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# Survey reveals that residents view DHR a hindrance to training

Results of a survey published in the July issue of the *Journal of the American College of Surgeons*\* show that a large subset of surgical residents consider duty hour regulations (DHR) a significant barrier to their surgical education, and express a desire for flexibility to work longer hours than current restrictions allow.

The implementation of DHR in 2003 was intended to address resident fatigue and improve patient safety. Prior to implementation, residents often worked 100 hours or more weekly; currently, residents are limited to an 80-hour workweek. Although studies have shown that residents are getting more sleep and their personal lives are improved, the effect of DHR on case load, academic performance, and board examination performance is still poorly understood. The effect of DHR on patient care also remains uncertain, and there is evidence to suggest that there has been an increase in communication errors as a result of frequent patient handoffs.

“We were surprised to find that nearly half of surgical residents believe work-hour restrictions are actually an

impediment to their training,” said Jacob Moalem, MD, department of surgery, University of Rochester Medical Center, NY, and Chair of the Resident and Associate Society (RAS) of the American College of Surgeons. “Our current system limits educational opportunities for surgeons who are expressing a desire and a need to learn more in a compact time frame. Senior surgery residents should be given the chance to control their own schedules as they continue to refine their technical skills and transition into independent practice.”

An Internet-based survey was electronically distributed to all RAS Members of the College. The first question asked respondents to rate the impact of DHR on their education as “no barrier,” “minimal barrier,” “moderate barrier,” and “significant barrier.” For analysis, the first two choices were grouped and retitled “no barrier,” and the latter two choices were grouped and called “barrier.” The second question asked respondents how many hours they considered ideal for their postgraduate year in their program. Choices provided were <60 hours, 60 to 80 hours, 80 to 100 hours, and >100 hours per week.

Of 599 respondents, 41 percent believed that DHR were a considerable or moderate barrier to their education. Fewer

than one-third of residents reported that their education was not hindered by DHR. Another 27 percent stated that DHR were a minimal barrier to their education.

A small majority of residents (52 percent) reported that the ideal number of hours for their training was 60 to 80, in line with the current DHR. Forty-three percent believed that 80 to 100 hours per week would be ideal.

The belief that DHR represented a substantial or moderate barrier to education was correlated with the belief that the ideal DHR should be greater than 80 hours per week ( $p < 0.0001$ ). Furthermore, the likelihood that residents and Fellows considered DHR a barrier to their education was highly related to their level of training ( $p = 0.03$ ). First- and second-year residents were more than twice as likely to believe that DHR were not a barrier to education ( $p = 0.0003$  and  $p = 0.006$ , respectively).

Conversely, the proportion of residents who believed that DHR substantially interfered with their education peaked as they approached graduation. Compared with only 7 percent of junior residents, 32 percent of residents in or beyond their seventh postgraduate year reported that DHR were an important barrier to their education ( $p = 0.006$ ).

\*Moalem J, Salzman P, Ruan DT, Cherr GS, Freiburg CB, Farkas RL, Brewster L, James TA. Should all duty hours be the same? Results of a national survey of surgical trainees, 01 May 2009. *J Am Coll Surg*. 2009;209(1):47-54.