

APCCMPD Testimony

ACGME Congress on the Resident Learning and Working Environment

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Hello, I am Sunita Kumar; I am the President-Elect of the Association of Pulmonary and Critical Care Medicine Program Directors or APCCMPD. Our association represents nearly all pulmonary, pulmonary/critical care and critical care medicine fellowship programs. We appreciate the ACGME's efforts in reviewing the impact of the duty hour regulations and thank you for the opportunity to present at this congress.

As we heard from multiple organizations yesterday and today, currently available literature indicates that the duty hour limits imposed in 2011 did not improve patient safety or resident well-being. On the contrary, they suggest that the regulations led to a decline in trainee professionalism and didactic learning opportunities through a decrease in conference attendance. There is, however, no literature on the impact of these regulations on fellowship training. So when we received the call from Dr. Nasca to comment on the impact of the duty hour regulations, we decided to survey the attendees at our annual meeting, which was held about two weeks ago [APCCMPD Annual Spring Conference, March 5-6, 2016 in San Antonio, TX]. This year we had attendees from 74 of the 197 programs we represent. The results of the survey are as follows:

- 65% of the PD/APDs polled indicated a significant impact of the duty hour regulations on fellowship training
- Among the individual components of the duty hour regulations 30% reported a significant effect from the limits imposed on interns' shift duration of 16 hours, 28% reported a significant impact from the PGY2 shift duration limit of 28 hours, 22% were affected by the rule regarding time off between shifts and 13% were affected by the rule requiring residents to get 14 hours off after a 24 hour shift
- 20% of the PDs reported that they now require fellows to take in-house call and 19% reported having faculty take in-house call as a direct result of implementing the 2011 duty hour regulations. 29% indicated that their institutions had to hire mid-level providers in the ICU

- With regard to the learning environment changes, 22% of PDs indicated a decrease in research or elective rotations, 19% reported having to come up with a new curriculum for night-float rotations for house-staff and 29% felt that conference attendance was adversely affected

So, in summary, our survey shows that the duty hour regulations have had a significant impact even on fellowship training and a likely financial burden related to its implementation. In addition, it suggests an adverse impact on the fellows' learning environment with regards to time for research and electives.

The APCCMPD strongly urges that the ACGME weigh in on the results of the FIRST trial and wait the results of the similar trial in Internal Medicine (iCOMPARE) which, like the FIRST trial is also supported by the ACGME and use data to make future decisions on the duty hour regulations.