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EDITORIAL

Work Hours During Residency Training—The IOM Speaketh

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On December 2, 2008, the Committee on Optimizing Graduate Medical Trainee (Resident) Work Hours and Work Schedules to Improve Patient Safety of the Institute of Medicine (IOM) released its long-awaited report on resident work hours.[1] The report contained a number of recommendations for regulating the number of hours physicians in training can work. Some of these are identical or very similar to those currently mandated by the Accreditation Council for Graduate Medical Education, whereas implementation of others will require significant structural changes in residency training with potentially significant financial cost. Some of the IOM recommendations that might significantly impact training programs if implemented are as follows.[2]

- Duty hours not to exceed 80 per week, averaged over 4 weeks.
- Scheduled continuous duty periods not to exceed 16 hours unless a 5-hour uninterrupted continuous sleep period is provided between 10 p.m. and 8 a.m. Following the protected sleep period, the extended duty period may continue up to a total of 30 hours.
- No new admissions after 16 hours work during an extended duty period.
- Extended duty periods (e.g., 30 hours that include a protected 5-hour sleep period) not be more frequent than every third night with no averaging.
- After completing duty periods, there must be a continuous off-duty interval of
  - A minimum of 10 hours following a daytime duty period that is not part of an extended duty period,
  - A minimum of 12 hours following a night float or night shift work that is not part of an extended duty period, or
  - A minimum of 14 hours following an extended duty period with no return to service earlier than 6 a.m. the next day.
- Night float or night shift duty not to exceed four consecutive nights and must be followed by a minimum of 48 continuous hours off duty after three or four consecutive nights.
- At least one 24-hour off-duty period must be provided per 7-day period without averaging; one additional (consecutive) 24-hour period off duty must be provided to ensure at least one continuous 48-hour period off duty per month.
- Any internal and external moonlighting for patient care must adhere to the duty hour limits listed above.
- Sponsoring institutions immediately begin to provide safe transportation options (e.g., taxi or public transportation vouchers) for any resident who for any reason is too fatigued to drive home safely.
- Each Residency Review Committee is to define and then require appropriate limits on the caseload (e.g., patient census, number of admissions, number of surgical cases to assist per day, cross-coverage).
- The Residency Review Committees, in conjunction with teaching institutions and program directors, are to establish measurable standards of supervision for each level of doctors in training, as appropriate to their specialty; and first-year residents not to be on duty without having immediate access to a residency program-approved supervisory physician in-house.
- Programs should train residents and teams in how to hand over their patients using effective communication.
- Programs should schedule an overlap in time when teams transition on and off duty to allow for handovers, and the process should include a system that quickly provides staff and patients with the name of the resident currently responsible in addition to the name of the attending physician.
- Programs should provide annual formal education for residents and staff on the adverse effects of sleep loss and fatigue and on the importance of and means for their prevention and mitigation.

There are several reasons why the sleep medicine community should be interested in this issue. First, we are the local content experts. Sleep and fatigue are the cornerstones of our specialty. Second, the IOM recommends educational programs for residents and staff on the mitigation and prevention of sleep deprivation. Although American Academy of Sleep Medicine through its SAFER program has provided some material in this regard, Sleep Medicine specialists will be called upon to supplement it through lectures and seminars. In some cases, they will be asked to assist in writing local policies. Third, some members of our community administer or participate in training programs. Thus, these recommendations have the potential to impact on these activities.

For this issue of the Journal, I have solicited comments from trainees and program directors for their perspective on the IOM recommendations. Their thoughts on this issue follow. Hopefully, these will stimulate additional dialog on this important topic.

REFERENCES

1. Revised hours and workloads for medical residents needed to prevent fatigue-related mistakes, but altering hours alone no guarantee of patient safety. http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=12508

2. Ulmer C, Wolman DM, Johns MME, eds; Committee on Optimizing Graduate Medical Trainee (Resident) Hours and Work Schedule to Improve Patient Safety, National Research Council. Resident duty hours: enhancing sleep, supervision, and safety. Washington, DC: National Academies Press; 2008