
**AMERICAN MEDICAL STUDENT ASSOCIATION
HOUSE OF DELEGATES 2016
RESOLUTION: A14**

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| INTRODUCED BY: | Diana Huang, Chair, Trainee Wellness and Professionalism Action Committee |
| SCHOOL: | Lewis Katz School of Medicine at Temple University |
| SUBJECT: | Amendment to Principles Regarding Resident and Student Work Hours |
| TYPE: | Resolution of Principles |

1 WHEREAS the wellness of physician trainees is one of AMSA’s concerns, and AMSA’s current Principles Regarding
2 Resident and Student Work Hours states that “the need to reduce housestaff working schedules are clear and reasonable
3 and deserves attention” and also “urges the ACGME to support and to help to facilitate further research on resident work
4 hours specifically with regard to sleep, learning, patient and resident physician safety”; and
5

6 WHEREAS AMSA’s successful fight for the 80 hour work week is a proud part of its legacy [1]; and
7

8 WHEREAS recently AMSA publicly came out against the ACGME’s FIRST Trial and iCOMPARE trials, the first major
9 attempts by ACGME to conduct high quality studies regarding resident work hours [2]; and
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11 WHEREAS current research on the effect of work hours restrictions is mixed, with a recent updated review of the
12 evidence concluding that “focusing on duty hours alone has not resulted in improvements in patient care or resident well-
13 being. The added duty hour restrictions implemented in 2011 appear to have had an unintended negative impact on
14 resident education. New approaches to the issue of physician fatigue and its relationship to patient care and resident
15 education are needed” [3]; and
16

17 WHEREAS resident burnout has become an increasingly pressing issue, with a recent study by investigators at the
18 University of North Carolina, Chapel Hill finding that approximately 70% of residents met criteria for burnout, with lack
19 of time being the major cause of burnout cited by the investigators [4]; and
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21 WHEREAS it is commonly reported by residents that they are surpassing their purported work hour restrictions;
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23 WHEREAS there is a need to continue to look at ways in which residency training can be adjusted to better suit to its goal
24 of preparing new physicians for practice while not being unduly burdensome to physicians-in-training or harmful to their
25 patients;
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27 **THEREFORE BE IT RESOLVED** that the Principles Regarding Resident and Student Work Hours (p.112-113) be
28 AMENDED BY ADDITION AND SUBSTITUTION to state:
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- 30 1. BELIEVES that the need to ~~reduce~~ **improve** housestaff working schedules ~~are~~ **to better suit resident training and**
31 **personal wellness needs is** clear and reasonable and deserves attention from residency program directors,
32 specialty residency review committees, state governments and the federal governments.
33 ...
- 34 3. SUPPORTS and will work toward the implementation of regulations, including those at the federal level, which
35 will regulate resident work hours with the intent of providing a better standard of care for all patients and more
36 humane working conditions for residents. These regulations should be based on the most current research on

37 sleep, learning and patient and resident physician safety. They should include or take into account, but not
38 be limited to, the following: (2006)

- 39
- 40 a. The number of hours a resident may work per week should not exceed 80 hours, without averaging hours
41 worked over a period of greater than one week. (2005)
- 42 ~~b. The number of hours a resident may work per shift should not exceed 16 hours, including time for transfer of
43 patient care and resident education. (2006)~~
- 44 c. Residents should have at least 10 hours of time off duty between scheduled shifts. (2003)
- 45 d. Residents should have at least 1 full continuous 24 hour period off out of every 7 days, without averaging off
46 hours over a period of greater than 7 days, and one full weekend off per month. (2005)
- 47 e. AMSA urges the ACGME to support and to help to facilitate further research on ~~the adjustment of
48 resident work hours, and studying outcomes~~ specifically with regard to sleep, learning, patient and resident
49 physician safety, ~~and resident physician burnout. (2006)~~
- 50 f. ~~AMSA also urges the ACGME to look into the possibility of the development of a greater variety of
51 residency working schedules (including reduced-scheduled and flexible scheduling residencies) that are well
52 publicized by programs, to better suit the diversity of resident life circumstances and needs.~~

53 ...

54 5. BELIEVES resident's salaries or benefits should not be reduced. ~~In addition, there will not be any prolongation
55 of the residency training period due to limitations on working hours.~~

56 ...

57 7. BELIEVES public hospitals and indigent patients must not ~~hear~~ bear the brunt of this reform.

58 ...

59 ~~14. In regard to the need for reduced-schedule residencies, AMSA:~~

- 60 ~~a. REALIZES the value of reduced-schedule residencies within graduate medical education. (2006)~~
- 61 ~~b. BELIEVES that reduced-schedule residencies should be in place for those individuals who would
62 otherwise consider opting out of residency. (2006)~~
- 63 ~~c. UNDERSTANDS that there are various reasons why individuals would choose reduced-schedule
64 residencies and not that they are simply "being lazy." (2006)~~

65

66 ~~15. In regard to establishment of reduced-schedule residencies, AMSA:~~

- 67 ~~a. BELIEVES that a comprehensive strategy incorporating research, education, policy changes, and
68 communication between and among residency programs and residency candidates is necessary to further
69 acceptance of shared and part-time residencies. (2006)~~
- 70 ~~b. CALLS FOR the availability of accurate information about which programs offer reduced-schedule
71 residencies within graduate medical education. (2006)~~
- 72 ~~c. URGES more residency programs to consider establishment of reduced-schedule residencies. (2006)~~
- 73 ~~d. ENCOURAGES the establishment of reduced-schedule residencies within graduate medical education in a
74 way that is beneficial to both the residency program and its residents. (2006)~~
- 75 ~~e. SUPPORTS those organizations that are involved in encouraging the establishment of reduced-schedule
76 residencies within graduate medical education. (2006)~~

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78 FISCAL NOTE: None

- [1] AMSA Contributions: Reforming Residency Work Hours and Improving Patient Safety <http://www.amsa.org/about/history-of-amsa/amsa-contributions/>
- [2] Letter for ACGME http://www.amsa.org/wp-content/uploads/2015/11/151119_Letter-to-ACGME-re-FIRST-iCOMPARE-trials_FINAL-WITH-ENCLOSURES.pdf
- [3] Lauren Bolster and Liam Rourke (2015) The Effect of Restricting Residents' Duty Hours on Patient Safety, Resident Well-Being, and Resident Education: An Updated Systematic Review. *Journal of Graduate Medical Education*: September 2015, Vol. 7, No. 3, pp. 349-363. Online at: <http://www.jgme.org/doi/abs/10.4300/JGME-D-14-00612.1?journalCode=jgme>
- [4] Medical Resident Burnout Reaches Epidemic Levels <http://www.medscape.com/viewarticle/844821>