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Effect of Commuter Time on Residency Work Hours

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Results: 45% and 47.5% answered the pre and post-rotation survey respectively. NEMR were asked to rate their comfort level in 10 basic EM chief complains and procedures pre and post rotation (Fig 1). NEMR were asked to rate the most valuable learning resources in the ED. 95% rated ED attendings as the most valuable followed by EM residents at 89%. 50% and 39% felt that EM conferences and online curriculum were the least helpful respectively. When asked whether their educational goals were met during their ED rotation 16% said very much, 42% moderately, and 0% not at all. Suggested improvements for the rotation included more shifts on higher acuity bays, less switching between day and night, more bedside ultrasound teaching, and pre-rotation orientation.

Conclusions: In conclusion, NEMR in general felt very uncomfortable and poorly prepared to handle common patient complaints and procedures in the ED revealing a knowledge gap that these residents have. Survey results showed increasing level of comfort in all 10 procedures/knowledge criteria after the rotation reinforcing the importance of the EM rotation to their ongoing education. While most residents felt that their learning goals were met, this knowledge will help us improve and modify their experience to help better meet their goals.

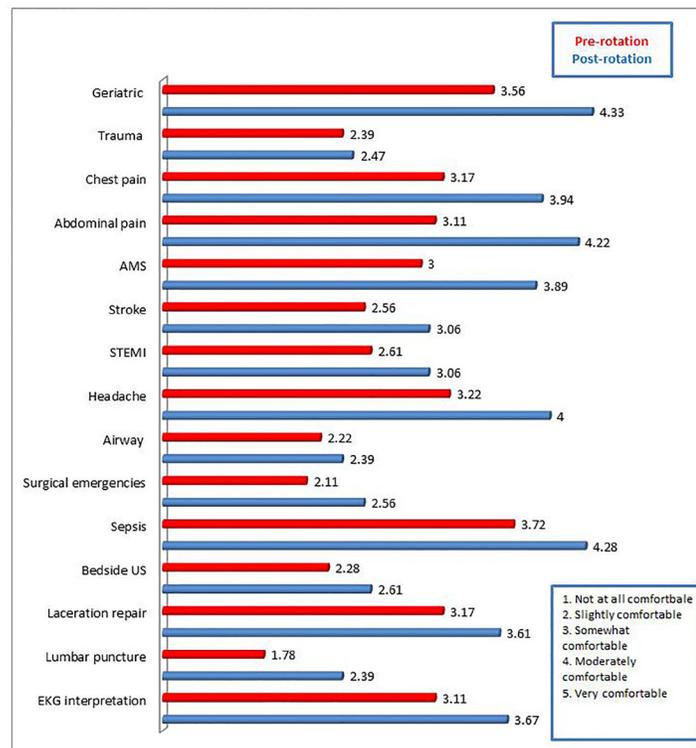


Figure 1. Pre and Post-rotation Level of Comfort of NEMR.

21 Effect of Commuter Time on Residency Work Hours

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Background: The impact of work hours on resident well-being and patient safety have long been a controversial issue. What has not been considered in resident work hour limitations is whether resident commuting time has any impact on a resident’s work week, well-being, and whether resident commuting time should be considered in calculating total resident work hours.

Objectives: We sought to investigate resident commuter time, methods of commuting, and potential consequences of extended commute.

Methods: A self-administered electronic survey was generated and distributed to all 174 allopathic emergency medicine program directors on a national academic listserv. Participation was voluntary. The study received institutional board review approval. The survey instrument consisted of twelve multiple-choice questions.

Results: Survey response rate was 8% of all possible residents.

Commuter time was found to be 30 minutes or less in 70% of respondents. 16% of residents reported commuter time of 31-45 minutes and 11% reported 46-60 minutes. 0.4% reported a commuter time of 76-90 minutes and 1 resident had a commuter time of 91-105 minutes.

The resident who reported having a commuter time of 91-105 minutes used train as method of commuting and also reported working 12 hour shifts. Of the two residents with 76-90 minute commute times, one commuted by car and the other by train. The former worked 8 and 12 hour shifts. The latter worked various shift of either 8, 10 or 12 hours shifts.

Most concerning was the 29.3% of residents reported falling asleep while driving their car home from work. We found 12% of respondents reporting being involved in a car collision commuting to or from work.

When asked their opinion on the effect of commute time, those with commute times greater than 1 hour 75% of residents responded it was detrimental.

Conclusions: While the majority of emergency medicine residents in this survey have commuter times of 30 minutes or less, there is small population of residents with commuter times of 76-105 minutes. Given that these residents often work 12 hours shifts, at times residents whose commute is up to 105 minutes each way could be traveling a total of more than 3.5 hours for each round trip to/from work. These extended commuter times may be having detrimental effects on resident health and well-being.