



in the chart, talking on the phone and answering pages, performing laboratory tests, sleeping, eating, being in transit, and reviewing old records. A Duke University<sup>6</sup> time-and-motion study, using random beepers to signal house officers to record their activity, found a similar amount of touching or talking time with patients.

In a study on the difference between on-call and off-call activities, Wood and colleagues<sup>7</sup> found that residents perceived the evaluation of acutely ill patients during night call as being the most educational.

This latter finding leads us to ask, "What have the '405 regulations' done to the quality of education, by limiting work hours of house officers?" If the most enlightening thing residents do is to work up patients at night, are interns who have limited night call learning anything? Norcini and colleagues<sup>8</sup> found that the knowledge level of U.S. medical graduates is getting worse and that of foreign medical graduates is getting better.

To assess the impact of the "405 regulations," Conigliaro<sup>9</sup> polled house staff and attending staff on problems with the night float system imposed by these regulations. Two thirds of house officers said there were generally more benefits, but one third said the regulations induced a "shift mentality"—the notion that when the "shift" was over, the resident's obligation or responsibility for the patients was also over, regardless of the patients' needs—and continuity of care has decreased. Attending staff said they saw no benefit.

#### ■ WHAT SHOULD BE DONE?

Intense patient care requires intense training. The 80-hour work week should be eliminated. Residents should again "reside" in the hospital for months at a time. For example, the internship should comprise 3-month blocks of alternating inpatient and outpatient rotations. Inpatient months would require total commitment by the house officer. Residents destined for outpatient practice would spend the remaining 2 years in the outpatient department. Those wishing to be hospitalists or subspecialists would complete 2 more years with 3-month inpatient blocks alternating with

research and consultative medicine. We also need to develop a national strategy to reduce the costs of medical school, or a program of repayment (ie, national service).

#### ■ REFERENCES

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The average resident is \$63,000 in debt

#### CORRECTION

An error appeared in the article by Dr. Franck G. Skobieranda, "A 30-year-old woman with headache" (*Cleveland Clinic Journal of Medicine* 1997; 64:293–297). In TABLE 3 on page 296, the term "monoamine oxidase inhibitors" was incorrectly indented. This part of the table should have been as follows:

##### Antidepressants

Nonsedating  
 With less anticholinergic effects  
 Fluoxetine  
 Sertraline  
 Paroxetine  
 Venlafaxine  
 Monoamine oxidase inhibitors  
 Nefazodone  
 Buspirone  
 Bupropion