January 27, 2016

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Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
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Dear Dr. Nasca:

Thank you for the opportunity to comment on the accreditation requirements for resident duty hours. The Association of Pediatric Surgery Training Program Directors (APSTPD) is comprised of the program directors and associate program directors of the 55 ACGME accredited pediatric surgery fellowships. As such, our training programs are primarily responsible for the training environment for the trainees in our two year fellowship programs that range in size from 1-3 fellows per program. However, given the requirements for an experience in pediatric surgery for trainees in general surgery, our programs are frequently tightly linked to training programs in general surgery and other subspecialty programs. The work hours requirements for surgery residents and pediatric surgery fellows have a significant impact on our training environment.

While the APSTPD has not previously crafted a formal position paper on the work hours issue, formal assessments have been carried out in 2005 (Henry, MC, Silverman BL, Moss RL. The Impact of the 80 hour workweek on pediatric surgical training: An Association of Pediatric Surgery Program Directors – sponsored study. JPS 40:60-68, 2005) and in response to this request. Those responses inform the position of the membership on the issues raised.

Current Duty Hour Requirements

The APSTPD and its members have worked to comply with the original work hours restrictions implemented in 2003 and the modifications of those restrictions implemented in 2011 despite significant concerns over the potential negative impact on the education of the pediatric surgery fellows and the quality of care of pediatric surgical patients. The concerns regarding training primarily focus on potential reduced operative experience, interruptions in the continuity of care and less opportunities to achieve supervised independence during training. These concerns are well summarized by Ronald Hirschl, MD in his McLoed lecture at the Canadian Association of pediatric Surgeons meeting in 2014 (The making of a surgeon: 10,000 hours? JPS 50:699-706, 2015). In addition many index pediatric surgical cases are rare and may be seen only occasionally in a two year fellowship. Current duty hour guidelines do not take this into consideration and thus may in some instances prohibit fellows from participating in the care of these rare patients. This may have significant impact on their experience and ability to care for these infants when in practice especially if they are in a small group practice or in more rural areas of our country. Furthermore, the APSTPD directors preside over a senior group of trainees that are well beyond the early phases of surgical education. It is important that these learners understand the obligations and accountability of assuming responsibility for
their patients as they will as attending surgeons. Artificially limiting their exposure may not accurately reflect the responsibilities they will have upon completion of the program.

There is concern that the negative impact on the rate at which a surgical trainee acquires the necessary skills and experience to provide high level care can result in less qualified surgeons at the completion of their training. The problem is further magnified for fellowship programs by the potential negative impact of work hour restrictions on general surgery trainees who enter fellowship less qualified than in the past. This creates a greater pressure on the two year fellowship program to close the training gap in addition to providing fellow level subspecialty education.

More importantly, data suggests that work hour restrictions result in significantly more handoffs in patient care (Desai SV, Feldman L, Brown I, et al. JAMA Intern Med 173:649-55) and a higher odds ratio of errors in surgical subspecialties (Philbert I, Nasca T, Brigham T, et al. Annu Rev Med 64:467-483, 2013). These data contradict the original premise of work hour restrictions designed to improve patient safety following the death of Libby Zion in New York in 1989. Careful consideration of the educational environment and the training paradigm with regard to work hours is clearly indicated but the current restrictions do not appear to have achieved their intended outcome for surgical training programs.

Implementation of the work hours restrictions has not come without costs. In a survey of pediatric surgery programs published in 2006, Ladd reports that 72% of programs employed nurse practitioners and 42.5% employed physician assistants to offset the workload issues created by work hour restrictions. Despite the significant investment by hospitals to provide these additional resources, there was correlation found between the number of support personnel employed and the number of hours worked by the fellows. Although not specifically stated, it is likely that these resources primarily provide coverage for resident members of the care team at earlier stages of training. Twenty-three of 30 programs surveyed by Henry requested additional resources from their institution to permit implementation of the restrictions (Henry MC, Silverman BL, Moss RL. JPS 40:60-68, 2005). That survey also documented a wide variety of strategies to provide clinical coverage including hiring additional research fellows, less coverage in house, cross-coverage and attending in house call. All of these interventions are associated with substantial costs to the institution and the physician practice.

**Recommendations Regarding Dimensions of Resident Duty Hours Requirements**

The intent of this question is somewhat unclear. The duty hour requirements impact pediatric surgical training programs both at the resident trainee level and the pediatric surgery fellow level. Virtually all programs serve a dual function of providing subspecialty training to fellows and surgical residents. Thus, the impact of the duty hour restrictions on pediatric surgery training programs crosses all levels of surgical training. The contribution of these restrictions to the overall program requirements has been requested in a separate document that will address duty hours in the broader context of program requirements.

**Recommendations Regarding Standards Governing Key Aspects of the Learning and Working Environment**
Oversight of the learning and working environment is an important process for all post-graduate trainees. However, standards should be based on scientific evidence where possible and should be developed under the direction of educators directly participating in the process. The literature suggests that restrictions may have a different impact on different specialties. In your paper published in 2013, the odds ratios for medical errors were different for surgical subspecialties and medical subspecialties suggesting a one size fits all approach may be ineffective.

There are common standards for which the philosophical and ethical application should be universal. Clearly standards should be designed to protect the health and well-being of the learners and their current and future patients. The APSTPD and presumably other training program director organizations have not had the opportunity to develop standards outside the restrictions dictated by the ACGME governing program accreditation. Individualizing these guidelines for specialty specific training programs would require significant time and effort to design, a major effort to implement and monitor and an ongoing process to re-evaluate the effectiveness and appropriateness of the standards.

The standards set for the training environment will necessarily need to evolve as the paradigm of post-graduate training evolves from a time based approach to a competency model. This is particularly relevant for surgical training programs in which technical skills must be acquired effectively and efficiently as training time is compressed and quality/safety measures expand. It is likely that these changes will evolve in a heterogeneous manner across medical specialties further supporting the need for direct input from the training program directors working in concert with the ACGME and ABMS to define appropriate standards for the learning environment.

Willingness to participate in the Resident Duty Hours Congress

Representatives from the APSTPD would enthusiastically participate in the process of reviewing and revising the resident duty hour restrictions.

Thank you for the opportunity to comment on the resident duty hour restrictions. The oversight of the ACGME in creating a work and learning environment that serves both the trainee and the patients for whom they will care is a critical process that deserves ongoing evaluation and adaptation.

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APSTPD