

## Pitfalls Of The ACGME Work Hours Restrictions

In a [blog post](#) [1], noted patient safety expert and hospitalist movement founder Bob Wachter discussed some new realities in resident education as a result of the recent [July, 2011] ratcheting down of resident work hours by the Accreditation Council for Graduate Medical Education [ACGME]. While applauding the more humane conditions under which residents now labor, he noticed disturbing changes in the way residents are being trained. The issues he raised have been well-known to surgical educators since the institution of the 80-hour work week in 2003.

He unknowingly agreed with something [I wrote recently](#) [2] about today's residents lacking opportunities to function independently, which leads them to worry about their competence after graduation. Wachter wrote: *"Learning from one's mistakes is fundamentally unethical when you have a human life in your hands. But an environment in which the housestaff are trained to read the attending's body language before making a tough call can't be right either, particularly when our third-year residents morph from resident to attending on June 30th each year."*

Continuity of care is another issue. Wachter:

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### Links:

[1] [http://community.the-hospitalist.org/2012/02/08/in-search-of-a-new-rhythm-on-todays-wards/?utm\\_source=feedburner&utm\\_medium=email&utm\\_campaign=Feed:+WachtersWorld+%28Wachters+World%29](http://community.the-hospitalist.org/2012/02/08/in-search-of-a-new-rhythm-on-todays-wards/?utm_source=feedburner&utm_medium=email&utm_campaign=Feed:+WachtersWorld+%28Wachters+World%29)

[2] <http://skepticalscalpel.blogspot.com/2012/01/why-are-recently-trained-residents.html>

[3] <http://skepticalscalpel.blogspot.com/2012/02/finally-internist-discovers-some.html>