

# Duty Hour Restrictions and Surgical Training

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# Objectives

- Maintain excellent surgical education and training while dealing with the new duty hours
- Organize a training program that is compliant with the duty hours
- Maintain the fundamentals of the “Core Competencies”
- Implement a system



# Surgical Education

- Clinical Education
- Didactic Education
- Surgical Training



# Core Competencies

- Patient Care
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication skills
- Professionalism
- System-based Practices



# Organizing a Training Program

A task force (including residents and faculty) was created at the WVU Department of Surgery to maintain surgical education and abide by the new restrictions.

The findings of the task force were to implement the new duty hour restrictions at all PGY levels of training. Our findings are presented after retrospective review.



# Objectives

The purpose of our study was to evaluate resident's perspective of the duty hour restrictions at all PGY levels as they pertain to the ACGME core competencies, and evaluate the total number of cases. We hypothesize that residents perspective of the new duty hour changes will have a positive effect on the ACGME core competencies, with at least no effect on total surgical case numbers.



# Methods

All WVU Department of Surgery residents PGY2-5 were included in this study.

PGY1 residents were excluded.

IRB approval was obtained for this study.

A survey of 15 questions was developed and residents were asked to respond as it related to fatigue and the core competencies from August 1, 2010 to February 28, 2011 compared to March 1, 2011 to August 31, 2011.



# Methods Cont.

Surgical case logs were reviewed from the ACGME case log report of all defined categories. “Non-Operative Trauma” was excluded.

A Fisher’s exact test was utilized to compare data from the survey and chi-square analysis was utilized to evaluate surgical case logs.



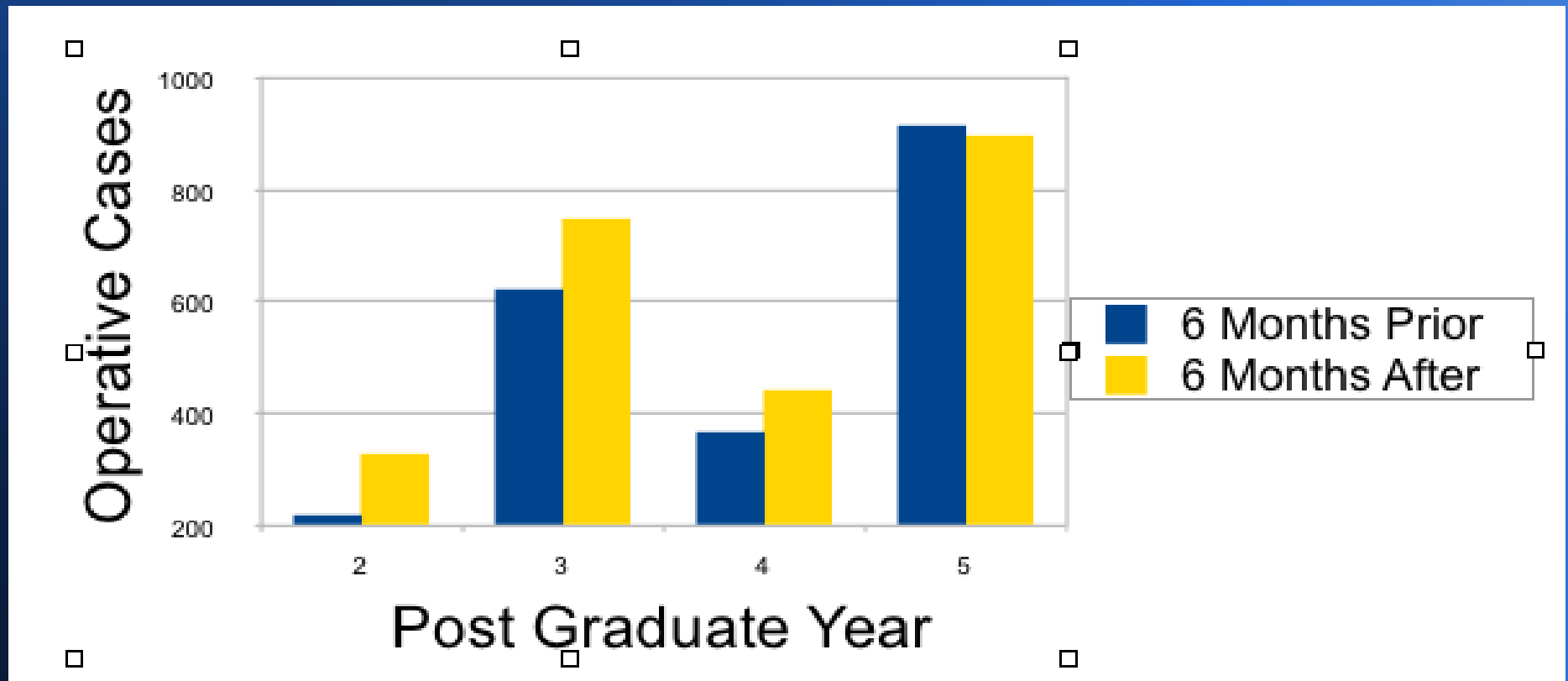


# Results

- Survey responses to Duty Hours
- Responses as they pertain to the Core Competencies
- Resident responses to surgical case numbers
- Actual case number results



# Results



# Conclusions

Altering the duty hour restrictions for all PGY levels of surgical residents at our institution improved the surgical residents perception of their ability to adopt the ACGME core competencies, as well as, decreased fatigue, which was perceived to affect the residents communication skills, professionalism, and patient care.



# Conclusions

Total overall case numbers increased at all levels except for the PGY 5 level residents. The decrease in PGY 5 case numbers is observed however not practically a significant difference given the overall case volume. We plan to continue these duty hour restrictions at all levels of surgical training and encourage further study.



# Implementation of a System

- Team work
- Transition of Care, Sign-out
  - “Sign-out Conference”
- Night float
- Faculty Support



**Questions?**

