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Effect of the 2011 vs 2003 duty hour regulation-compliant models on sleep duration, trainee education, and continuity of patient care among internal medicine house staff: a randomized trial.

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Desai SV, Feldman LS, Brown L, et al. Effect of the 2011 vs 2003 Duty Hour Regulation–Compliant Models on Sleep Duration, Trainee Education, and Continuity of Patient Care Among Internal Medicine House Staff. JAMA Intern Med. 2013;173(8):649-655. doi:10.1001/jamainternmed.2013.2973.
https://psnet.ahrq.gov/issue/effect-2011-vs-2003-duty-hour-regulation-compliant-models-sleep-duration-trainee-education

The Accreditation Council for Graduate Medical Education (ACGME) has progressively restricted resident physicians' duty hours since 2003, with the goal of improving patient safety and resident quality of life. Despite evidence that the 2003 regulations had no significant impact on patient outcomes and may have adversely affected resident education, further regulations implemented in 2011 placed new restrictions on the duty hours of first-year trainees. This randomized controlled trial, in which two 2011-compliant internal medicine resident schedules were compared with the existing schedule (which was compliant with the 2003 regulations), represents one of the first assessments of the new regulations. The investigators found that although residents slept more under the new schedules, the number of handoffs increased dramatically, residents' attendance at teaching conferences decreased, and both residents and nurses perceived that the quality of patient care worsened. An accompanying editorial calls for the ACGME to eliminate shift length restrictions and instead focus on reducing overall resident workload.