

National improvements in resident physician-reported patient safety after limiting first-year resident physicians' extended duration work shifts: a pooled analysis of prospective cohort studies.

May 25, 2022

Weaver MD, Landrigan CP, Sullivan JP, et al. National improvements in resident physician-reported patient safety after limiting first-year resident physicians' extended duration work shifts: a pooled analysis of prospective cohort studies. *BMJ Qual Saf.* 2023;32(2):81-89. doi:10.1136/bmjqs-2021-014375.

<https://psnet.ahrq.gov/issue/national-improvements-resident-physician-reported-patient-safety-after-limiting-first-year>

In 2011, the Accreditation Council for Graduate Medical Education (ACGME) [introduced](#) a 16-hour [shift limit](#) for first-year residents. [Recent studies](#) found that these duty hour requirements did not yield [significant differences](#) in patient outcomes and the ACGME eliminated the shift limit for first-year residents in 2017. To assess the impact of work-hour limits on medical errors, this study prospectively followed two cohorts of resident physicians matched into US residency programs before (2002-2007) and after (2014-2016) the introduction of the work-hour limits. After adjustment for potential confounders, the work-hour limit was associated with decreased risk of resident-reported significant medical errors (32% risk reduction), reported preventable adverse events (34% risk reduction), and reported medical errors resulting in patient death (63% risk reduction).