

Residency work hours study

1.

New regulations on duty hours and supervision take effect July, 2011. This survey is part of an effort to measure the impact of these changes on resident quality of life, education, and patient care. Your answers will help determine the impact of residency scheduling changes and design improvements in the future. It should take about 10-15 minutes to complete. Please answer as honestly and completely as you can - it is important that you answer honestly and not how you think you should answer.

Consent form:

1. You are being asked to join a research study. This consent form explains the research study. If you join the study, you can change your mind later. You can decide not to take part or you can quit at any time. There will be no penalty or loss of benefits if you decide to quit the study.

2. This research is being done to learn about the effects of changes in duty hours requirements on residency life, education, and patient care. Internal medicine, emergency medicine, pediatrics, obstetrics/gynecology interns at Johns Hopkins Hospital during 2011 and 2012 may participate. This study will be done at six hospitals in the United States. There will be about 150 residents enrolled at Johns Hopkins. There will be about 340 residents enrolled at all sites.

3. If you agree to be in this study, we will ask you to do the following things:

Complete the attached survey

Internal medicine residents on the 'O' only: wear the watches we give to you for the study period of 1 month. If you agree to participate, you may be given a watch to measure your sleep which you will be asked to wear at all times during the study month, except when swimming. We will then collect the watch at the end of the study month. If you elect to participate, you may remove the watch at any time if you so choose.

We will collect de-identified information on in-service exam and step 2 scores.

4. You do not have to answer any questions you do not want to. Although every effort will be made to keep your information confidential, there is a small risk that information about you may become known to people outside of this study. Your taking part may benefit future residents. You do not have to join the study. If you do not join, it will not affect your training.

5. It will not cost you anything to be in this study

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6. You will not be paid if you join this study

7. You can agree to be in the study now and change your mind later. If you wish to stop, please tell us right away.

Leaving this study early will not affect your training.

8. Johns Hopkins has rules to protect information about you. Federal and state laws also protect your privacy. The people working on the study will collect information about you. The research team will need to see your information. Sometimes other people at Johns Hopkins may see or give out your information. These include people who review the research studies, their staff, lawyers, or other Johns Hopkins staff. People outside of Johns Hopkins may need to see your information for this study. Examples include government groups (such as the Food and Drug Administration), safety monitors, other hospitals in the study and companies that sponsor the study. We cannot do this study without your permission to use and give out your information. You do not have to give us this permission. If you do not, then you may not join this study. We will use and disclose your information only as described in this form and in our Notice of Privacy Practices; however, people outside Hopkins who receive your information may not be covered by this promise. We try to make sure that everyone who needs to see your information keeps it confidential – but we cannot guarantee this. You can cancel your permission to use and disclose your information at any time by calling the Johns Hopkins Privacy Officer at 410-735-6509.

BY CHECKING 'YES' BELOW YOU AGREE TO THE PROVISIONS ABOVE AND TO TAKE PART IN THE STUDY

YES

NO

2. About you

Please answer the following questions about yourself:

What is your age?

What is your gender?

Male

Female

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What rotation are you on now?

- General medicine
- Subspecialty medicine/oncology/neurology
- ED
- ICU
- Ambulatory/elective/Case/vacation

What was your most recent inpatient rotation (including current)?

How many hours did you work during your last inpatient week?

How many hours did you REPORT working during your last inpatient week?

How much time in minutes during the past week did you spend reading journals, articles, textbooks, etc?

Did you do clinical work on your last day off, such as check labs or write notes?

- Yes
- No

How many days off (≥ 24 hours) did you have in the last 4 weeks of the inpatient rotation you most recently completed?

During your most recent rotation with overnight call, on post-call days how often were you able to complete your signout and leave on or before the hours violation mark?

- Always (100%)
- Frequently (75%)
- Sometimes (50%)
- Rarely (25%)
- Never (0%)

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Please rate how you feel about the year in general.

	Disagree strongly	Disagree somewhat	Neutral	Agree somewhat	Agree strongly
I feel stressed in my current job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a low sense of accomplishment in my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think I feel more stressed in my job than providers doing the same kind of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't feel enthusiastic about my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job exhausts me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that my stress level interferes with my ability to deliver quality care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.

