The Impossible Workload For Doctors In Training

Dr. Pauline Chen, M.D.

One spring morning during the second year of my surgical residency, I learned that two of my classmates, junior residents like me, had suddenly been fired.

Their dismissal left just four of us to cover two hospitals and the work of six junior residents. I quickly did the math in my head. We would have to split up into pairs, and we would have to work through every other night for the rest of the year.

The prospect of such a grueling timetable inspired us to come up with equally extreme solutions. One month we tried “power 60s,” working a 60-hour shift every other weekend so that the other of the pair could have at least one full day’s break.

That experiment didn’t last long.

But my most enduring memory of that year is not the exhaustion; it is the panic and anxiety that enveloped us as we struggled to cover far more work than four people — however willing — could reasonably complete. Our lives had been distilled down to a simple math equation with three variables: the work to be done, the time needed to complete it and the number of people available to do it. We worked longer hours not because our senior surgeons told us to, but because that was the only way we could balance the equation.

If only doctors in training these days had it so easy.

Over the past decade, in response to public concerns about medical errors arising from fatigue, the Accreditation Council for Graduate Medical Education, the organization responsible for accrediting American medical residency programs, has been progressively limiting the number of hours that trainees can work. The latest mandate, which took effect in 2011, is the most stringent and deals most specifically with interns. These youngest doctors are allowed to work no longer than 16 hours in a day; and residency programs that violate the restriction risk losing their accreditation.

In response to the 16-hour mandate and faced with a Rubik’s-cube conundrum of covering all the work with the same number of interns working fewer hours, training programs across the country came up with several innovative scheduling configurations. Some created complicated and overlapping shifts where outgoing doctors “signed out” their patients, passing off their responsibilities to the incoming shift. Others adopted a “night float” system that meant a resident just a year out of

internship had to carry the work of as many as 12 interns at night, looking after more than 100 patients and fielding questions about those patients at best every 20 minutes and at worst every 11 minutes throughout the night.

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