Rotators in the Emergency Department: Conference Attendance, Duty Hours Compliance, Sick Call, and Other Issues. A Survey of Academic Emergency Medicine Programs

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Study Objectives:
To document rules, practices and perceptions regarding Internal Medicine (IM) residents who rotate in Emergency Departments (EDs), and Emergency Medicine (EM) residents on rotating with other services.

Methods:
We mailed a survey to program directors (PDs) and chief residents of 132 EM residency programs. Surveys were returned by mail, with follow-up via telephone and internet.

Results:
Ninety-two programs responded (69.7%). Eighty-nine of these programs have IM rotators in the ED (96.7%). Results are drawn from these 89 programs:

IM Rotators attend conference as follows:
- IM Conference 20.7%
- EM Conference 36.8%
- Both EM and IM Conference 25.3%

When IM rotators call in sick, coverage is provided as follows:
- EM residents cover 13.7%
- IM residents cover 31.5%
- No coverage 49.3%

67.0% “have an official policy covering IM rotators who call in sick” 46.1% expect that when IM rotators miss a shift due to sickness, they will work a make-up shift 34.8% report that IMs are excused from their regular clinic responsibilities during their EM rotation

When EM residents rotate on other services, and where sole responsibility for ensuring ACGME duty hour compliance rests with one office (n=65), that duty falls to:
- Emergency Medicine PD 53.8%
- Host Service PD 35.4%
- Graduate Medical Education Committee (GMEC) 6.2%

Duty hour compliance is sometimes shared, as indicated in the diagram below

Conclusions:
These data provide a national perspective for EM residency programs and ED directors. They show wide variability in practices regarding conference attendance by IM rotators, sick call policies, and responsibility for duty hour compliance. IM rotators are drawn disproportionately from residents in early training years, and the impact of this upon educational and patient-care goals merits further examination. With the current focus upon duty hours and resident wellness, expectations of make-up shifts by 46.1% of programs may become controversial. Given that ACGME duty hour compliance may place host and EM program directors at odds with each other, it is notable and perhaps unfortunate that GMECs rarely take primary responsibility.