

**AMERICAN MEDICAL STUDENT ASSOCIATION
HOUSE OF DELEGATES 2017
RESOLUTION: A10**

INTRODUCED BY: Diana Huang, Vice President for Programming Development; Ankita Mahajan, Chair, Professionalism & Ethics Action Committee; Kelly Thibert, DO, MPH, National President;

SCHOOL: Lewis Katz School of Medicine at Temple University, Alabama College of Osteopathic Medicine, Nova Southeastern University College of Osteopathic Medicine

SUBJECT: Amendment to Principles Regarding Resident and Student Work Hours

TYPE: Resolution of Principles

1 WHEREAS the ACGME has proposed removing the 16 hour work limit for first year medical
2 residents in 2017; and

3 WHEREAS the ACGME based its position on the presumption that current reported resident
4 work hours are accurate, when in fact it is known that work hours are frequently falsified, for
5 reasons which may include fear of retaliation by their program or fear of retaliation to their
6 program by ACGME; and (1)

7 WHEREAS residency programs may discourage reporting of work hours which violate the 80
8 hour work week for fear of threats to the residency's accreditation status, which would also
9 adversely affect the resident's personal educational course; and (2)

10 WHEREAS there is currently no system for independent, anonymous mechanism for reporting
11 work hours without fear of retribution in place;

12 **THEREFORE BE IT RESOLVED** that the Principles Regarding Resident and Student Work
13 Hours (p. 114) be AMENDED to state:

14 **14. Regarding duty hour reporting:**

- 15 a. **BELIEVES** that duty hour reporting mechanisms that rely on reports from residents
16 associated with their programs who may be coerced by their residencies to not report duty
17 hour violations for fear of retribution by the ACGME are inadequate to ensure accurate
18 reporting
- 19 b. **SUPPORTS** the development of an independent process for evaluating duty hours that
20 bypasses reports from the program and goes directly from residents to the ACGME
- 21 c. **SUPPORTS** a policy of on-site visits to residency programs and resident surveys to
22 collect as much information as possible to allow continuous quality improvement in
23 resident education
24

FISCAL NOTE: None

References:

1) Drolet BC, Schwede M, Bishop KD, Fischer SA. Compliance and falsification of duty hours: Reports from residents and program directors. J Grad Med Educ. 2013;5(3):368-373.

2) Casoy, Flavio and Suh, Joanne. Patients lose when resident physicians are afraid to unionize. KevinMD. <http://www.kevinmd.com/blog/2014/01/patients-lose-resident-physicians-afraid-unionize.html>

REPORT OF REFERENCE COMMITTEE A

DISCUSSION

BOT: adopt as written

BRD: N/A

PRD: Recommend to adopt as written

IRD: recommends to adopt as written

ACTE: N/A

Premedical Caucus: N/A

Other Groups: Voted to NA

SUMMARY OF DISCUSSION:

PROS: No proposition testimony provided

CONS: No proposition testimony provided

REFERENCE COMMITTEE COMMENTS:

Unanimous agreement to adopt as written amongst all groups and regions.

REFERENCE COMMITTEE RECOMMENDATION:

Adopt as written