not the only factor that is damaged by reduction in work hours. The increased patient handoffs have a negative impact on patient safety, which was the original goal of the reduction in trainee work hours. The ACGME has not introduced a standard for patient turnover. Under the current system, this can happen in several different ways among different departments in the same hospital. With the increased demand placed on all training programs and hospital administrators, there needs to be a more uniform process to not only comply with work-hour rules, but also safely transfer care from one provider to the next.

The future of graduate medical education is bright but requires continued adaptation. The reduction of work hours and resulting decreased amount of teaching time may result in prolonged training time, but that is yet to be determined. We need to institute standard policies for sign outs and patient transfers as well as for continued research into avenues for more-effective rest for trainees. We have to continue to balance patient safety with the education of residents and fellows. The medical profession needs to be open to continued change to ensure that resident physicians are getting the best possible balance of patient-care experience, education, and rest.

REFERENCES

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