

Disparate Perceptions of Resident Physicians, Faculty Physicians, and Program Directors on the 2011 ACGME Work Hour Regulations

The Accreditation Council for Graduate Medical Education (ACGME) mandated restriction of resident duty hours initially in 2003, and again in 2011.¹ A systematic review of 27 studies conducted between 2010 and 2014 published in the September 2015 issue of the *Journal of Graduate Medical Education*² highlighted unintended consequences of duty hour limits, including a negative impact on residency education and a lack of improvement in resident well-being or patient care.

To explore how different stakeholders perceive the 2011 ACGME resident duty hour limits, we surveyed faculty, program directors, and residents in 131 internal medicine residency programs in the north-eastern United States. The findings were thought provoking, showing that:

1. Among trainees at different postgraduate levels (PGY-1 to PGY-7), faculty physicians, and program directors, there was a significant difference in the perceptions of duty hour restrictions on patient care ($P < .05$), residency education ($P = .004$), and continuity of care ($P = .001$).
2. Satisfaction among residents, program directors, and faculty physicians with the ACGME duty hour limits shows significant variability ($P = .003$). Respondents over 40 years of age were more likely to indicate that duty hour restrictions have adversely affected patient care and resident education compared to younger colleagues ($P = .012$). Although physicians and trainees under 40 years of age were more likely to report that their programs do not strictly follow the ACGME regulations ($P = .016$), they were more satisfied with the rules ($P = .033$) than their older colleagues.
3. Compared to international medical graduates (IMGs), US medical graduates (USMGs) believe that residency education (37% versus 28%) and patient care (40% versus 31%) have worsened

since the implementation of duty hour limits. Furthermore, a greater proportion of USMGs reported that continuity of care is negatively affected ($P = .011$) compared to IMGs. In addition, 58% of the respondents to our survey indicated that residents and interns work under pressure to leave the hospital “on time” due to the duty hour regulations. International medical graduates are more likely to report (52%) that residents do not work under pressure to leave the hospital on time, while 72% of USMGs are more likely to indicate that they do ($P = .001$).

A limitation of our survey is a poor response rate of just over 20%, suggesting that the results may be affected by respondent bias.

The 2011 ACGME duty hour standards were implemented to enhance patient safety as well as improve the quality of life of the resident physician. Several unintended consequences of this change have resulted. The perception of these changes may be influenced by trainee or faculty physician’s age, postgraduate level (including faculty physicians and program directors), and background of medical education (IMGs versus USMGs). We suggest that these variables should be addressed by the ACGME when reviewing perceptions of physicians and trainees on this issue to guide data analysis and implement future changes to the resident work hour regulations. Such changes may have a great impact on the current clinical practice.

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