

Disclosure and Disclaimer

- M. Douglas Jones, Jr., M.D. has documented that he has no financial conflict of interest to disclose and that his presentation will not involve discussion of unapproved or off-label, experimental or investigational therapies.

New Resident Work Hours and Quality Care-Synergistic or Antagonistic?

Residency Review Committee
Perspective

More Disclaimers

- No one person, even the Chair (especially an ex-Chair), may speak for the RRC.
- Specialty RRC's are subdivisions of ACGME, and operate within ACGME policy, especially for “common requirements” like duty hour requirements.
- The perspective offered in this presentation must therefore be my own, hopefully informed by 6 years of service on the RRC.

What is the RRC?

- The RRC *accredits programs*; the American Board of Pediatrics (ABP) *certifies individuals*.
- The functions are distinct.
- They do, however, overlap. In order to be eligible to take the ABP certifying examination, a candidate must:
 - complete an ACGME (or RCPSC)-accredited training program.
 - be certified as clinically competent by the Residency Program Director (an ACGME position).
- As regulatory bodies, the principal constituency of both the ACGME and ABP is the public. Each has public members on its governing Board.

Who is the RRC?

- The RRC for Pediatrics exists within ACGME and has three “appointing organizations”: American Academy of Pediatrics, American Board of Pediatrics and American Medical Association.
- Each appoints, subject to approval by the ACGME Board, 3 members who may serve for up to two consecutive 3-year terms.

Who is the RRC?

- William F. Balistreri, MD ABP Children's Hospital Medical Center
- **Chair** Carol Carraccio, MD ABP University of Maryland
- Marcia Hutchinson, MD AMA Medical Center of Central Georgia
- Ildy M Katona, MD AMA Uniformed Services University of the Health Sciences
- **Vice Chair** Mary Lieh-Lai, MD AAP Children's Hospital of Michigan
- Stephen Ludwig, MD ABP Children's Hospital of Philadelphia
- Thomas W. Pendergrass, MD AAP Children's Hospital Regional Medical Center
- Resident Member Sharon Su, MD Stanford/Lucile Packard
- Ann Thompson, MD AMA Children's Hospital of Pittsburgh
- Edwin L. Zalneraitis, MD AAP Connecticut Children's Medical Center
- Ex-Officio: Gail McGuinness, MD American Board of Pediatrics; Robert Perelman, MD American Academy of Pediatrics; Frank Simon, MD American Medical Association

What does the RRC do?

- Reviews program accreditation.
- Reviews program requirements.
 - Changes are drafted by the RRC.
 - The appointing organizations (AAP, ABP, AMA) comment first.
 - Revised draft is then posted on the ACGME website for general comment.
 - Final proposed requirements are submitted to the Program Requirements Committee and, if approved, to the ACGME Board of Directors for final consideration.

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Duty Hours and Patient Safety

- Patient safety in medicine has to be considered in the context of the public's perception of practices in other high-risk industries.
- Duty hours also have to be considered in the context of barriers to safety in our "industry."
 - Some are virtually unique to medicine; others are not.
 - Some can be changed; others cannot.

What Safety Experts from Other Industries Say about Medicine

Amalberti, R. et al. *Ann Intern Med* 2005;142:756-764

Medicine is one of the few high-risk industries where:

- **Demands of the public for service limit application of common sense safety-enhancement.**
- The most vulnerable parts of the system are extensively supported by novices (i.e. residents).
- There are so many obvious sources of human error with so little done to reduce them: fatigue, systematic overtime, overloaded work schedules and chronic staffing shortages.

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Summary

- Evidence of the detrimental effects of fatigue and overtime in other high-risk industries is compelling.
- The consensus solution of the public (e.g., Bell Commission), albeit imperfect (see Dawson and Zee, JAMA 2005;294:1104), has been to restrict work hours.
- Evidence of the detrimental effects of fatigue in health care settings continues to accumulate.
- There is no going back, but opportunities for research and critical thinking as bases for refinement are enormous.

More Important...

A few hours more or less cannot change fundamental challenges facing graduate medical education

(Ludmerer and Johns, JAMA 2005;294:1083):

- Too many patients with insufficient time to study and learn.
- Too many non-educational (often purely clerical) chores.
- The need to maintain and improve the quality of education experiences, with enough time to take advantage of them.
- The need to decrease stress by allowing better professional/personal/family balance.

