A new era for resident duty hours in surgery calls for greater emphasis on resident wellness

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Accepted for publication July 16, 2013

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DOI: 10.1503/cjs.017713
varying educational needs of surgeons who provide patient care across the large and diverse landscape of Canada. In addition to the Special Considerations for Procedural Disciplines working group, 5 other expert working groups (Patient Safety, Medical Education, Resident and Faculty Health and Wellness, Professionalism, and Health Systems Performance and Health Economics) were created to explore themes across all medical disciplines.

One of the key findings articulated in the project’s final report pertains to the unique challenges faced by the surgical and procedural disciplines in an environment of strictly regulated resident duty hours. The literature reviewed by the Special Considerations for Procedural Disciplines working group highlighted a body of evidence suggesting suboptimal outcomes in surgical care delivery and surgical training when total or consecutive hours of resident duty are rigidly restricted, such as they have been in the United States and the European Union. Recent studies suggest increased complications in high-acuity surgical patients and declining performance on some certification examinations as a result of rigidly controlled resident duty hours. The working group’s analysis of the literature led to their conclusion that there is a vital need for more research on the effect of duty hours on surgical and procedural skills acquisition and performance and for the development of training and care delivery paradigms appropriate for higher-acuity patient care areas, where such research findings more frequently emerge. It would seem appropriate that procedural and surgical training programs work collaboratively with all stakeholder organizations to develop strategies that support excellent training outcomes, resident wellness and patient safety among these disciplines.

The final project report outlines a series of 5 principles and 5 recommendations for the future direction of resident duty hours in Canada with implications for all disciplines and residency programs. Rather than outlining specific restrictions regarding a set number of hours or shift length, chief in the National Steering Committee proposal is the need for a comprehensive, rigorous and tailored approach to the management and mitigation of physician and surgeon fatigue and burnout. Neither role — learner or health care provider — is well served if unchecked fatigue impairs cognitive functions or threatens professional satisfaction or health.

The Royal College of Physicians and Surgeons of Canada is dedicated to facilitating the implementation and supporting the launch of all recommendations proposed by the National Steering Committee across all residency programs and all disciplines. Such changes focus on fatigue mitigation and stress management during residency and highlight strategies that could involve new models of scheduling; greater protection for sleep at night; adjustments to resident workload; and broader, educational innovations, such as competency-based training and evaluation, that echo changes across the continuum of medical education. Also included as a key recommendation is the proposed development of a national consortium to study and disseminate new knowledge related to resident duty hour regulation. These and other innovations will support a transition to a new era of resident duty hours that maximizes education and patient care outcomes in the 21st century.

References