Resident Work Hours On The OB Rotation

At the recent annual meeting of the Society For Obstetric Anesthesia and Perinatology, one of sessions was dedicated to the performance of doctors, work hours, and sleep deprivation. This was a timely session since we have spent the last couple years discussing how to best optimize the schedule. After the conference, we discussed the schedule again and came to the conclusion that the current schedule does the best job of meeting all our objectives. However, I would like to take this opportunity to explain the reasoning behind our schedule and what we need to do to have everyone perform as best as possible on the rotation.

A person’s natural sleep cycle makes them sleepiest between 2 a.m. and 5 a.m. A fundamental fact of work performance and sleep deprivation is that it is impossible to do much to help people perform better during the middle of the night. The most important thing an individual can do to perform optimally on-call is get adequate sleep on the nights leading up to a call night. They should not build up a sleep deficit. It is especially important that doctors get a good night of sleep before they take call, or any day they work for that matter. It should be considered a doctor’s professional duty to get adequate sleep on a daily basis. They owe this to their patients.

We have limited resident’s night calls during the weekdays to 16 hours. On the weekends, when it is not as busy, we do have the residents take 24 hour calls. There is no evidence that residents will perform any better during a shorter overnight call and by taking 24 hour weekend calls means residents will work fewer shifts. This will hopefully improve their lives outside the hospital. We have also gone to a q 4 schedule instead of a night float system where residents take 4 nights straight of call. It is difficult to sleep during the day between night calls. Natural sleep/wake cycles makes sleeping difficult during the day. Most people build up a huge sleep deficit over the course of 4 nights of call. Call every fourth night makes more sense.

Small things one can do to help their alertness and performance on call is to grab small catnaps whenever possible. Some people suggest that on-call naps be limited to 30 minutes so as to avoid going into a deeper stage of sleep that can be difficult to wake up from. I personally get as much sleep as I can while on call.

Caffeine will also increase alertness and awareness. The key is to use it therapeutically. One should not drink caffeinated drinks every day. It is best to save caffeine consumption for when one needs a boost in their alertness. There are other drugs that can be used to improve alertness. However, their safety and side effects are not completely known at this time. We discourage the use of anything but caffeine at this time.

Finally, we would like to make one change to the rotation to help make the nights more tolerable. When residents take a 24 hour call, they should get a break of 2 to 3 hours so they can sleep. This break can take place any time from the early afternoon until midnight. During this break, the attending should be the first person called and we suggest the attending hold onto the resident’s phone and pager. We do expect the resident to sleep during this period and not watch television, eat, or check e-mail. This time should be used to sleep.

Finally, driving home exhausted after call is dangerous. If one gets no sleep on call they should get someone to pick them up, use public transportation, or take a nap and then drive home.