Professionalism in the Era of Duty Hours
Time for a Shift Change?

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CONCERNS HAVE BEEN RAISED THAT THE IMPLEMENTation of shorter duty hours for residents may erode the professional allegiance of these physicians to their patients. Those who trained before duty hour regulations often dismiss current physicians in training as lifestyle oriented and not committed to the profession. Even residents who completed their internship training before 2011 have become instant "grandfathers," sharing in these sentiments.

Yet old values do not simply die in a new system. Despite duty hour restrictions, today's trainees continue to exhibit behaviors consistent with "nostalgic professionalism,"[1] defined as consistently placing a patient's or the profession's needs above one's own personal needs. However, at times these behaviors directly conflict with the current system of medical training. This creates a challenge for medical educators: how can the conflict between nostalgic definitions of professionalism and the new model of medical training be reconciled? Answering this question requires a deeper understanding of specific circumstances in modern residency training in which resident actions consistent with nostalgic professionalism conflict with mandated regulation.

Residents Violate Duty Hours

Residents continue to work past their shift limits, even when it is contrary to what they are told by program leadership. In a study of residents at 3 hospitals, 87% of interns reported staying past shift limits and regarded this behavior as professional.[2] The desire to stay past shift limit is so strong that it can lead to other types of unprofessional behavior such as lying. For example, in a qualitative study at the University of Pennsylvania, residents highlighted that they routinely made trade-offs between leaving on time or lying about their work hours.[3] In a study at Vanderbilt University Medical Center, approximately 50% of surgical house staff underreported their work hours.[4]

One reason residents do not leave the hospital is concern for their own patients as well as harm to patients due to handoffs. Likewise, a reason that residents resist the idea of napping at work is fear about what may happen to their patients while they rest.[5] Although the current system should emphasize the need for improved communication and team-based care, trainees express a strong obligation to their own patients, placing it before their own needs.

Residents Continue to Work When Off Duty

Another way residents demonstrate nostalgic professionalism is by continuing to work after they leave the hospital. Although residents are encouraged to read and study at home to enhance their medical knowledge, many residents continue to engage in clinical care long after leaving the hospital by remotely accessing inpatient electronic health records. Residents not only follow patients' progress but continue to place orders from their off-site locations. Studies show residents check laboratory results, perform dictations, or communicate about a patient's care from home after completing a long shift or on their designated day off.[6] Senior residents are more likely than interns to report engaging in working from home.

Although these findings may be encouraging to some, any enthusiasm will likely be dampened by program directors. The Accreditation Council of Graduate Medical Education has explicitly highlighted that time residents spend working from home counts toward duty hour limits. Although programs are asked to monitor the magnitude of out-of-hospital work, this poses challenges in defining which work from home is and is not permissible. For example, similar to practicing physicians, many residents remotely access the electronic health record to advance care for their outpatient clinic patients.

Residents Come to Work When They Should Not

Residents also exhibit nostalgic professionalism by coming to work during times of personal illness, such as the 2010 H1N1 outbreak. In a study of 12 hospitals, more than 60% of residents reported coming to work when they were ill.[7] This concept, known as presenteeism, is seen in other industries in which employees display a high moral obligation to work.[8] Despite the risks of transmitting illness to

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others, including their patients, residents report working when they were ill due to a sense of obligation to patient care and to avoid inconveniencing colleagues who may need to cover for them in their absence. Once again, senior residents are more likely than their junior counterparts to report coming to work while they were ill.

Transitioning to a New Professionalism

Residents continue to engage in behaviors that are consistent with nostalgic professionalism but are in direct conflict with the current system of residency training. Moreover, senior residents may exhibit these behaviors more often than their junior colleagues, suggesting that ongoing exposure to the culture of training affects residents' beliefs regarding professionalism. This culture may instill a sense of duty to the profession even though the practice of residency training is now more like a job, with constrained (albeit long) hours. Although a sharp generational divide is also possible, studies demonstrate differences between interns and advanced residents.

It is necessary to reconcile the nostalgic professionalism exhibited by residents with modern-day practice and the training environment. Not doing so may lead to confusion and moral distress about how to act professionally. Failing to resolve this tension may promote other unprofessional behaviors. For example, if a resident repeatedly lies about duty hours, it may influence what he or she reports about other monitored behaviors such as procedural competence. Residents will continue to face unrealistic expectations held by faculty who use a nostalgic framework to evaluate them and who engage in "generation bashing." Moreover, as Hafferty and Castellani stated, "students and residents are likely to view physicians who practice a nostalgic professionalism as patronizing, old fashioned, outdated, and unhealthy."[9]

To resolve this conflict, a new professionalism must be advanced that enables learners to exhibit a high degree of professionalism despite regulated shifts. This would differ from a nostalgic professionalism by helping residents recognize their limits as humans, emphasizing the importance of physicians' health and alertness. Unfortunately, adoption of a new professionalism is prevented by multiple barriers such as work hour limitations and preconceived notions by faculty of what constitutes professional behavior.[10]

Other industries such as law enforcement, aviation, and nursing are characterized by regulated shifts but also high professional values, and may provide guidance. In these fields, priority is placed not only on the quality of work performed during the shift, but also on fitness for duty during the shift, the timing and transition of duties, and the beginning and end of a shift. For example, law enforcement officers are taught to respect the start and end of a shift by arriving on time and thereby respecting another's departure time. Using a checklist to assess fatigue, illness, and level of stress, pilots are asked to routinely evaluate their fitness for duty to ensure they are safe for flight. Nurses invest a significant amount of time into their handoffs to ensure a transfer of professional responsibility as well as content.

To make the transition from a nostalgic to a new type of professionalism, the system of residency training must fully adopt a team-based care model in which patient ownership is not relegated to an individual, but shared among a group of team members. As shift work is adopted, such a structure can promote professionalism by preventing a "that's not my patient" sentiment by covering physicians.

Although there is potential to adopt a model of new professionalism, many questions remain. Can faculty embrace the new professionalism? What tools are needed to evaluate trainees? And most importantly, can this evolution in training be aligned with the realities of contemporary medical practice? It is the responsibility of educators and leaders to search for creative solutions to facilitate adoption of new professionalism. After all, now is the time for a shift change.

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