EFFECT OF MOVING TO A WORK HOUR RESTRICTED RESIDENT CALL SCHEDULE
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Introduction: Resident work hours are receiving a lot of debate. Current evidence shows that sleep deprivation leads to decreased attention, memory, decision-making, mood, and motor skills. Sleep deprivation causes increased errors and decreased resident quality of life. However, this will lead to an increased number of handovers. There may be educational effects and poor preparation for independent practice. In our ICU, residents take call 1 in 4 to 6 days. Due to scheduling issues, one 4 week block had inadequate coverage. Given the current environment on limiting resident call, a new call system was trialed with a shift based system in which residents worked 12 hour shifts.

Objectives: Resident work hours are receiving a lot of debate. Current evidence shows that sleep deprivation leads to decreased attention, memory, decision-making, mood, and motor skills. Sleep deprivation causes increased errors and decreased resident quality of life. However, this will lead to an increased number of handovers. There may be educational effects and poor preparation for independent practice. In our ICU, residents take call 1 in 4 to 6 days. Due to scheduling issues, one 4 week block had inadequate coverage. Given the current environment on limiting resident call, a new call system was trialed with a shift based system in which residents worked 12 hour shifts.

Methods: A series of surveys were created for the residents, attending physicians on service, and ICU nurses. The residents were surveyed on their perceptions of the quality of their rest, personal relationships, work, training, care, and continuity of care. The attending physicians were surveyed on their perceptions of their ability to provide teaching, evaluations and feedback, workload both during the day and at night, comfort with the resident’s care, confidence in the resident and interactions with the residents. The nurses were surveyed on their perceptions of their workload, their comfort with the resident’s management and plans, confidence in the residents and their interactions and relationships with the residents. To ensure continuity of care, a handover tool was developed as both a memory aid and treatment plan for specific clinical problems such as hypotension and agitation. All other aspect of the daily routine of the intensive care unit was left unchanged; including teaching and rounds.

Results: 7/7 residents, 15/16 attendings and 20/75 nurses completed the survey. The handover tool was abandoned after one week. The chart was felt to be a better information source and the tool took time away from patient care. 5 residents felt that their rest was improved. There was no impact on the quality of their relationships for 3 and 3 felt it was better. Continuity of care, quality of care and quality of training were all felt to be worse. The attendings felt that the change decreased all aspects of teaching and evaluations. Workload during the day was improved according to 8 attendings, unchanged during MET calls (12) and worse at night (12). Confidence in the residents’ plan and interactions with the residents were generally worse. There was a significant decline in patient safety perception. Daytime nursing and MET workload was unchanged. Night workload was worse for 14. Comfort with the residents’ management was worse for 12 of the nurses. The confidence in the residents also was worse for 12 of the nurses. Relationships with the residents were worse for 17. The perception of patient safety was better for 3 nurses and unchanged for 6.