

April 15, 2009

Thomas Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, IL 60611

Dear Dr. Nasca:

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2008-2009**

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The Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) appreciates the opportunity to respond to the Accreditation Council for Graduate Medical Education's (ACGME) call for thoughts regarding the duty hour standards for medical trainees. Our society represents the nearly two hundred program directors of pulmonary and pulmonary/critical care medicine training programs in the United States. These program directors are responsible for training over 1800 fellows in the fields of pulmonary and pulmonary/critical care medicine. We urge the ACGME to not implement the Institute of Medicine's (IOM) recommendations to apply further duty hour restrictions.

We believe that additional restrictions on duty hours will have broad and unintended consequences for pulmonary/critical care medicine training programs. The skills required of a pulmonary/critical care physician are best attained through continuity of care in the patient care setting. Further restrictions may impact negatively on the provision of such continuity of care. Shortened shift durations result in more frequent handoffs of care and lost time for didactic instruction. They also increase the number of times a trainee must leave a critically ill patient. In addition, further restrictions will place more direct care responsibility on the attending faculty physicians and likely reduce time available for supervision and teaching of fellows. The current shortage of critical care medicine physicians will only be exacerbated.

A major concern of all program directors is the sense by the trainee that they are merely a "shift worker". This sense detracts from the professionalism that physicians develop for their patients and their work. In addition, faculty physicians are increasingly becoming the person responsible for caring for patients and families. This diminishes the senior fellow's roles and responsibilities for the overall care and management of the individual.

Developing the ability to evaluate, manage, and follow a patient over the course of the illness is an important learning experience for all fellows. Having the autonomy to provide this level of care is necessary for all to learn. Applying the same duty hour restrictions to all trainees

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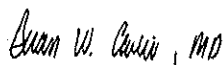
regardless of the level of their training would not allow for the ongoing development of the trainee and likely have detrimental effects on the ability to train highly specialized physicians (e.g. a critical care physician). Providing flexibility in this regard is essential to allow the appropriate level of learning to occur. Limitation of duty hours detracts from this autonomy.

Finally, further restrictions on duty hours will likely impact the level of scholarly activity that is conducted by the fellow. Essential to the development and improvement of our healthcare system is the ongoing development of research. With further restrictions, there will be an increase in emphasis to maintain adequate levels of clinical instruction and experience and thus reduce the amount of time a fellow spends conducting research. The knowledge and skills regarding research and quality improvement that a fellow would otherwise gain during training will decrease leaving significant gaps in these areas.

Further research into the effects of duty hour limitations must be conducted. Prospective evaluation of new approaches to fellow duty hours would be helpful. This research should reflect the fellow's overall development of competence to practice in a real world environment. It should also reflect improvements to patient safety and quality of healthcare. Partnership with many organizations and societies regarding the development of such research, and avenues for funding, will be required to accomplish these outcomes. Such research should help to answer many of these questions in a scientific fashion and at the same time provide and promote safe and effective patient care.

We again thank the ACGME for the opportunity to respond to this question and urge the ACGME to not implement the IOM's recommendations to apply further duty hour restrictions without consideration of these other issues. Study of duty hour restrictions on the effects on fellow competence, the effects on patient safety and care quality, and the effects on attending faculty should be conducted prior to the widespread implementation of the IOM's recommendations. As further discussions ensue, the APCCMPD would be eager to assist in those discussions. We will be happy to participate in the meeting of "key stakeholders" being held later this spring. Please feel free to contact me with questions or comments.

Sincerely,



Brian W. Carlin, MD
President
Association of Pulmonary and Critical Care Medicine Program Directors