Challenges

“More Than a Matter of Time”

- Can/should we reduce the number of patients per resident per unit of time?
- Can we reduce or eliminate non-educational chores?
- “It is hard to imagine making significant progress in the reform of GME without regulatory action [from ACGME and ABMS].”
(Ludmerer and Johns, JAMA 2005;294:1083)

Challenges

“More Than a Matter of Time”

- “More education, less service”...might there be adverse consequences?
 - Governing aphorisms: “Intended consequences are not guaranteed; unintended consequences are inevitable.”
“Careful what you wish for.”
- Will residents become spectators to the detriment of competence and self-confidence? (Already happening.)
- Will GME reimbursement for residents as “students” decrease, with adverse effects on teaching hospitals? (CMS clarification, 4/25/06)

Challenges

“More Than a Matter of Time”

- How do we maintain and improve the quality of education while guaranteeing patient safety?
- Do we need to improve assessment of resident achievement? If so, how?
- How do we ensure that faculty are competent to assess achievement?

Challenges

“More Than a Matter of Time”

- How does residency training relate to the health of children? Would changes make a difference?
- In order to achieve and maintain competence throughout a career:
 - what expectations should be placed on medical school, on residency, on post-residency teaching and training?
 - How does each relate to the others?

What To Do?

- General pediatric residency training has not been comprehensively reconsidered in almost 30 years, since FOPE I in 1978.
 - RRC modifications are by necessity incremental (limited time and resources, small group, constantly changing composition, philosophy of regulation).
- What “must” be learned continues to grow while time for experiential learning is decreasing (for reasons far beyond duty hour limitations).
- Expectations by the public, the profession and residents are increasing.

The Residency Review and Revision in Pediatrics (R³P) Project

- Builds on the Future of Pediatric Education II (FOPE II) Project
- Detailed examination of general pediatric residency training as part of the continuum of medical learning.
- Initiated in 2005 by the American Board of Pediatrics.
- Involves the broad community of pediatric health care providers.

The Residency Review and Revision in Pediatrics (R³P) Project

- Funded by the American Board of Pediatrics Foundation.
- Consists of a 14-member R³P Committee plus a 33-member Project Group.

R³P Committee

- Myles B. Abbott, MD *Berkeley, CA*
- H. James Brown, MD *East Syracuse, NY*
- Carol L. Carraccio, MD *Baltimore, MD*
- Lewis R. First, MD *Burlington, VT*
- Aaron L. Friedman, MD *Providence, RI*
- Laurel K. Leslie, MD *Boston, MA*
- George Lister, MD *Dallas, TX*
- Theresa C. Murdock-Vlautin, MD *La Jolla, CA*
- Robert H. Perelman, MD *Elk Grove Village, IL*
- Jean E. Robillard, MD *Iowa City, IA*
- Theodore C. Sectish, MD *Palo Alto, CA*
- James A. Stockman III, MD *Chapel Hill, NC*
- M. Douglas Jones, Jr., MD, **Chair**, *Denver, CO*
- Gail A. McGuinness, MD **Vice Chair**, *Chapel Hill, NC*

R³P Project Group

- Richard E. Behrman, MD *Menlo Park, CA*
- Carol A. Berkowitz, MD *Torrance, CA*
- Thomas F. Boat, MD *Cincinnati, OH*
- Laura M. Brooks, MD *Lynchburg, VA*
- Ann E. Burke, MD *Dayton, OH*
- Barbara B. Calkins, MD *Brookfield, WI*
- Russell W. Chesney, MD *Memphis, TN*
- Mary R. Ciccarelli, MD *Indianapolis, IN*
- Gary L. Freed, MD *Ann Arbor, MI*
- Elena Fuentes-Afflick, MD *San Francisco, CA*
- J. Carlton Gartner, Jr., MD *Wilmington, DE*
- Anita D. Glicken, MSW *Aurora, CO*
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- Thomas N. Hansen, MD *Seattle, WA*
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- J. Lindsey Lane, MD *Philadelphia, PA*
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- Linda G. Lesky, MD *Boston, MA*
- Sarah S. Long, MD *Philadelphia, PA*
- Stephen Ludwig, MD *Philadelphia, PA*
- Edward R. McCabe, MD *Los Angeles, CA*
- Julia A. McMillan, MD *Baltimore, MD*
- Alan K. Percy, MD *Birmingham, AL*
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Residency Review and Redesign in Pediatrics (R³P) Project

