Dear Tom,

Thank you very much for the opportunity to comment on the duty hour issue. The ABOto has intermittently discussed the impact of the current duty hour requirements since their implementation.

- **ABOto formal position on current ACGME resident duty hours requirements.**

Although there is a paucity of formal studies of the impact of the eighty hour work week in otolaryngology, it is the general impression that the limit is tolerable and has not had a major impact on the overall training of residents. That said, the limitation has created specific situations that have had an intuitively clear impact that is detrimental to resident education. One circumstance that is frequently discussed is one in which the resident has reached the daily limit for hours on duty and therefore cannot attend one or more conferences, lectures, or other formal educational opportunities offered by the department or school. Although this may not result in the resident failing the ABOto exam, it logically doesn’t enhance the residents’ education.

Another situation is one in which the resident has reached the limit in the midst of managing an patient, sometimes an emergency, that is an outstanding and infrequent educational opportunity involving the evaluation a patient and urgently taking them to the operating room. Particularly in the surgical specialties, this “continuity of care” is an important teaching tool. Furthermore, a mandated handoff is not consistent with what will happen when the residents leave training and don’t have to adhere to a duty hour limit.

- **ABOto formal recommendations regarding dimensions of resident duty hours requirements**

At a minimum, the current duty hour restrictions need to be studied in a more organized and detailed fashion that will provide valuable data on the validity of the choice of 80 hours, its impact by specialty, and a granular look at specific components of resident education (surgical experience, ambulatory experience, formal didactic situations, and...
even resident research). We also have concern about medical student education given that residents are frequently heavily involved in their education on the wards and in the clinic. Certainly, a further reduction in the duty hours requirements is unwarranted and potentially dangerous.

The ABOto feels that additional flexibility in the application of the work hour limits would enhance residents' education. This might include not counting didactic sessions in the eighty hour limit, and allowing residents full flexibility in clinical situations in which a true teaching opportunity would be lost by a shift change. Institutions have, because of penalties and other incentives, established a broad set of rigid rules that residents must adhere to for fear of reprimand from the institution, regardless of the educational opportunity. This situation has created a fear among some residents that sometimes impairs common sense in certain situations.

Finally, it is not clear to the ABOto why PGY1 residents should be treated differently than the other residents. They are in a critical stage of learning, and the added rigidity, particularly as it impacts attendance at conferences, is detrimental to their education.

- **Participation in the Learning and Working Environment Congress**

The ABOto would be pleased to participate in the Congress.

Thank you again for the opportunity to comment on this important topic. You, in your role as the CEO of the ACGME, have provided outstanding leadership in a time of great pressures on resident education. The ABOto stands ready to offer whatever assistance we can provide as you navigate this complex issue.

Sincerely,

Robert H Miller, MD