

# Papel de los R1 en el hospital. Nueva legislación vigente



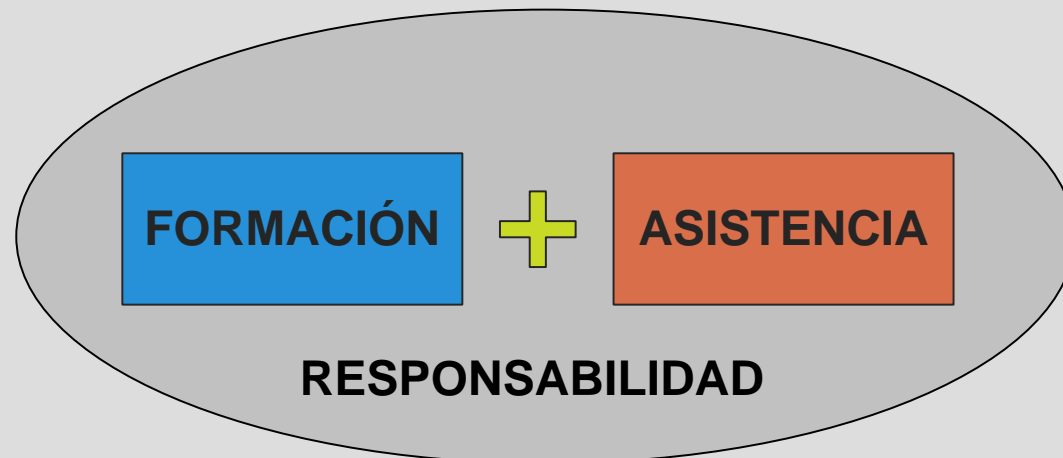
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# Enfoque inicial...

- **Determinantes del papel del R1**

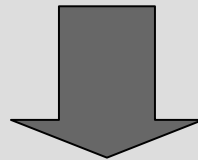
- Centro
- Servicio
- Tutor
- ...

- **Mensaje nuclear: la dualidad**



# Historia de la legislación I

- Ord. minist. 03-09-1969 y 28-07-1971: **los inicios**
- Ley 44/2003 del 21 de noviembre: **relación contractual**



- Real Decreto 1146/2006: **regulación laboral**
  - Práctica tutelada
  - Formación teórico-práctica
  - Responsabilidad progresiva

# Historia de la legislación II

- **Real Decreto 183/2008: regulación formación**
  - **Formación de calidad**
  - **Estructura docente** {
    - Unidades docentes
    - Comisiones docencia
    - Tutor
  - **Planes formativos**
  - **Normativa evaluaciones**
  - **Supervisión y responsabilidad progresiva**

