

December 2012 Sleep Journal Club

Fitzgibbons SC, Chen J, Jaggi R, Weinstein D. Long-term follow-up on the educational impact of ACGME duty hour limits: a pre-post survey study. *Ann Surg* 2012;256:1108-12. Abstract

The Accreditation Council for Graduate Medical Education (ACGME) responded to political pressure by restricting resident duty hours in 2003. The assumption was made that limiting work hours would address the problem of resident sleep deprivation. The authors evaluated the long-term impact of the duty hour limits on orthopedic residents' sleep and perception of education at a single institution using a yearly survey. There was no significant change in the average reported hours of sleep (34.6 hours per week in 2003 vs. 33.7 hours per week between 2004 and 2009) despite a decrease in the mean reported number of work hours (74.5 hours in 2003 vs. 66.2 hours in 2009; $P = 0.046$). However, a decrease in perceived fatigue and its negative impact on patient safety and quality of care was noted. The perceived sufficiency of direct clinical experience, the number of hours spent performing major procedures, and the overall satisfaction with education also decreased. Finally, the residents' sense of clinical preparedness diminished after the work hour limits were in place. The work hour restrictions resulted in the hiring of 16 additional physician extenders to absorb the work which resulted from the decrease in resident hours. Not studied is whether resident performance changed.

This study suggests that the resident work hour restrictions have been ineffectual in increasing resident sleep; have harmed medical education; and increased medical costs. The ACGME needs to gather further data on resident work hour restriction, and if these results are representative of a consistent trend, develop a different solution to the problem of resident sleep deprivation.

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