

Patient safety outcomes under flexible and standard resident duty-hour rules.

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[Duty hour reform](#) for resident physicians was implemented as a patient safety measure, but it remains [controversial](#). The iCOMPARE study is a cluster-randomized noninferiority trial in which 63 internal medicine programs were assigned either to follow the 2011 duty hour rules or to maintain flexible resident schedules. Researchers found no significant differences in 30-day mortality or [AHRQ patient safety indicators](#) among programs with fixed versus flexible resident schedules, similar to a recent study of [surgical trainees](#). Programs with flexible schedules had slightly higher 30-day [readmission rates](#) and higher incidence of prolonged length of stay. Overall, the authors conclude that local flexibility in resident schedules did not adversely affect patient safety. An accompanying editorial calls for eliciting patient perspectives about trainee duty hours and the therapeutic relationship between rotating physicians and the hospitalized patient. A previous [PSNet interview](#) discussed the FIRST trial, which examined how less restrictive duty hours affected patient outcomes and resident satisfaction.