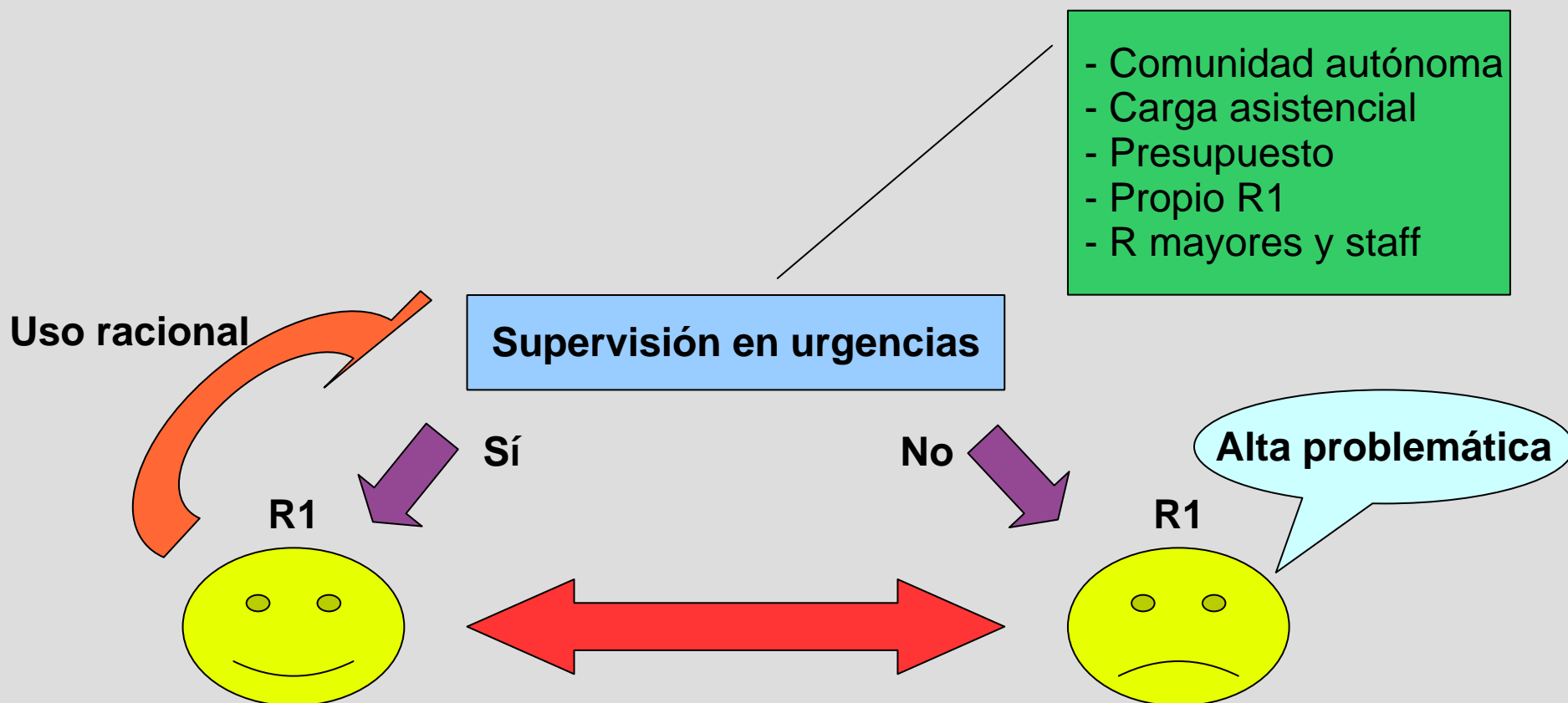
# Papel de los R1 I

| HOSPITALIZACIÓN            |                                  |
|----------------------------|----------------------------------|
| Situación clínica paciente | Evolutivos                       |
| Manejo clínico consensuado | Tratamientos                     |
| Historias de ingreso       | Informar enfermería y familiares |
| Pase de visita diario      | Rotaciones                       |

# Papel de los R1 II

| URGENCIAS               |                               |
|-------------------------|-------------------------------|
| Anamnesis               | Confirmar o rechazar sospecha |
| Exploración física      | Tratamiento                   |
| Juicio clínico          | Ingresos y altas              |
| Pruebas complementarias | Paciente complejo o inestable |

# Papel de los R1 III



# Importancia supervisión I

J Fam Pract. 1990 Feb;30(2):223-9.

## **The effects of sleep loss on cognitive performance of resident physicians.**

Jacques CH, Lynch JC, Samkoff JS.

Department of Family and Community Medicine, College of Medicine, Milton S. Hershey Medical Center, Pennsylvania State University, Hershey 17033.

Comment in:

J Fam Pract. 1990 Jun;30(6):632.

Although the long hours worked by resident physicians have raised concern in the public, legislators, and members of the medical profession, the consequences of sleep loss on the ability of residents to perform in clinical settings is unknown. The present study examined the effects of various amounts of reported sleep on cognitive performance measured by the American Board of Family Practice in-training examination. A total of 353 family practice residents in 21 programs who took the examination in Pennsylvania in 1988 were studied. Linear regression analysis demonstrated a statistically significant ( $P$  less than .05) decline in composite test score with decreasing sleep on the night before the examination for residents in each year of training. Loss of one night's sleep resulted in changes in test scores that were approximately equivalent in magnitude to the change that occurred in test scores between residents in the first and third year of training. The results suggest that prolonged testing over several hours may be necessary to detect the subtle but significant differences in cognitive performance that are present with relatively mild degrees of sleep loss.

