24/7 Attendings: “Helicoptering” the Housestaff?

Senior level physician oversight of resident activity has become mandated in graduate medical education since the advent of residency work hour limitations.1 Moreover, due to the influence of The Leapfrog Group, the in-hospital presence 24 hours per day, 7 days per week (“24/7”) of board-certified intensivists is now commonplace,2 despite inconsistent benefits to ICU patient safety and resident education.3,4 Concerns regarding 24/7 intensivist influence on resident autonomy and competence are now being recognized.5 In this issue of Pediatrics,6 survey results from a large national sample of housestaff, fellows, and attending physicians engaged in pediatric residency activities reflected a negative perception of 24/7 pediatric ICU intensivist presence on housestaff autonomy by 38% of residents working in this model. This finding increased to 56% among fellows and 69% among intensivists in the 24/7 system. Almost one-half of attending intensivists in the 24/7 model believed that the residents they supervised would not be prepared to function competently as independent attending physicians; ~25% of residents were similarly not confident of their competence after training. Autonomy and competence, along with a sense of relatedness, are human psychological needs intricately linked to intrinsic motivation, higher achievement, and job satisfaction.7,8 Observations by Rehder et al6 suggest that omnipresent attending physicians are perceived to limit or control the experience of autonomy and the development of competence in residents. The influence of 24/7 attending physicians may subsequently affect independent success and career satisfaction among certain residents, similar to reported effects of “helicopter parents” on the well-being and success of their college-aged children.9

The present investigation6 alludes to the possibility that training experiences providing a sense of autonomy to residents in the survey are different in character compared with previous residency experiences of surveyed intensivists. Although residents do not all equate the presence of attendings with autonomy loss,3 some residents do report it as an increasing factor in modern medical education.7,10 The likelihood for diminished resident autonomy may be highest in ICU settings in which 24/7 intensivist presence is the norm, as the “dose” of senior physician influence is higher there than in other settings.11,12 Residents engaged in clinical care in which senior physicians are readily available are likely to experience some attending influence on their patients’ plans of care, particularly with work compression reported in US teaching programs13; it is also possible that residents may be completely absolved from making any independent patient care decisions.14 Nevertheless, the current medical training environment characterized by decreased time working in the hospital,15 coupled with increased attending presence, should raise questions of the ultimate impact on patient safety, when newly minted attending physicians will have to make not just their own decisions, but timely decisions, particularly if engaged in ICU care. Because 24/7 coverage is not unequivocally associated with better ICU
patient outcomes, acknowledging and fostering autonomy in residents through novel curricula may be important to safeguard their future independent success as attending physicians.

The eroded perception of housestaff competence to function as attending physicians after training was substantiated by objective data indicating that fewer housestaff in the 24/7 model attempted common ICU procedures, including specific procedural competencies required by the Accreditation Council for Graduate Medical Education for general pediatrics trainees. The ICU environment is generally considered a “procedure-rich” area for residents to hone procedural skills that will translate into decreased procedural-related complications for patients. Although 24/7 intensivist supervision can conceivably improve basic procedural education, its impact on patient safety is less clear, particularly if a lower number of procedures are attempted independently by residents. Less robust involvement by residents in the 24/7 attending setting, compounded with time limitations in the hospital, would also be expected to compromise resident clinical decision-making proficiency. Innovative high-fidelity simulation strategies are currently being developed and used in part to more efficiently educate residents within work hour limitations. Nevertheless, in the pediatric environment, simulation training has not consistently translated into improved clinical practice.

Omnipresent attending physicians who manage key details of patient care may not only potentially undermine resident autonomy but may also affect residents’ sense of relatedness and connectedness to the work environment. A sense of feeling irrelevant to a given work environment due to excessive attending intervention would be expected to negatively affect a resident’s interest and attitude toward it as a career choice. Pediatric residents are already less likely to pursue subspecialty careers that include critical care. Attending physicians and other senior level physicians who foster a sense of relevance, interest, and connectedness within residents during a subspecialty rotation, such as the PICU, likely will positively influence residents’ perception of the subspecialty as a career.

Medical education has changed dramatically in the last decade to address safety issues in both residents and their patients. Although well intentioned, it is imperative to consider the potential “helicopter” impact of 24/7 attending physicians on future residents’ independence and job satisfaction. In doing so, we will ensure a supply of enthusiastic and eager physicians who can competently care for the patients of tomorrow.

REFERENCES


24/7 Attendings: "Helicoptering" the Housestaff?
Ellen L. Burnham
Pediatrics originally published online December 9, 2013;

Updated Information & Services
including high resolution figures, can be found at:
http://pediatrics.aappublications.org/content/early/2013/12/03/peds.2013-3493.citation

Permissions & Licensing
Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
https://shop.aap.org/licensing-permissions/

Reprints
Information about ordering reprints can be found online:
http://classic.pediatrics.aappublications.org/content/reprints
24/7 Attendings: "Helicoptering" the Housestaff?
Ellen L. Burnham
Pediatrics originally published online December 9, 2013;

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/early/2013/12/03/peds.2013-3493.citation