

Resident duty hour restrictions

The [impact](#) of the 2003 [Duty Hour Restriction](#) mandate in the [United States](#) and the [Working Time Directive](#) in [Europe](#) on [neurosurgery training](#) has been immense. A report of Kimchi reviews the current literature studying the implications of these regulations on the quality of neurosurgery training as well as on [patient safety](#). In the majority of publications, limited working hours have resulted in increased [postoperative complication](#) rates and diminished in-training surgical [experience](#). In [Europe](#), the reduction in surgical [experience](#) had led to a decreased sense of [confidence](#) in operating independently by the end of [training](#). This [review](#) demonstrates the importance of tailoring a specific [framework](#) for the individual needs of each [residency program](#) and recommends avoiding the application of universal regulations on all medical professions and training ¹⁾

In 2003, the Accreditation Council for Graduate Medical Education ([ACGME](#)) mandated 80-hour resident duty limits. In 2011 the ACGME mandated 16-hour duty maximums for PGY1 (post-graduate year) residents. The stated goals were to improve patient safety, resident well-being, and education. A systematic review and meta-analysis were performed to evaluate the impact of [resident duty hours](#) (RDH) on clinical and educational outcomes in surgery.

A systematic review (1980-2013) was executed on CINAHL, Cochrane Database, Embase, Medline, and Scopus. Quality of articles was assessed using the GRADE guidelines. Sixteen-hour shifts and night float systems were analyzed separately. Articles that examined mortality data were combined in a random-effects meta-analysis to evaluate the impact of RDH on patient mortality.

A total of 135 articles met the inclusion criteria. Among these, 42% (N = 57) were considered moderate-high quality. There was no overall improvement in patient outcomes as a result of RDH; however, some studies suggest increased complication rates in high-acuity patients. There was no improvement in education related to RDH restrictions, and performance on certification examinations has declined in some specialties. Survey studies revealed a perception of worsened education and patient safety. There were improvements in resident wellness after the 80-hour workweek, but there was little improvement or negative effects on wellness after 16-hour duty maximums were implemented.

Recent RDH changes are not consistently associated with improvements in resident well-being, and have negative impacts on patient outcomes and performance on certification examinations. Greater flexibility to accommodate resident training needs is required. Further erosion of training time should be considered with great caution ²⁾.

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Kimchi G. [RESIDENT DUTY HOUR RESTRICTIONS IN NEUROSURGERY: WHAT CAN WE LEARN IN ISRAEL FROM THE NORTH AMERICAN AND EUROPEAN EXPERIENCE?]. Harefuah. 2021 Jun;160(6):367-371. Hebrew. PMID: 34160153.

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