



August 8, 2010

Thomas J. Nasca, MD, MACP

Chief Executive Officer

Accreditation Council for Graduate Medical Education (ACGME)

515 N. State St.

Suite 2000

Chicago, IL 60654

RE: Proposed new program requirements with emphasis on duty hours

Dear Dr. Nasca,

Thank you for giving the Thoracic Surgery Residents Association (TSRA) an opportunity to comment on the proposed standards developed by the ACGME Task Force regarding duty hour requirements. The TSRA represents all ACGME-accredited residents enrolled in the 70 thoracic surgery, 10 congenital cardiac surgery, and 10 integrated thoracic surgery programs in the country.

We would like to commend the ACGME Task Force on Quality Care and Professionalism for coordinating the thoughts of patient advocates, safety experts, medical organizations, and educators in trying to create a system that strives to balance patient safety and optimal education. Overall, some of the changes proposed by the ACGME are welcomed and will likely provide a more balanced system between service and education. Specifically, the language regarding professionalism, personal responsibility, and patient safety (VI.A) are all in line with what we believe is needed to adequately train physicians in the setting of what patients demand from our health care system. We agree that residency programs should be committed to promoting “patient safety and resident well-being in a supportive educational environment.” (VI.A.2)

Due to the current structure of thoracic surgery training, many of us, members of the TSRA, were part of the transition in 2003 to the 80-hour work week. As such, we have lived both the positive and negative consequences that occurred from this frame shift in medical education. One of the main difficulties that have surfaced with this new system is the creation of a “shift mentality.” It has become challenging to prepare residents for a professional post-residency career with no work hour limits while training them in an environment of limited work hours. Initial concerns with decreasing exposure to procedural learning, although not entirely unfounded, appear to have been balanced with more opportunities to prepare for operations and provide peri-operative care.

The TSRA does not agree with the new work hour restrictions proposed for PGY-1 residents (VI.G.4.a). Since one of the tenets of most safety studies has been decreasing transitions of care, it is unclear to us why the creation of more transitions within this important group of residents would lead to increased patient safety. Furthermore, it could be anticipated that the proposed changes would transition more service work to higher-level residents and simultaneously alienate the PGY-1 resident from the team. This may also erode educational opportunities for PGY-1 residents. We would request that the maximum duty period for PGY-1 residents be kept in line with that of other level residents.

We are in agreement with the added flexibility in duty work hours allowed (VI.G.4.b).(3)). This flexibility simulates more closely the responsibilities that we as physicians will have towards patients after training and at the same time allow for completion of educational opportunities that would otherwise be truncated because of the end of a “shift.” This is particularly important in surgical programs where it would be detrimental for both patient care and resident education to promote residents from scrubbing out of surgical procedures because of work hour limitations. We understand why it would be reasonable for program directors to “track both individual resident and program-wide episodes of additional duty,” but are concerned with the level of documentation required. Specifically, we are apprehensive about the over-restrictive nature of requiring individual patient-by-patient documentation each time an event occurs (VI.G.4.b).(3).(ii)). We are in favor of section VI.G.5.c that allows for residents in their final years to have more flexibility in hour requirements within the 80 hour work week for patients under their responsibility. The varying hours that this change allows more adequately mirrors the often extended periods of care required as a physician in practice.

We oppose language that would eliminate averaging of in-house call frequency (VI.G.7). Although call averaging on face-value seems to be a way for programs to bypass hour requirements, it actually serves as a benefit to the trainee in giving flexibility to have more prolonged periods away from the training

program. Rigid rules regarding call frequency present excessive logistical challenges in coordinating clinical service coverage and would likely worsen fatigue. The TSRA agrees with the expectations regarding home call in section VI.G.8.

One of the most important factors known to adversely impact patient care is inadequate and frequent transitions of care. Although we appreciate the ACGME efforts to improve residents' well-being by trying to minimize fatigue, we believe that in order to positively impact patient care, the ACGME should explore ways to improve and minimize patient hand-offs. This may entail standardizing the type of information that is conveyed or finding effective electronic means to improve this information exchange.

The institution of the 2003 ACGME work hour requirements led to a lower number of on-duty residents at a particular time. This obviously translates into an increase in the amount of service-related work per resident and a potential decrease in educational opportunities, unless the additional work is performed by mid-level providers such as nurse practitioners and physician assistants. While most programs have hired more mid-level practitioners to account for this work, we believe that due to the economical burden of such strategy, most programs are still short of the number of mid-level providers that would be required to allow residents to have an optimal educational opportunity. We encourage the ACGME to explore the economics of this problem and explore potential solutions for this effective shortage of mid-level providers.

We thank the ACGME again for providing a way to comment on the proposed standards. Please do not hesitate to contact us if we can be of any further assistance.

Sincerely,

Carlos M. Mery, MD, MPH
President, Thoracic Surgery Residents Association
cmery@virginia.edu