Internal Medicine Board Scores and the Resident Duty Hour Reform of 2003

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ABSTRACT

Purpose: To determine whether the 2003 Accreditation Council for Graduate Medical Education (ACGME) duty hour reform affected medical knowledge as reflected by written board scores for Internal Medicine residents.

Method: A retrospective cohort analysis of Post Graduate Year-1 (PGY-1) Internal Medicine residents who started training before and after the 2003 duty hour reform using a merged data set of the American Board of Internal Medicine (ABIM) board examination and the National Board of Medical Examiners (NMBE) United States Medical Licensing Examination (USMLE) Step 2 Clinical Knowledge test scores. Specifically, 5,475 Internal Medicine residents starting PGY-1 training in 2000 and unexposed to the duty hours reform of 2003 were compared using four regression models to PGY-1 cohorts starting in 2001 through 2005 (N = 28,008), all with some exposure to the reform.

Results: The mean ABIM score for the unexposed cohort that completed residency before the reform, the PGY-1 2000 cohort, was 491, SD = 85. Adjusting for demographics, program, and Step 2 exam score, the mean differences in ABIM exam scores between the PGY-1 cohorts starting in 2001, 2002, 2003, 2004 and 2005 minus the PGY-1 cohort starting in 2000 were -5.4 (95% CI -7.6, -3.2), -3.4 (-5.7, -1.2), 2.6 (0.4, 4.8), 11.1 (8.9, 13.3) and 11.3 (9.0, 13.6) points respectively. None of these differences exceeded a fifth of a standard deviation in ABIM board scores.

Conclusion: The duty hour reforms of 2003 did not meaningfully affect medical knowledge scores on the Internal Medicine board examinations.