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

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

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

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

WHEREAS recently AMSA publicly came out against the ACGME's FIRST Trial and iCOMPARE trials, the first major attempts by ACGME to conduct high quality studies regarding resident work hours [2]; and

WHEREAS current research on the effect of work hours restrictions is mixed, with a recent updated review of the evidence concluding that "focusing on duty hours alone has not resulted in improvements in patient care or resident well-being. The added duty hour restrictions implemented in 2011 appear to have had an unintended negative impact on resident education. New approaches to the issue of physician fatigue and its relationship to patient care and resident education are needed" [3]; and

WHEREAS resident burnout has become an increasingly pressing issue, with a recent study by investigators at the University of North Carolina, Chapel Hill finding that approximately 70% of residents met criteria for burnout, with lack of time being the major cause of burnout cited by the investigators [4]; and

WHEREAS it is commonly reported by residents that they are surpassing their purported work hour restrictions;

WHEREAS there is a need to continue to look at ways in which residency training can be adjusted to better suit to its goal of preparing new physicians for practice while not being unduly burdensome to physicians-in-training or harmful to their patients;

THEREFORE BE IT RESOLVED that the Principles Regarding Resident and Student Work Hours (p.112-113) be AMENDED BY ADDITION AND SUBSTITUTION to state:

1. BELIEVES that the need to ~~reduce~~ **improve** housestaff working schedules ~~are~~ **to better suit resident training and personal wellness needs** is clear and reasonable and deserves attention from residency program directors, specialty residency review committees, state governments and the federal governments.
...
3. SUPPORTS and will work toward the implementation of regulations, including those at the federal level, which will regulate resident work hours with the intent of providing a better standard of care for all patients and more humane working conditions for residents. These regulations should be based on the most current research on

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

- a. The number of hours a resident may work per week should not exceed 80 hours, without averaging hours worked over a period of greater than one week. (2005)
 - b. ~~The number of hours a resident may work per shift should not exceed 16 hours, including time for transfer of patient care and resident education. (2006)~~
 - c. Residents should have at least 10 hours of time off duty between scheduled shifts. (2003)
 - d. Residents should have at least 1 full continuous 24 hour period off out of every 7 days, without averaging off hours over a period of greater than 7 days, and one full weekend off per month. (2005)
 - e. AMSA urges the ACGME to support and to help to facilitate further research on ~~the adjustment of~~ resident work hours, ~~and studying outcomes~~ specifically with regard to sleep, learning, patient and resident physician safety, ~~and resident physician burnout. (2006)~~
 - f. ~~AMSA also urges the ACGME to look into the possibility of the development of a greater variety of residency working schedules (including reduced-scheduled and flexible scheduling residencies) that are well publicized by programs, to better suit the diversity of resident life circumstances and needs.~~
- ...
5. BELIEVES resident's salaries or benefits should not be reduced. ~~In addition, there will not be any prolongation of the residency training period due to limitations on working hours.~~
 - ...
 7. BELIEVES public hospitals and indigent patients must not ~~hear~~ bear the brunt of this reform.
 - ...
 14. ~~In regard to the need for reduced schedule residencies, AMSA:~~
 - a. ~~REALIZES the value of reduced schedule residencies within graduate medical education. (2006)~~
 - b. ~~BELIEVES that reduced schedule residencies should be in place for those individuals who would otherwise consider opting out of residency. (2006)~~
 - c. ~~UNDERSTANDS that there are various reasons why individuals would choose reduced schedule residencies and not that they are simply "being lazy." (2006)~~
 15. ~~In regard to establishment of reduced schedule residencies, AMSA:~~
 - a. ~~BELIEVES that a comprehensive strategy incorporating research, education, policy changes, and communication between and among residency programs and residency candidates is necessary to further acceptance of shared and part time residencies. (2006)~~
 - b. ~~CALLS FOR the availability of accurate information about which programs offer reduced schedule residencies within graduate medical education. (2006)~~
 - c. ~~URGES more residency programs to consider establishment of reduced schedule residencies. (2006)~~
 - d. ~~ENCOURAGES the establishment of reduced schedule residencies within graduate medical education in a way that is beneficial to both the residency program and its residents. (2006)~~
 - e. ~~SUPPORTS those organizations that are involved in encouraging the establishment of reduced schedule residencies within graduate medical education. (2006)~~

FISCAL NOTE: None

REPORT OF REFERENCE COMMITTEE A

DISCUSSION

BOT: Vote 10-0-0; adopt as amended. The members feel that these resolutions may have been proposed under the misinterpretation of recent action by the organization regarding research on limiting work hours. The members want to clarify that these objections by the organization were made not to the subject of research, but rather to the human

- [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>

rights being violated. Furthermore these members feel that it is important to support safe environments, for both patients and trainees, which allow for optimal learning emphasizing the importance of limiting work weeks and days to 16 and 80 hours, respectively.

BRD: unanimously consent to adopt with amendments as recommended with BOT in addition to clarifying the inclusion of training in section “g”

PRD: ***

IRD: adopt as recommended by the BOT

ACTE: Vote 7-0-0; adopt with amendment of unstriking clause b.

