Dear Dr. Nasca:

The American Board of Ophthalmology appreciates the opportunity to provide input into the ACGME’s review of its accreditation requirements for resident duty hours.

The positive effects of guaranteed rest are clear. The negative effects have primarily been in the areas of increased handoffs (with increased risk for error) and in reduced clinical exposure and reduced continuity of care when clinical needs bump up against the hourly limits. For the most part ophthalmology has not been impacted greatly by the changes, since we have little inpatient responsibilities. The main issue has been night call; most programs that had in-house call switched to at-home call to avoid the issues related to it. This has required programs to develop systems to monitor for fatigue in residents on call who end up in-house all night with emergency cases and to institute jeopardy coverage systems for those residents so they can rest the next day. The negative impact has been small, but it has resulted in missed conferences and clinics on the day following busy call.

The ABO does not have any recommended changes to the dimensions of duty hours requirements. The 2011 updated requirements clarified that senior residents could have flexibility in staying beyond the rigid number of hours when patient care or educational value dictated and clarified what is allowed when on call from home, and in ophthalmology, these are satisfactory.

The ABO has the following recommendations regarding standards governing key aspects of the learning and working environment:

- The American Board of Ophthalmology is committed to enhancing the relevance of ophthalmology within the medical profession and strongly urges an increased emphasis on aspects of general medicine relevant to the medical and surgical practice of ophthalmology in medical school post-graduate training.

- As physicians and ophthalmic professionals, we are committed to practicing safely and eliminating error and harm to our patients, families and workforce. We understand that the potential for error and harm occurs across every domain and aspect of healthcare delivery – by good people with certified knowledge and skills and the best intentions. Professionalism and professional
self-regulation require us to increase our focus on patient safety and to educate all members of the eye care team regarding systematic practices to help prevent errors from occurring. We strive to eliminate error and harm and recognize the continuous nature of this challenge. The American Board of Ophthalmology is committed to creating and sustaining a culture of quality improvement and safety starting in medical school and residency training and continuing through a lifetime of practice.

Again, thank you for the opportunity to respond and the ABO looks forward to the outcomes of your review.

Best,

John G. Clarkson, MD
Executive Director