

Editorial

Will the year 2016 augur well for better patient safety and health of residents in Korea according to the enactment of the Act for improving the resident training environment and enhancing resident's status?

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I received the following text message from Dr. Yong-ik Kim, member of the National Assembly of Korea, on my cell phone early in the morning on December 3, 2015: 'Act for improving the resident training environment and enhancing resident's status' was passed by the National Assembly of Korea. It was passed over half a century after the introduction of the resident training system in Korea. This law would ensure high quality training for residents and establish a better patient health environment. It was proposed by Dr. Kim.

I was delighted to hear this news since there was objection by interest groups and many did not anticipate the passing of the law. The main proposal of the so-called 'resident law' was that for limiting the on-duty hours to 88 hours per week, including 8 hours for educational purposes. It was officially enacted on December 22, 2015, and was announced to the public through the 'Statutes of the Republic of Korea (<http://law.go.kr/>).'

In Korea, the working time regulations stipulate 40 hours per week. For residents, this cannot be applied due the nature of the job and the training program. I remember having worked more than 110 hours per week when I was a 27-year-old intern at my university hospital in 1985. There were long hours and various duties allotted to me. One of the most tedious and meaningless duties was that of tracing a patient's lost X-ray films. Sometimes, senior doctors took out those films for re-

search or presentation purposes. If they lost the film, the intern had to search for them all over the hospital and get it back. This was very stressful for me. After the installation of the picture archiving communication system, this duty of the intern disappeared from the hospital. Sometimes, I could feel myself burn out due to the overload of work. One such incident was the case of a baby who needed artificial breathing using an ambu bag (bag valve mask). I had to hold the ambu bag for more than two hours during the night. In between, I sometimes dozed off as I had not slept for the last 20 hours; therefore, my bagging became slower. The baby's parents had requested me to adopt the faster bagging method. Fortunately, the baby later recovered and was discharged in a healthy condition. However, when I recall that situation, I feel guilty and depressed, since I had not been able to do my best for the baby. Of course, life as an intern was a good experience as it helped build a good rapport with physician colleagues, nurses, and other health personnel in the hospital; nevertheless, this painful memory always surfaced when I recalled the 10-month internship period. I believed that working more than 110 hours a week was natural for interns because all senior physicians had also experienced the same situation. Astonishingly, still intern usually works for average 110 hours a week according to a survey on training and working conditions of residents in 2015 [1]. Also, there was a report that burnout increased during internship period in Yale University, United States [2].

When I visited Upstate Medical University, Syracuse, New York, United States, in 2001, residents were recommended to leave the hospital if they finished their on-duty hours since there was a law limiting the working hours in New York State.

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The state law of New York limited the working hours of residents to 80 hours a week and it was enacted in 1989 (https://www.health.ny.gov/professionals/doctors/graduate_medical_education/other_related_information/405_4.htm). It is now 26 years since the law was enacted in New York State. It was good to hear that a similar law was being passed in Korea. This will be the first step toward better patient safety and health of residents. I regret not leading the way to establish a better system for residents and patients. I applaud all groups that have supported this law, such as the Korean Medical Association and the Korean Intern Resident Association. Dr. Kim's painstaking efforts and continuous work on the proposal and his persuasions were vital for the enactment of the law.

Of course, there are worries about how to compensate for the residents' reduced working hours. For this, a proposal to introduce the hospitalist system has been discussed. This is known to be an alternative system to improve in-patient care and to reduce the workload on residents or subspecialty staff. It was proposed that the introduction of the hospitalist system should be cost-effective in Korea [3]. According to a cohort study in Taiwan, the hospitalist system was suitable for the National Health Insurance scheme from the perspective of cost, and it could be an alternative model to deal with rising admissions and staff shortages [4]. Since Taiwan operates a similar National Health Insurance scheme as that of Korea, ideas can be drawn from Taiwan to adapt the Korean insurance scheme to the hospitalist system. However, there is no concrete study on the hospitalist system in Korea since this system was introduced only recently. We must consider research projects for establishing the hospitalist system in Korea. Without compensating for residents' working hours, a new 'resident law' cannot be stabilized soon. Besides compensating for working hours, reduced working time for surgical training in the United Kingdom and Ireland may have negative effects on the continuous observation and consistent care of surgical patients [5]. Training quality is another point to consider when residents' on-duty hours are reduced. Furthermore, physician assistant system should be discussed sincerely. Although some physician assistants have worked in the hospital where there is a short of residents, legal status of physician assistant was not established yet in Korea [6]; while, in the United States, physician assistant system was already established and there was an

active curriculum development [7].

In the Korean traditional calendar, 2016 is the 'year of the red monkey.' I hope the year of the red monkey can usher in better patient safety and health of residents due to the enactment of the 'resident law.' We should do our best to introduce an appropriate system for the rapid stabilization of the resident training system.

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Conflict of interest

No potential conflict of interest relevant to this article was reported.

References

1. Oh SH, Kim JS, Lee PS. A survey on training and working conditions of residents in 2015. *J Korean Med Assoc* 2015;58:1179-1189. <http://dx.doi.org/10.5124/jkma.2015.58.12.1179>
2. Doolittle BR, Windish DM. Correlation of burnout syndrome with specific coping strategies, behaviors, and spiritual attitudes among interns at Yale University, New Haven, USA. *J Educ Eval Health Prof* 2015;12:41. <http://dx.doi.org/10.3352/jeehp.2015.12.41>
3. Jang SI, Jang SY, Park EC. Trends of US hospitalist and suggestions for introduction of Korean hospitalist. *Korean J Med* 2015;89:1-5. <http://dx.doi.org/10.3904/kjm.2015.89.1.1>
4. Shu CC, Lin JW, Lin YF, Hsu NC, Ko WJ. Evaluating the performance of a hospitalist system in Taiwan: a pioneer study for nationwide health insurance in Asia. *J Hosp Med* 2011;6:378-82. <http://dx.doi.org/10.1002/jhm.896>
5. Canter R. Impact of reduced working time on surgical training in the United Kingdom and Ireland. *Surgeon* 2011;9 Suppl 1:S6-S7. <http://dx.doi.org/10.1016/j.surge.2010.11.020>
6. Kim JJ. Planning a physician assistant system for Korea. *J Korean Med Assoc* 2011;54:1240-1244. <http://dx.doi.org/10.5124/jkma.2011.54.12.1240>
7. Oliveira KD, North S, Beck B, Hopp J. Promoting collaboration and cultural competence for physician assistant and physical therapist students: a cross-cultural decentralized interprofessional education (IPE) model. *J Educ Eval Health Prof* 2015;12:20. <http://dx.doi.org/10.3352/jeehp.2015.12.20>