

---

The Society of Thoracic Surgeons – [www.sts.org](http://www.sts.org)  
American Association for Thoracic Surgery – [www.aats.org](http://www.aats.org)  
American Board of Thoracic Surgery – [www.abts.org](http://www.abts.org)  
Thoracic Surgery Directors Association – [www.tsda.org](http://www.tsda.org)  
Thoracic Surgery Foundation for Research and Education – [www.tsfre.org](http://www.tsfre.org)  
Southern Thoracic Surgical Association – [www.stsa.org](http://www.stsa.org)  
Western Thoracic Surgical Association – [www.wtsa.org](http://www.wtsa.org)  
Thoracic Surgery Residents Association – [www.tsra.org](http://www.tsra.org)

---

**VIA FACSIMILE (312/755-7498)**

August 9, 2010

Thomas J. Nasca, M.D., MACP  
Chief Executive Officer  
ACGME  
515 North State Street  
Chicago, Illinois 60610

Dear Dr. Nasca:

We the undersigned representatives of the thoracic surgery community do not support the recently proposed changes in first-year residency duty hours. The proposed changes are unnecessary and will further compromise thoracic surgical education and patient safety.

The implementation of duty hour regulations by the ACGME in 2003 effectively limited resident work hours. However, as acknowledged by the ACGME Task Force on Quality Care and Professionalism, reduction in resident work hours is not associated with a reduction in medical errors.<sup>1</sup> The Task Force also reported that there is no connection between resident work hours and morbidity and mortality in any given hospital.<sup>2-4</sup> Furthermore, the ACGME has acknowledged that resident sleep time has not changed since the work hour limitations went into effect,<sup>5</sup> nor has resident fatigue been reduced.<sup>6,7</sup> And the additional “time off” has not been used by residents for reading or study.<sup>1</sup>

Rather than work hours, the resident issues that have, in fact, been implicated in malpractice claims are handovers, resident supervision, and communication.<sup>8</sup> While we strongly support efforts to improve each of these three problem areas, the proposed changes in first-year resident work hours will actually work counter to such efforts. The prevailing literature has failed to demonstrate that limitation of resident work hours improves the quality of patient care and safety.<sup>1</sup>

The proposed changes call for a maximum duty length of 16 hours for first-year residents. To comply with a 6-day, 80-hour work week, the resident will not be permitted to work the proposed 16-hour days; this adds up to 96 hours over 6 days. Instead, the

resident will be permitted to work only up to 13-hour days (78 hours over 6 days). Of necessity, at least two shifts (a day and a night shift, and probably an overlapping third shift) of thoracic surgical residents will be required to cover any 24-hour period. The thoracic surgical resident workforce necessary to provide such shift work simply does not exist. Further, the number of applicants for thoracic surgical residency positions is small; in 2010, there were only 67 applicants from US medical schools in the applicant pool. It is therefore impossible to generate such a workforce.

The structure of thoracic surgical education is rapidly changing from independent to integrated programs. This change has been carefully considered and vetted by the American Board of Thoracic Surgery, and programs across the country have been implemented. The number of applications for such programs submitted to the RRC-Thoracic Surgery is growing. The resident complement for each of these six-year programs is typically only one resident per year. The proposed changes in work hours for first-year residents will have a devastating effect on such integrated programs, making it impossible for them to function. Program directors of the integrated thoracic surgical residencies feel that compliance with the proposed work hour changes will lead to program closures.

The proposed change in work hours will be detrimental to resident education. Over the course of the academic year, therefore, the first-year resident may reasonably be expected to spend approximately one-half of the year on a “night shift”. During such night shifts, no didactic conferences are held, contact with faculty and senior residents is minimal, and clinical teaching is nonexistent. It is impossible to argue that shift work is in the best interest of resident education.

Furthermore, shift work in the health care setting is inherently filled with more transitions in patient care, lapses in communication, and compromised resident supervision - specific issues cited by the ACGME Task Force on Quality Care and Professionalism as justification for its proposal.<sup>9</sup> Every academic medical center in the country strives to improve these problem issues, recognizing them to be the leading causes of compromised patient care and safety. But the proposed limitations on first-year resident work hours will only exacerbate the problems. It is therefore predictable that the new proposal will compromise, rather than improve, patient care and safety.

