A Multi-institutional Exploration of Duty Hours and Surgery Resident Well-being

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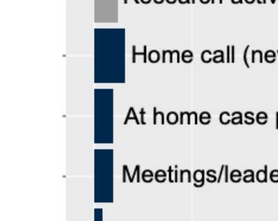
Background and Research Questions

Resident duty hours and well-being are common topics of conversation, especially in surgical disciplines.

1. Do residents have uniform understanding of what should be logged as duty hours?
2. Why do residents misrepresent duty hours or exceed duty hour limits?
3. Is there a relationship between how residents spend their time and their well-being?

Methods



Cross-sectional survey sent to 1,090 surgical residents at 27 training programs (November 2021-January 2022)

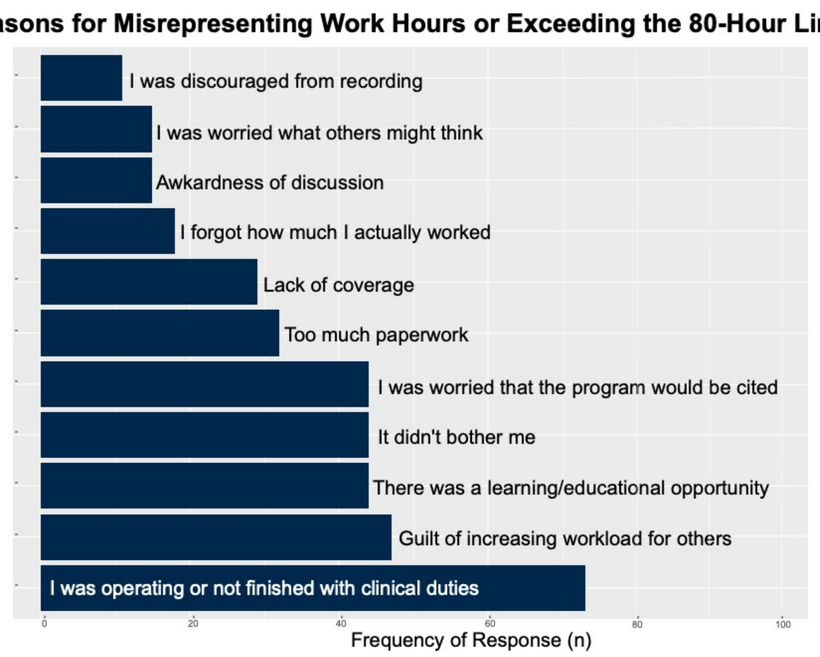
→ Inferential statistics to determine impact of time spent on clinical/academic vs. personal activities on well-being

\+ Descriptive statistics + Regression modeling

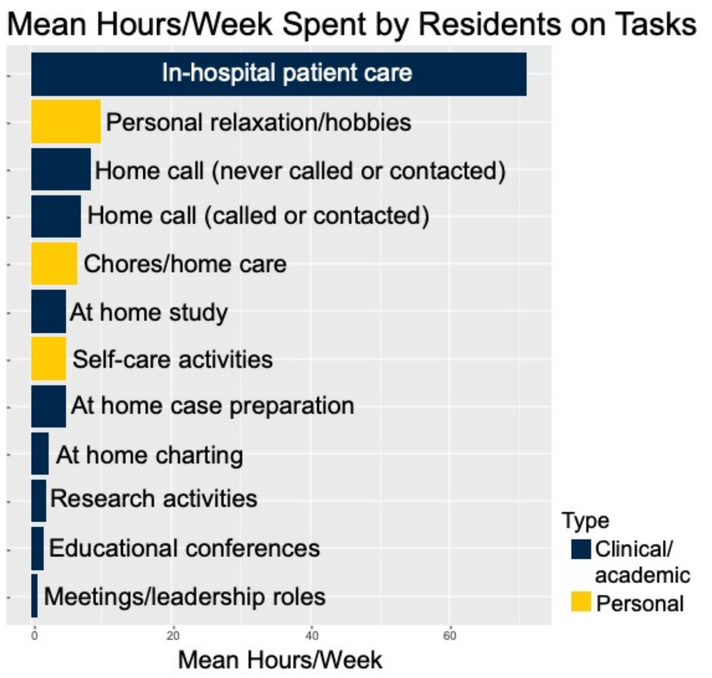
Results

n = 238 (Response Rate 21.6%)

Demographics
Primarily female (54.5%) general surgery residents (71.4%) from university-based programs (82.5%)

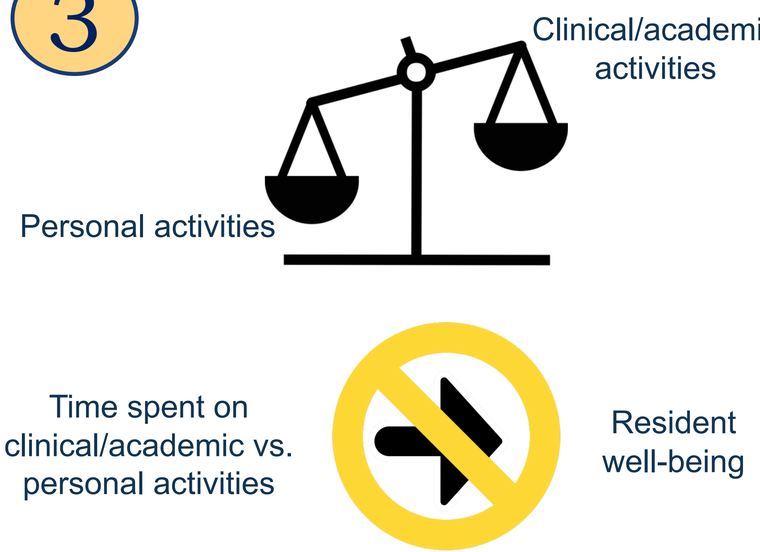


Is there a relationship between how residents spend their time and their well-being?
Neither the number of hours spent on clinical/academic tasks nor the number of hours spent on personal activities was significantly associated with well-being (p = 0.15, p= 0.33)



Lessons Learned

1. Residents agree that in-hospital patient care should be included in clinical duty hours, but there is otherwise significant variability in how residents define duty hours.
2. Residents primarily cite internal and motivators (both positive and negative) for misrepresenting duty hours or exceeding duty hour limits.
3. **Resident activities at home**



Next Steps

Continued efforts should be made to understand and improve surgical resident well-being.

Residency programs should consider regular resident training regarding what should be logged as duty hours, as these tallies have implications for accreditation status.

Duty hour guidelines should be revisited with resident input to optimize surgical training and patient outcomes.

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