The following questions relate to your most recent (including current) inpatient rotation. Please answer honestly, not how you think you should answer.

Please rate over the last week of your most recent inpatient rotation how likely you were to doze off or fall asleep in the following situations

	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
Sitting and reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting in noon conference or firm faculty teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a passenger in a car for an hour without a break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lying down to rest in the afternoon when able	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting and talking to someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting quietly after lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving a car while stopped for a few minutes in traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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At this point in the year how prepared do you feel managing the following cases on your own in the hospital or clinic without a supervising resident immediately available?

	Very unprepared	Somewhat unprepared	Somewhat prepared	Very prepared
Acute myocardial infarction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper GI bleed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic low back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient on floor developing septic shock requiring ICU admission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

It is important that you answer honestly and not how you think you should answer.

Imagine it is 6pm on your postcall day and your residency program policy dictates that you should go home. How do you manage the following situations that arise at 6pm?

	Stay and handle it	Sign it out	Deal with it yourself tomorrow
Patient needs central line to begin IV antibiotics; no other IV access can be obtained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient on the medical floor has new fever to 39 and decreasing BP from 110/70 to 90/50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient is anxious regarding a procedure tomorrow afternoon and needs reassurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Medical errors are common. The following pertain to how often the following occurred during your most recent inpatient rotation. During your most recent month of inpatient work how often did you...

	Never	Rarely	Sometimes	Often	Very often
Forget to convey important information during signout?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forget to order a specified test or medication, resulting in a delay in a procedure or discharge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forget to follow up on a specified test, resulting in a delay in a procedure or discharge, or an adverse event for a patient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Order a duplicate test (ie one that had been done recently) without clinical indication?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work while impaired by fatigue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness a colleague working while s/he was impaired by fatigue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Report information you were unsure of to residents/attending?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often are the errors you make due to:

	Never	Rarely	Sometimes	Often	Very often
Fatigue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive workload/inadequate time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate medical knowledge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate knowledge about the patient/poor signout?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate supervision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Systems of care/computer system problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distractions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.

The following questions relate to transitions in care (handoffs)

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On average, how much time per day (in minutes) did you spend preparing for daily handoffs in care during your most recent inpatient rotation?

On average, how much time per day (in minutes) did you spend actually giving/receiving patient handoffs during your most recent inpatient rotation?

During your most recent inpatient rotation, please rate the quality of the daily handoffs you received

- Poor Fair Good Very good Excellent

During your most recent inpatient rotation, when called to see a patient you were cross-covering, how often were you unsure of what to do because you lacked patient information?

- Never Rarely Sometimes Often Very often

5.

Summing up - last page

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Based on your most recent inpatient rotation, please rate to what extent you agree with each of the following statements

	Disagree strongly	Disagree somewhat	Neutral	Agree somewhat	Agree strongly
I know my own patients well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know the team's patients well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel responsible for the outcome of my patients' care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a good sense of what happens to patients during their hospitalization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel guilty signing out tasks for my colleagues to complete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel patients are safe on this service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I communicate effectively with members of the healthcare team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I communicate effectively with patients and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I come in to start a day/call/shift, I feel well rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the following for the year in general

	Poor	Fair	Good	Very good	Excellent
Your educational experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of patient care you provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with your work life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with your personal life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of teaching you provided (to students, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your engagement with other health professionals to provide excellent patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to form positive patient-doctor relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please rate the extent to which you agree with each of the following statements

	Disagree strongly	Disagree somewhat	Neutral	Agree somewhat	Agree strongly
I feel prepared to be a resident in July and supervise interns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel safe being treated here as a patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My suggestions about patient safety would be acted upon if I expressed them to management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel patient care is organized to be patient-centered at this hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have been exposed to an appropriate variety of cases and patients this year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I have had an appropriate mix of independence and supervision in the inpatient setting during my intern year as my clinical skills have improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I always have someone to turn to if a clinical situation arises that I do not feel comfortable with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel encouraged by my colleagues and the residency program to try to evaluate and improve my own practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>