

## Survey finds surgical interns concerned about training duty-hour restrictions

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A survey of surgical interns suggests many of them believe that new duty-hour restrictions will decrease continuity with patients, coordination of care and time spent operating, as well as reduce their acquisition of medical knowledge, development of surgical skills and overall educational experience, according to a report in the June issue of *Archives of Surgery*.

In July 2011, the [Accreditation Council for Graduate Medical Education](#) (ACGME) implemented new resident duty-hour standards, including more supervision and a 16-hour shift maximum for postgraduate year one residents, according to the study background.

Surgical [interns](#) at 11 [general surgery](#) residency programs from around the country were surveyed (of 215 eligible interns, 179 completed the survey) for the study by Ryan M. Antiel, M.D., M.A., of the Mayo Clinic, Rochester, Minn., and colleagues. The authors also compared interns' attitudes with a previously surveyed national sample of 134 surgery program directors.

"The opinions of these interns, although markedly more optimistic than those of surgical program directors, reflect a persistent concern within the surgical community regarding the effects of work-hour restrictions on surgical training," the authors comment.

According to the intern survey, interns believed the new regulations would decrease continuity with patients (80.3 percent), time spent

operating (67.4 percent) and coordination of [patient care](#) (57.6 percent). They also felt the regulations would decrease their acquisition of [medical knowledge](#) (48 percent), development of surgical skills (52.8 percent) and overall education experience (51.1 percent), according to study results.

"Although most interns and program directors agreed that the new changes will decrease coordination of patient care and residents' acquisition of medical knowledge, a significantly larger proportion of program directors expressed these views compared with interns (87.3 percent vs. 57 percent and 76.9 percent vs. 48 percent)," the authors comment.

While most interns (61.5 percent) believed the changes would decrease fatigue, most program directors (85.1 percent) felt fatigue would be unchanged or increase with the new standards.

However, surgery interns reported that the new duty-hour regulations would increase or not change other areas, including quality and safety of patient care (66.5 percent) and residents' ability to communicate with patients, families and other health professionals (72.1 percent).

In an invited critique, Mark L. Friedell, M.D., of the University of Missouri-Kansas City, Mo., writes: "This study suggests that surgery interns are more idealistic and hopeful about the ACGME [Accreditation Council for Graduate Medical Education] 2011 duty-hour restrictions than their program directors, who, for the most part, felt that the recommendation in the 2008 Institute of Medicine report were 'incompatible with the realities of surgical training,' particularly for interns."

"Eliminating two important limitations of this study might have put the interns more 'in sync' with the program directors," Friedell continues.

"The loss of surgical resident 'ownership' of the patient and the promulgation of a shift-work mentality are concerns of every surgical educator. Even when ignoring the limitations of this study, I believe it shows that the 'line in the sand' for the entire surgical community – residents and attendings – is no further resident duty-hour restrictions," Friedell concludes.

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