

FROM THE DESK OF THE RESIDENCY PROGRAM DIRECTOR

To Friends of the Department of Medicine:

Earlier this academic year, The Institute of Medicine (IOM) issued their most recent report, “Resident Duty Hours: Enhancing Sleep, Supervision, and Safety,” which recommends changes to medical residents’ duty hours and workloads to “promote conditions for safe medical care, improve the education of doctors in training, and increase the safety of residents and the general public.” While the IOM simply makes recommendations, the Accreditation Council for Graduate Medical Education (ACGME) makes the actual rules that a residency program must follow in order to maintain accreditation. Under the leadership of the ACGME, one of the Residency Review Committees (RRC) establishes these accreditation guidelines for internal medicine residency programs. In March 2009, the ACGME will convene a duty hour conference to review the recent IOM report and discuss possible changes in current RRC rules. I will be attending this conference.

The IOM report recommends that the maximum residents’ work hours per week remain at 80 hours. However, the report diverges from the current duty hour limits by proposing a maximum shift length without protected sleep time of 16 hours. Specifically, the maximum shift length can be 30 hours provided there is a “5-hour uninterrupted continuous sleep period” between 10:00 p.m. and 8:00 a.m. The “16 hour rule” will be the main area of focus and contention as academic medicine comes to grip with the new challenges proposed by the IOM.

Where do I stand on the new proposal? Currently, more than half of our teams already work 16 hour shifts, so this is not hard to accomplish. Furthermore, the safety imperative is not just for patients but also for our residents. First, we should not allow fatigued residents to enter orders after 24 hours of continuous duty—studies have shown that fatigue impairs human performance. But just as important, we should not allow fatigued residents to drive home after an extended shift.

The time for 16 hours is now!

I believe a resident still can learn without 30 hour shifts. Moreover, we might find that residents read more when traditional overnight calls are eliminated. Ongoing studies investigating the best ways to learn in the complex healthcare system are essential to building better training programs.

Why don’t we implement this plan unilaterally at Jefferson and not wait for the RRC to establish new guidelines? We can not implement these changes now without pulling residents from elective and ambulatory rotations (this would violate RCC rules if done routinely) or help from hospital administration.

This debate promises to be interesting. I hope to contribute by reminding our leading educational bodies that safety is about the patient *and* the resident.

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FROM THE EDITORS

Argentina, California, Kenya, Alaska—these are just a few of the places visited by our internal medicine residents and captured in breathtaking photographs that are exhibited throughout this issue of *The Jefferson Medicine Forum*. It is easy to appreciate the beauty of nature when taking in these pictures of stunning aerial views and colorful landscapes. Their display in this journal is fitting amongst the academic articles that speak to the intellectual curiosity of our residents and the diversity of pathology seen at Thomas Jefferson University Hospital.

The research and review articles in this journal highlight a commitment to evidence-based medicine and scientific inquiry. The art and poetry showcase talent and curiosity beyond the field of medicine and an appreciation for travel, humor, and humanity. Each case report reveals a fascinating clinical challenge. It is remarkable to consider that these cases represent only a fraction of the experiences in patient care and variety of pathology that our residents are exposed to everyday.

This issue of *The Forum* marks the 10th anniversary of this scholarly publication written and edited by the internal medicine residents. Like the photographs of diverse scenes in the United States and abroad, the case reports, review and research articles, poetry, and art within this journal reflect the breadth of interests and talents of our residents and their continual commitment to learning.

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