Comments on Proposed Duty Hours

The specialty of emergency medicine (EM) and the Residency Review Committee for Emergency Medicine (RRC-EM) have historically been very proactive in developing standards that protect both the patient and the resident during the educational process. Many of the changes and recommendations suggested by the Duty Hours Task Force did not affect EM as significantly as other specialties. Current training standards in EM have already emphasized patient safety by requiring continuous on-site supervision of residents. Resident fatigue has been addressed with restrictions of shift lengths and limitation of consecutive days worked. There are a few minor details to bring to the attention of the ACGME with the proposed duty hour restrictions that may cause unintended consequences if left in the current draft form.

Line 909 – "Minimum Time Off between Scheduled Duty Periods"

These new duty hour requirements are protective of both patients and residents. We believe all specialties should follow these rules, with residents doing off-service rotations following the requirements of the hosting rotation specialty.

For example, currently when an internal medicine resident rotates in the emergency department (ED), the RRC-IM requires the resident to leave by the end of a 12-hour shift. The RRC-EM rules allow for 12-hour shifts with direct patient care with a 30-minute time for transition of care with safe hand-offs. Many EDs have some twelve-hour shifts but allow additional time for sign outs.

This discrepancy means that internal medicine residents cannot carry a full patient load, are often scheduled in addition to the usual number of providers, and have fewer patients to care for, especially at the end of their twelve hour shift. They have to sign out sooner and separately and do not get the same experience in signing out patients with the rest of the team. They often miss the educational opportunities that occur during group rounds.

One of the concepts for optimum education for rotating on off- service rotations is to incorporate off- service residents to participate fully on patient care teams. This can occur best if all of the resident members have similar duty hours. Residents who have differing hour requirements will have different responsibilities and often receive different experiences. To prevent these unintended consequences, we suggest that the common requirements adapt language similar to that in the EM requirements (VI.E.4.d) or alternatively say: Residents on off-service rotations should comply with the duty hour rules that apply to that host service.

Line 855 – "PGY 1 residents are not allowed to moonlight."

The new recommendations provide strict guidelines for supervision of a PGY-1 resident. It is understandable that external moonlighting by these residents would not be allowed since the majority will be minimally trained and working many scheduled hours already. However, we

suggest that the ACGME allow internal moonlighting with the appropriate supervision and following the duty hour regulations. For instance, while there are many times when the schedule for a PGY-1 resident is very busy, there are also rotations when a PGY-1 schedule may be relatively light and fatigue is not a concern. In addition, because PGY -1 residents rarely have a license to practice independently, they can only moonlight under highly supervised conditions, usually to cover vacation or leave of their fellow residents. We suggest replacing the language in the common requirements with "PGY-1 residents are not permitted to do external moonlighting. Internal moonlighting by a PGY-1 resident must be considered part of the 80 hour weekly limit on duty hours and must follow the rules of appropriate supervision."

Line 877 – "Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours." Many programs have morning report, educational conferences or other learning activities that would be missed with this change. Some overnight call duties are much less taxing than others and on these occasions, the residents should not be forced to leave educational events to go home merely due to time spent in the hospital. We suggest a change that would allow this period to be extended to six hours only for didactic educational activities that do not include patient care. The program director is still responsible for assuring the resident is relieved of any responsibilities when fatigue is a concern in these cases.

Submitted on behalf of the following emergency medicine organizations:

1. American Academy of Emergency Medicine (AAEM)
2. Association of Academic Chairs of Emergency Medicine (AACEM)
3. American College of Emergency Physicians (ACEP)
4. American College of Osteopathic Emergency Physicians (ACOEP)
5. Council of Emergency Medicine Residency Directors (CORD)
6. Emergency Medicine Residents Association (EMRA)
7. Residency Review Committee of Emergency Medicine (RRC-EM)
8. Society for Academic Emergency Medicine (SAEM)