LETTER TO THE EDITOR

Resident Perceptions of Work Hour Limitations

Has the 80-hour work week doomed the 3-year Internal Medicine residency?

To the Editor:—The study by Lin et al.¹ in the July issue of the *Journal of General Internal Medicine* may signify the beginning of the end of the 3-year Internal Medicine residency. The study suggests that work hour limitations have significantly compromised the accumulative clinical experience Internal Medicine residents receive during their 3 years of residency. What is not known is whether this loss in clinical exposure has now made it impossible to consistently graduate quality Internists in 3 years.

Applying the Dreyfus continuum of learning, the expectation is that graduating residents should function at the proficient level.² One issue has been in defining “proficient”, in particular when evaluating cognitive skills such as critical thinking. The ACGME Outcome Project has residency programs now focusing on what their residents are learning instead of what they are teaching. The ACGME general competencies more fully define the skills residents must master to become expert clinicians, but do not indicate where on the learning continuum they should be at the end of 3 years.

Even without a clear definition of what the proficient Internist is, there are several reasons to be concerned that 3 years are no longer adequate to train Internal Medicine residents. The complexity of Internal Medicine seems to increase daily. The ACGME competencies illustrate all the skills residents must now master. The study of Lin et al. quantifies the fragmented resident–patient relationship that most of us see on a daily basis. Faculty must devote more time to revenue generation at the expense of time previously dedicated to teaching residents.³ Therefore, residents are expected to learn more with less quality patient time and less faculty mentorship in the same 3 years their predecessors had.

Before we can determine whether residencies need to be lengthened, we need to better understand where on the

learning continuum graduating residents are under the current system. This will require discipline-specific outcome measures. Then we must decide where residents should be on the learning curve when they graduate. Only then can we determine the optimal duration of residency training. If recent changes in GME have shifted the Dreyfus continuum to the right, it would indicate that we are graduating a higher percentage of competent, instead of proficient, physicians. Competent behavior is generally considered that which meets a minimal standard. This has never been the goal of Graduate Medical Education.

Jack L. DePriest MD, FCCP, Memorial Medical Center, 1086 Franklin Street, Johnstown, PA 15905, USA; (e-mail: jdeprie@conemaugh.org).

REFERENCES

1. **Lin GA, Beck DC, Stewart AL, Garbutt JM.** Resident perceptions of the impact of work hour limitations. *J Gen Intern Med.* 2007;22:969–75.
2. **Batalden P, Leach D, Swing S, Dreyfus H, Dreyfus S.** General competencies and accreditation in graduate medical education. *Health Aff.* 2002;21:103–11.
3. **Ludmerer KM.** The development of American medical education from the turn of the century to the era of managed care. *Clin Orthop Rel Res.* 2004;422:256–62.

J Gen Intern Med 23(1):114

DOI: 10.1007/s11606-007-0450-7

© Society of General Internal Medicine 2007

Published online November 28, 2007