

## FROM THE EDITOR

## Duty Hours and the Cinderella Effect: A Year Later

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The following statements were offered as guiding principles of the ACGME task force on duty hour reform, as described in the open letter by Dr. Nasca:<sup>1</sup>

- Patients must be safe and receive excellent care in the teaching setting today.
- Patients must be safe and receive excellent care in an unsupervised setting from tomorrow's doctors. This requires that we deliver outstanding education to residents today.
- Residents must be educated in a humanistic educational environment that protects their safety, nurtures professionalism, and promotes the effacement of self-interest that is the core of the practice of medicine in the United States.

A year later, residency programs across the country have undergone a shift in culture. The urgent question facing medical educators is whether the emphasis in our training programs has shifted away subtly from focusing on excellent patient care and education to ensuring enforcement of regulations. Are we at risk of training doctors and future leaders of health care to become clock watchers? Does the grand carriage of medical education turn into a pumpkin at the end of shift?

A prime illustration was presented to me by a consultant who described a conversation with a resident: Half way through the presentation of a critically ill patient, the

resident explained very apologetically that he was violating his duty hours and that the consultant should refer to the chart for additional information. In several institutions across the country, educational conferences, including the sacred morning report, have become thorns in the side of residents complying with the 10-hour rule. The inflexibility of the schedule to let senior residents see an 11th patient once their cap has been filled probably foments frustration in all residency programs on busy nights.

As our health care system undergoes complex changes at the speed of light, it is amazing that we risk losing a generation of doctors. Current resident trainees will miss out on valuable educational experiences that can only be attained by being in hospital or clinic; discussing cases with attending physicians and attaining competence by repetition will become things of the past. The relaxation of duty hours has not translated to better mental or physical health of our trainees or increased medical knowledge. Instead, it is conceivable that our graduates will have licenses to practice medicine without significant "real" experience. After 36 months of training in an ACGME-accredited program, our newly minted attending physicians will find that true learning occurs on the job in a few months rather than experientially over three years. These same physicians may become consult mills, unable to confidently practice medicine without a crutch (thus developing a new trend in health care). Furthermore, without the protection of duty

hour reform, new attendings may feel unprepared for the reality of seeing 20 patients or more on July 1 and display significant fatigue due to lack of "conditioning." We stand the real risk of early burnout in our young physicians due to lack of adequate preparation for the real practice of medicine.

I am a strong supporter of medical education and believe that sheer exhaustion and fatigue do not bode well for learning. However, it would seem that we must re-examine the effects of duty hour reform closely and raise the bar on expectations. It is not unreasonable to expect our senior residents to see more patients and display a greater degree of knowledge now that time been built into their training. I worry that, as educators, we spend less time evaluating our educational process and more time ensuring compliance to duty hours. As a medical community, we should collectively work with the future generations to ensure that the practice of medicine continues to be enriched. Our future depends on our trainees. As with the fairy tale, I hope that the prince (ACGME) comes on the white horse to save the glory of medical education.

Other perspectives on duty hours are presented in this issue of *Forum*. We welcome your thoughts on the series.

### References

1. [http://www.acgme.org/acwebsite/home/nascalettercommunity5\\_4\\_10.pdf](http://www.acgme.org/acwebsite/home/nascalettercommunity5_4_10.pdf)