At the same time, these proposed work hour limitations will stunt the growth of professionalism and limit the acquisition of medical knowledge among first-year residents. A major tenet of professionalism is continuity of care. This tenet, already greatly compromised under the current work hour rules, will be nigh impossible to achieve under the proposed changes. Furthermore, the proposed reduction in resident work hours will preclude responsiveness to patient and family needs above resident self-interest.

Perhaps most importantly, implementation of the 2003 ACGME work hour regulations has led to a significant decrease in clinical and operative experience for thoracic surgical residents,<sup>10</sup> which has resulted in greatly compromised medical knowledge. The failure

rate among thoracic surgery residency program graduates on the American Board of Thoracic Surgery certifying examination has nearly doubled since the implementation of the work hour limitations; the failure rate on the oral exam has reached 30 percent for each of the last four years. The proposed work hour changes will further reduce the clinical experience of thoracic surgical residents. As such, the competency of our residents will be further compromised.

In summary, the ACGME proposed changes in work hours will compromise patient care and resident education. The specialty of thoracic surgery is dedicated to providing the best possible educational experience for its residents and the best possible care for its patients. We therefore do not support the proposed work hour reductions. We strongly urge the ACGME to withdraw this proposal.

Sincerely,

*Douglas J. Mathisen, MD*, President, The Society of Thoracic Surgeons

*Irving L. Kron, MD*, President, American Association for Thoracic Surgery

*Valerie W. Rusch, MD*, Chair, American Board of Thoracic Surgery

*George L. Hicks, Jr., MD*, President, Thoracic Surgery Directors Association

*Michael J. Mack, MD*, President, Thoracic Surgery Foundation for Research and Education

*Keith S. Naunheim, MD*, President, Southern Thoracic Surgical Association

*Robbin G. Cohen, MD*, President, Western Thoracic Surgical Association

*Carlos Mery, MD*, President, Thoracic Surgery Residents Association

#### References

1. Nasca TJ, Day SH, Amis ES Jr, ACGME Duty Hour Task Force: The new recommendations on the duty hours from the ACGME Task Force. *N Engl J Med* 2010; Jul 8;363(2):e3. Epub 2010 Jun 23.
2. Volpp KG, Rosen AK, Rosenbaum PR, et al: Did duty hour reform lead to better outcomes among the highest risk patients? *J Gen Intern Med* 2009;24:1149-1155.
3. Volpp KG, Rosen AK, Rosenbaum PR, et al: Mortality among patients in VA hospitals in the first 2 years following ACGME resident duty hour reform. *JAMA* 2007;298:984-92.
4. Volpp KG, Rosen AK, Rosenbaum PR, et al: Mortality among hospitalized Medicare beneficiaries in the first 2 years following ACGME resident duty hour reform. *JAMA* 2009;298:975-83.
5. Landrigan CP, Fahrenkopf AM, Lewin D, et al: Effects of the Accreditation Council for Graduate Medical Education duty hour limits on sleep, work hours, and safety. *Pediatrics* 2008;122:250-8.
6. Friesen LD, Vidyarthi AR, Baron RB, Katz PP: Factors associated with intern fatigue. *J Gen Intern Med* 2008;23:1981-6.
7. Arora VM, Georgitis E, Siddique J, et al: Association of workload of on-call interns with on-call sleep duration, shift duration, and participation in educational activities. *JAMA* 2008;300:1146-53.

8. Singh H, Thomas EJ, Petersen LA, Studdert DM: Medical errors involving trainees: a study of closed malpractice claims from 5 insurers. *Arch Intern Med* 2007;167:2030-6.
9. Information release-June 23, 2010. ACGME Task Force proposes graduated duty hour and supervision standards to ensure excellent resident education and quality. Distributed electronically to residency programs and professional societies.
10. Connors RC, Doty JR, Bull DA, May HT, Fullerton DA, Robbins RC: Effect of work-hour restriction on operative experience in cardiothoracic surgical residency training. *J Thorac Cardiovasc Surg* 2009;137:710-3.