Dear Dr. Nasca:

We appreciate the opportunity to provide our Societies’ perspective on the ACGME resident duty hour requirements and to contribute to this important national discussion. The Society of University Chairpersons & Program Directors (SUCPD) and Society of University Urologists (SUU) elected to send out a survey to all program directors to garner answers to your questions from all urology program directors. Despite a short turnover, we were able to obtain responses from 47 program directors, and we have included all of the granular data as an attachment for your review. We will summarize the data with some of the most frequent responses to the five questions.

1. **Select the top three positive outcomes to your trainees, program or patient safety associated with the most recent duty hour’s requirements:**
   - 49% of respondents felt that it had encouraged program directors to develop a better hand-off of patients
   - 36% believe that safer practices have been instituted for the residents
   - 34% believe that the residents were less fatigued and more often ready for the work day

   Twenty-five percent of the program directors responded that the most recent duty hours’ requirements had not affected the program in any way. Additionally, as you can see from the comments, several of the respondents felt that the restrictions ensured that the residents had more time, but did not appear to be more rested or attentive to work when they returned.

2. **Select the top three negative outcomes to your trainees, program or patient safety associated with the most recent duty hour’s requirements:**
   - 66% felt there was more of a shift work mentality from the residents
   - 45% of respondents felt that the residents don’t take as much personal interest in their patients or their duties
• 36% felt that the residents did not get to know their patients well

• 34% felt that the residents were not as prepared when they came to the operating room

3. The question we posed to our program directors is, **do you feel that the 80-hour work week should be extended, reduced or not changed?**

• The responses were divided, with approximately 55% in favor of extending, 43% in favor of not changing it, and 2% in favor of reducing. Some of the comments made reflected the uncertainty of recommending increasing or decreasing duty hour requirements without evidence to support a change.

4. **Although ACGME currently mandates the same work hour requirements for all specialties, could you justify something different?**

• Under this category, we have included all 47 responses. In summary, most of the program directors requested flexibility, or at least some variability, based on surgical subspecialty. Realizing that ours is a surgical subspecialty which takes call from home, our residents face a different set of challenges compared to our general surgery colleagues, for example. Additional comments were made recommending flexibility based on level of training, which we think is already being done to some extent, but we think this could be extended to other resident levels of training. One major concern was that residents may be missing important cases to comply with duty hours in cases where fatigue was really not an issue. Some also feel that more flexibility in the time off between on-call periods would be beneficial for a specialty like Urology.

5. **Do you have any other recommendations regarding standards governing key aspects of the clinical learning environment?**

• Again, we have included all comments for your review, and over half of the respondents did not recommend any further changes.


Further, another study, *Increased Mortality Rates During Resident Handoff Periods and the Effect of ACGME Duty Hour Regulations*, Denson JL, et al. Am J Med. 2015., showed that “Resident transition in care was significantly associated with an increase in unadjusted and adjusted hospital mortality. Although improved by 2011 ACGME duty-hour amendments, a trend toward higher mortality remained following resident handoff.”

We hope that this information is helpful to the ACGME and look forward to working with you to help maximize a stimulating and safe resident learning environment.
Most Sincerely,

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