**Falta de sueño**



**Menor rendimiento**



# Importancia supervisión II

**ON CALL: ISSUES IN  
GRADUATE MEDICAL EDUCATION**

## Sleep Loss and Fatigue in Residency Training A Reappraisal

Sigrid Veasey, MD

Raymond Rosen, PhD

Barbara Barzansky, PhD

Ilene Rosen, MD

Judith Owens, MD, MPH

**L**ONG WORK HOURS ARE A TIME-honored tradition in most residency programs. Demanding schedules are often said to be necessary for learning and development of professionalism. The use of resident

Reduced sleep time is commonplace for many interns and residents. Recent studies, however, suggest that sleep loss and fatigue result in significant neurobehavioral impairments in healthy young adults. We reviewed studies addressing the effects of sleep loss on cognition, performance, and health in surgical and nonsurgical residents. We describe the effectiveness of countermeasures for sleepiness, including recent work-hour restrictions. A more complete understanding of the issues of sleep loss during residency training can inform innovative strategies to minimize the effects of sleepiness and fatigue on patient care and resident safety.

*JAMA. 2002;288:1116-1124*

[www.jama.com](http://www.jama.com)

**Falta de sueño**



**Menor rendimiento**

# Importancia supervisión III

Mo Med. 2004 Mar-Apr;101(2):128-31.

## Ordering errors by first-year residents: evidence of learning from mistakes.

Walling HW, Veremakis C.

Department of Graduate Medical Education, St. John's Mercy Medical Center, St. Louis, Missouri, USA.

OBJECTIVE AND DESIGN: To study patterns of ordering errors, we reviewed charts of patients cared for by first-year residents at our community-based teaching hospital. RESULTS: In month one, 39 of 1248 orders (3.1%) were rated as errors. In contrast, 9 of 1072 orders (0.84%) in month six were rated as errors ( $p < 0.001$ ). Of the 48 errors identified, 36 (75%) related to medications (choice, dose, route, frequency, or duration). Over half (53%) of these errors involved antimicrobials, pulmonary medications, or diabetes-related drugs. For all errors, half (24/48) were identified by attending physicians, with hospital support staff noting most of the remaining errors (43.8%). Errors were ultimately corrected by the first-year resident in over half of the cases (52%); attending physicians corrected 16 of 39 errors (41%) in month one but only one of nine errors (11%) in month six. Errors by first-year residents were primarily attributed to inattention (45.8%) or deficits in clinical knowledge (43.8%). No adverse effects resulted from any of the ordering errors identified. Primary consequences of errors included inconvenience to staff (50%), delay in treatment or diagnosis (31.3%), or receiving unneeded medication (18.8%). CONCLUSIONS: The number of medical errors decreases with experience. Our results highlight the importance of clinical supervision during the initial months of training.

**Mayor experiencia**



**Menos errores**

# Importancia supervisión IV

## Burnout Comparison Among Residents in Different Medical Specialties

Shahm Martini, M.D., M.P.H.

Cynthia L. Arfken, Ph.D.

Amy Churchill

Richard Balon, M.D.

**Objective:** *To investigate resident burnout in relation to work and home-related factors.*

**Method:** *Maslach Burnout Inventory was mailed to residents in eight different medical specialties, with a response rate of 35%.*

**Results:** *Overall, 50% of residents met burnout criteria, ranging from 75% (obstetrics/gynecology) to 27% (family medicine). The first year of residency, being single, personal stress, and dissatisfaction with faculty were independently associated with burnout.*

**Conclusions:** *Efforts to reduce resident burnout nationally would benefit from expanding beyond the work-hours regulation. (Academic Psychiatry 2004; 28:240–242)*

