

1. Record Nr.	UNINA9910809847703321
Titolo	Resident duty hours : enhancing sleep, supervision, and safety // Committee on Optimizing Graduate Medical Trainee (Resident) Hours and Work Schedules to Improve Patient Safety ; editors, Cheryl Ulmer, Dianne Miller Wolman, Michael M.E. Johns
Pubbl/distr/stampa	Washington, DC, : National Academies Press, c2009
ISBN	0-309-13152-9 1-282-13040-4 9786612130403 0-309-12777-7
Edizione	[1st ed.]
Descrizione fisica	1 online resource (426 p.)
Altri autori (Persone)	UlmerCheryl WolmanDianne Miller JohnsMichael M. E
Disciplina	610.71/55
Soggetti	Residents (Medicine) - United States Fatigue Sleep deprivation Hours of labor Hospitals - United States - Safety measures Medical errors
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Bibliographic Level Mode of Issuance: Monograph
Nota di bibliografia	Includes bibliographical references and index.
Nota di contenuto	Background and overview -- Current duty hours and monitoring adherence -- Adapting the resident educational and work environment to duty hour limits -- Improving the resident learning environment -- Impact of duty hours on resident well-being -- Contributions to error in the training environment -- Strategies to reduce fatigue risk in resident work schedules -- System strategies to improve patient safety and error prevention -- Resources to implement improvements for patient safety and resident training. Appendices: Statement of task -- Comparison of select scheduling possibilities under committee recommendations and under 2003

ACGME duty hour rules -- International experiences limiting resident duty hours -- Glossary, acronyms, and abbreviations -- Committee member biographies -- Public meeting agendas.

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Sommario/riassunto

Medical residents in hospitals are often required to be on duty for long hours. In 2003 the organization overseeing graduate medical education adopted common program requirements to restrict resident workweeks, including limits to an average of 80 hours over 4 weeks and the longest consecutive period of work to 30 hours in order to protect patients and residents from unsafe conditions resulting from excessive fatigue. Resident Duty Hours provides a timely examination of how those requirements were implemented and their impact on safety, education, and the training institutions. An in-depth review of the evidence on sleep and human performance indicated a need to increase opportunities for sleep during residency training to prevent acute and chronic sleep deprivation and minimize the risk of fatigue-related errors. In addition to recommending opportunities for on-duty sleep during long duty periods and breaks for sleep of appropriate lengths between work periods, the committee also recommends enhancements of supervision, appropriate workload, and changes in the work environment to improve conditions for safety and learning. All residents, medical educators, those involved with academic training institutions, specialty societies, professional groups, and consumer/patient safety organizations will find this book useful to advocate for an improved culture of safety.

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