

## A PROGRAM DIRECTOR'S RESPONSE

**"When I was a resident..."**

Jaya M. Raj, MD

*Dr. Raj is program director of internal medicine at St Joseph's Hospital & Medical Center in Phoenix, AZ.*

The dynamic landscape of US health care and the public demand for accountability have driven regulatory bodies—and therefore residency programs—to make rapid changes during the past 10 years. The Institute of Medicine's focus on resident fatigue and supervision, and their potential impact on patient safety, have forced programs to make duty hour monitoring and restriction a high priority.<sup>1</sup> An unintended consequence of this reform is that we have generated a cohort of physician trainees who are very different from the physicians who teach them. A common topic of conversation among my faculty colleagues is how regulations have created a generation of shift workers who are more interested in going home early than in their education. Many have also observed an apparent lack of "patient ownership" among residents. These statements often begin with "When I was a resident..." and are followed by anecdotes about the rigorous training we endured during our residencies, before duty hours regulations were even conceived, and the maniacal work ethic that was our prevailing culture. (Full disclosure: I completed residency in 1998.) Overregulation has apparently created a new generation of doctors who lack the professionalism and the dedication that were characteristic of previous generations.

But is this true?

As a residency program director, I am required to monitor residents' duty hours, investigate any violations,

and strictly enforce the rules. My residents dutifully log all their duty hours online and submit them to me every month. There are violations every month. Despite my admonishments, my residents persistently come to work "too early" and stay in the hospital "too late"—sometimes one to two hours outside of their shifts. Why? During our most recent anonymous ACGME survey, the number one reason they gave for violating their duty hours was that they were taking care of their patients.

Furthermore, personal experience and anecdotal data indicate that residents are deliberately under-reporting their duty hours. Reasons given for this include a fear of "getting in trouble" with their program director or jeopardizing their program's accreditation.<sup>2</sup> Residents frequently face ethical dilemmas around their duty hours and receive mixed messages about how to resolve them.

While surveys show that the majority of program directors hold a negative opinion of the new duty hours regulations, residents' perceptions are mostly positive. Residents surveyed have expressed a view that patient care and professionalism may actually increase because of reduced resident burnout and decreased medical errors.<sup>3</sup> However, they also report a perceived decrease in educational opportunities and express the same concern that faculty have about continuity of care.<sup>4</sup> As many authors have pointed out, rigorously designed studies are needed to test whether these perceptions are accurate.

I assert that indeed this is a "Lost Generation" but not in the sense that they are absent. This is a generation in desperate need of mentoring. We as faculty have to role model and demand the professionalism that we expect from them and that they are fully capable of. Executing this will require us to spend more time supervising residents and directly observing them. We will need to use their time efficiently, provide high-yield learning experiences, and measure learner and patient outcomes. Most importantly, we need to maximize their interaction with patients and minimize processes that diminish their personal responsibility, such as multiple hand offs. This is our challenge—indeed our obligation—as medical educators and why most of us became educators in the first place.

**References**

1. Institute of Medicine. Resident duty hours: enhancing sleep, supervision, and safety, December 15, 2008.
2. Szymczak JE, Brooks JV, Volpp KG, Bosk CL. To leave or to lie? Are concerns about a shift-work mentality and eroding professionalism as a result of duty hours justified? *Milbank Q* 2010; 88(3):350-81.
3. Ratanawongsa N, Bolen S, Howell EE, Kern DE, Sisson SD, Larriviere D. Residents' perceptions of professionalism in training and practice: barriers, promoters, and duty hour requirements. *J Gen Intern Med* 2006; 21(7):758-63.
4. Myers JS, Bellini LM, et al. Internal medicine and general surgery residents' attitudes about the ACGME duty hours regulations: a multicenter study. *Acad Med* 2006; 81(12):1052-8.

I assert that indeed this is a "Lost Generation" but not in the sense that they are absent. This is a generation in desperate need of mentoring.