R1 → Alto riesgo de burnout

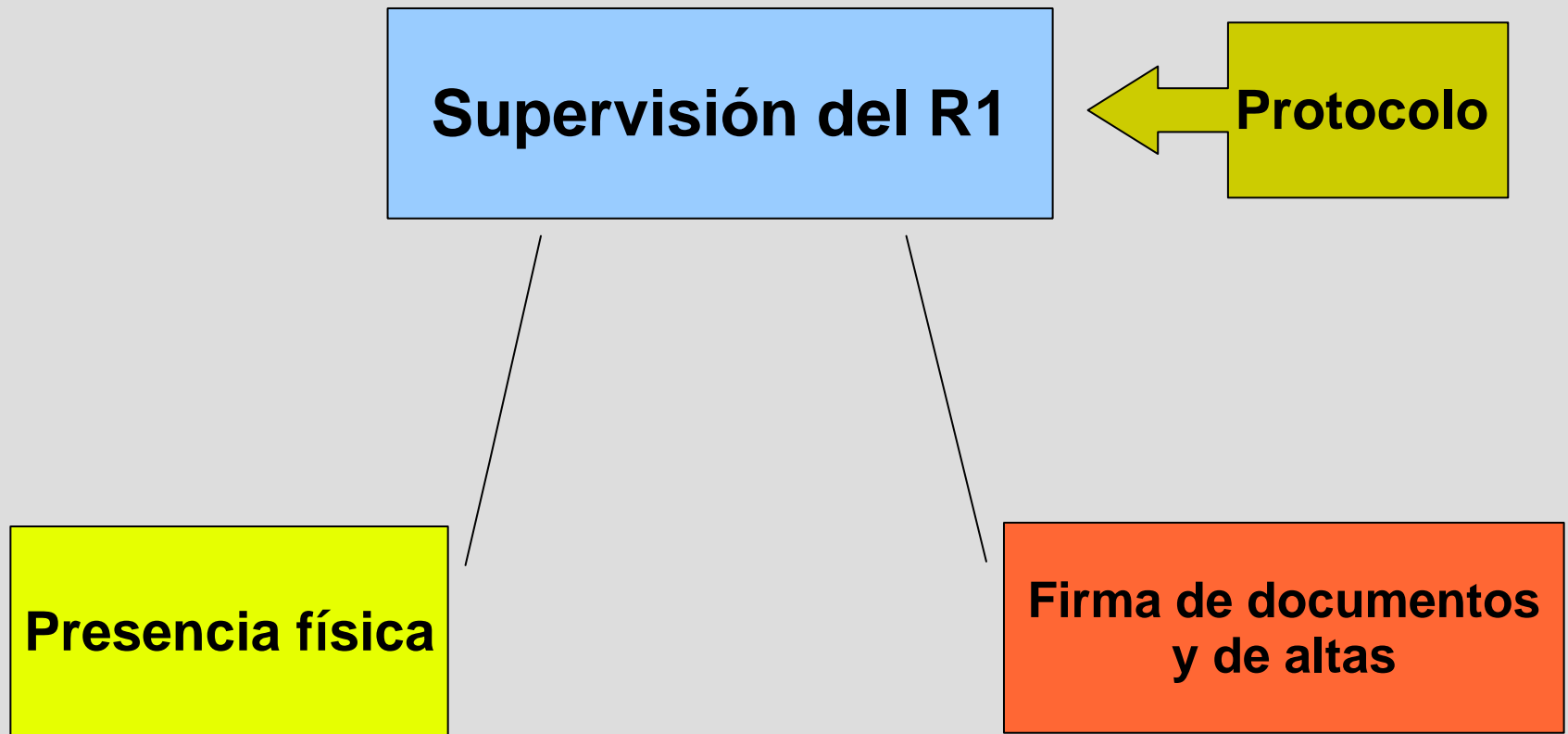
# Nueva normativa I

- **Deber general de supervisión...**
  - **Actitud profesionales**
  - **Informar a los tutores**
  - **Cumplimiento objetivos**
  - **Actividad asistencial y docente**
  - **Investigación**

# Nueva normativa II

- **... y de responsabilidad progresiva**
  - Adquisición progresiva de competencias
  - Nivel decreciente supervisión
  - Indicaciones especialistas
  - Cuestiones: especialistas y tutor

# Nueva normativa III





# Gracias



Santa Pola, Alicante