Premedical Caucus: ***

Other Discussion: The National President supports the recommendations of the BOT and expressed her opinion that the current recommendations are sound, based in good science, and appropriate for medical trainees. She feels that there is no reason to believe that medical trainees are not subject to human neurological biology or, furthermore, that they would be exempt or unaffected from data found in these sleep studies. She went on to emphasize the organization’s unique position to advocate on the behalf of medical trainees, and that this voice should not be silenced.

PROS: No proposition testimony provided

CONS: The majority of members feel that this resolution was proposed due to misunderstanding of the organization’s recent stance on medical trainee work hours. The majority of members feel it is important to limit the hours of trainees in order to create a safe environment and an optimal learning experience.

REFERENCE COMMITTEE COMMENTS

The majority of regions and caucuses agree with the amendments suggested by the BOT.

REFERENCE COMMITTEE RECOMMENDATION

Adopt as amended:

1. BELIEVES that the need to ~~reduce~~ **improve** housestaff working schedules ~~are~~ **to better suit resident training and personal wellness needs** is clear and reasonable and deserves attention from residency program directors, specialty residency review committees, state governments and the federal governments.
...
3. SUPPORTS and will work toward the implementation of regulations, including those at the federal level, which will regulate resident work hours with the intent of providing a better standard of care for all patients and more humane working conditions for residents. These regulations should be based on the most current research on sleep, learning and patient and resident physician safety. They should include or take into account, but not be limited to, the following: (2006)
 - a. The number of hours a resident may work per week should not exceed 80 hours, without averaging hours worked over a period of greater than one week. (2005)
 - b. **The number of hours a resident may work per shift should not exceed 16 hours, including time for transfer of patient care and resident education. (2006)**
 - c. Residents should have at least 10 hours of time off duty between scheduled shifts. (2003)
 - d. Residents should have at least 1 full continuous 24 hour period off out of every 7 days, without averaging off hours over a period of greater than 7 days, ~~and one full weekend off per month~~ **and one period of 48 hours off duty per month** (2005)
 - e. **“Moonlighting” hours should still be counted as a part of the 80 hour work week and thus obey the same restrictions as other resident work periods.**
 - f. AMSA urges the ACGME to support and to help to facilitate further research on **the adjustment of** resident work hours, **and studying outcomes** specifically with regard to sleep, learning, patient and resident physician safety, **and resident physician burnout.** ~~(2006)~~
 - g. **AMSA believes that high quality data should continue to be collected on measurable indicators of knowledge and on resident, faculty, and patient perception of competency, in order to determine the impact of duty hours and models on resident education and length of training.**
 - h. **AMSA believes that the data from a direct process should be made available in a deidentified and complete format to enhance continuous quality improvement.**

- i. AMSA also urges the ACGME to look into the possibility of the development of a greater variety of residency working schedules (including reduced-scheduled and flexible scheduling residencies) that are well publicized by programs, to better suit the diversity of resident life circumstances and needs.
- j. AMSA supports a graduated mile stone or competency-based model over an hours-based model.
- k. AMSA believes that residency programs should actively monitor resident workload and prioritize resident learning time toward high yield competencies and to ensure that workload compression does not take the place of active learning.
- ...
5. BELIEVES resident's salaries or benefits should not be reduced. ~~In addition, there will not be any prolongation of the residency training period due to limitations on working hours.~~
- ...
7. BELIEVES public hospitals and indigent patients must not ~~hear~~ bear the brunt of this reform.
8. SUPPORTS teamwork and interdisciplinary collaboration, which are critical components of both medical professionalism and patient safety, that residency programs should have structured and monitored processes in place to teach safe and effective transitions of care, and that residents must have competence in the communication skills needed to facilitate these transitions.
- ...
- ~~14. In regard to the need for reduced schedule residencies, AMSA:~~
- ~~d. REALIZES the value of reduced schedule residencies within graduate medical education. (2006)~~
- ~~e. BELIEVES that reduced schedule residencies should be in place for those individuals who would otherwise consider opting out of residency. (2006)~~
- ~~f. UNDERSTANDS that there are various reasons why individuals would choose reduced schedule residencies and not that they are simply "being lazy." (2006)~~
- ~~15. In regard to establishment of reduced schedule residencies, AMSA:~~
- ~~f. BELIEVES that a comprehensive strategy incorporating research, education, policy changes, and communication between and among residency programs and residency candidates is necessary to further acceptance of shared and part-time residencies. (2006)~~
- ~~g. CALLS FOR the availability of accurate information about which programs offer reduced schedule residencies within graduate medical education. (2006)~~
- ~~h. URGES more residency programs to consider establishment of reduced schedule residencies. (2006)~~
- ~~i. ENCOURAGES the establishment of reduced schedule residencies within graduate medical education in a way that is beneficial to both the residency program and its residents. (2006)~~
- ~~j. SUPPORTS those organizations that are involved in encouraging the establishment of reduced schedule residencies within graduate medical education. (2006)~~

- [1] AMSA Contributions: Reforming Residency Work Hours and Improving Patient Safety <http://www.amsa.org/about/history-of-amsa/amsa-contributions/>
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- [4] Medical Resident Burnout Reaches Epidemic Levels <http://www.medscape.com/viewarticle/844821>