OBSERVATIONS

Beyond the "July Effect"

July is an exciting time at an academic medical center. With each new intern class comes fresh energy, inspiration, idealism, hope, and aspiration to help, learn, and heal. But, with these aspiring physicians also comes anxiety. Interns are writing orders for the first time. Nursing staff are working with unfamiliar new physicians. Faculty members try to anticipate errors before they happen. July is a period of first impressions and growth from practical experience. Residents develop familiarity with the electronic health record system, learn how to admit and discharge a patient, adapt to an increased sense of responsibility, and learn from each challenging and rewarding interaction with patients, families, and ancillary staff.

The "July effect" may contribute to increased medication errors in academic teaching hospitals.[1] However, with the current high levels of supervision, does the "July effect" truly exist?[2–4] My apprehension is not about the reduced competence of newly minted physicians each July. Instead, I worry about the impact of oversupervision and the emphasis on duty hour limits during a time when trainees are just learning to develop a sense of accountability. With strict enforcement of duty hours in July, we may inadvertently devalue experiential learning from the outset.[5]

Perhaps, in July, there should be a grace period on strict enforcement of duty hours. Then, we can allow our young physicians to learn, experience, and marinate in their decisions. Trainees can complete tasks from beginning to end, observe, intervene, and develop lifelong habits of ownership, responsibility, and accountability.

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DOI: http://dx.doi.org/10.4300/JGME-D-14-00479.1