

FATIGUE RECOGNITION AND MITIGATION

FATIGUE MITIGATION

Introduction:

The ACGME Common Program Requirements state that programs must:

- VI.D.1.b) educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
- VI.D.1.c) encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

Providing medical care to patients is physically and mentally demanding. Night shifts, even for those who have had enough rest, cause fatigue. Experiencing fatigue in a supervised environment during training prepares residents for managing fatigue in practice. It is expected that programs adopt fatigue mitigation processes and ensure that there are no negative consequences and/or stigma for using fatigue mitigation strategies.

Procedure:

1. It is important for residents/fellows to have Adequate Rest Before and After Clinical Responsibilities.
2. Strategies to be used for fatigue mitigation include:
 - Strategic Napping
 - Judicious use of Caffeine
 - Availability of Other Caregivers
 - Time Management to maximize sleep off duty
 - Learning to Recognize the Signs of Fatigue
 - Self-Monitoring performance and/or asking others to monitor performance
 - Remaining Active to promote alertness
 - Maintaining a Healthy Diet
 - Using Relaxation Techniques to fall a sleep
 - Maintaining a Consistent Sleep Routine
 - Exercising Regularly
 - Increasing Sleep Time before and after call
 - Ensuring Sufficient Sleep Recovery periods
3. When a resident/fellow identifies themselves or a peer or a faculty member identifies a resident/fellow as being too fatigued to drive home the trainee has several options:
 - Call rooms/rest areas are available for the resident/fellow to use for a nap until they are less fatigued.
 - Public transportation may be utilized.
 - Taxi/Uber/Lyft may be called to transport a trainee too fatigued to drive home to their residence and back to the rotation site (an original receipt must be provided for reimbursement).

Transportation FAQs

Which transportation services are reimbursable?

Trainees may use the transportation service of their choice. This includes app-based services such as Lyft, Uber, taxi services, etc.

When am I eligible to use the service?

Trainees may use the service anytime they are feeling too fatigued to drive home safely after work; Please do not get behind the wheel when you are overly fatigued!

I know that I'm going to be tired at the end of my shift. Can I use the service preemptively and travel from my home to work, and then back home?

No. The program's intended purpose is for trainees that feel overly fatigued at the end of their shift. UCDH Accounting and IRS regulations prevent employee reimbursement for transportation to work. Therefore, Trainees can NOT be reimbursed when preemptively using a transportation service to bring them to the hospital and then back home.

May I use this transportation option when I am working at affiliated training sites?

Yes, this option is available for use from affiliated training sites to a verifiable home address.

May I use the service to go sleep at the house of a friend/family member/significant other?

Sorry, no! The end location must be your verifiable home address.

I live really far from my training site. Can I still use the service?

Yes. As long as the end destination is your verifiable home address, a round-trip from the training site to your home is fully reimbursable.

May I choose to ride in style (Uber black, Lyft plus, etc.)?

On your own dime! If you choose to use Uber, Lyft or a similar app-based service, make sure to select the basic service. Reimbursement will not be approved for luxury services.

REIMBURSEMENT INSTRUCTIONS

Your receipt must contain the following information:

- Starting location
- Ending location
- Time and date
- Your name
- Total fare amount

Submit all receipts through UC Davis Aggie Travel. Please contact your Program Coordinator for instructions regarding the submission process.

IMPORTANT: Receipts should be submitted within 30 days.

FATIGUE RECOGNITION

The Accreditation Council for Graduate Medical Education (ACGME) requires all training programs to educate faculty and Resident/Fellows to recognize the signs of fatigue.

Signs of fatigue:

- Involuntarily nodding off
- Waves of sleepiness
- Problems focusing
- Lethargy
- Irritability
- Labile mood
- Poor coordination
- Difficulty with short-term recall
- Tardiness or absences from work
- Inattentiveness to details
- Impaired awareness (falling back on rote memory)

Fatigued Resident/Fellows typically have difficulty with:

- Appreciating a complex situation
- Avoiding distraction
- Keeping track of the current situation and updating strategies
- Thinking laterally and being innovative
- Assessing risk and/ or anticipating consequence
- Maintaining interest in outcome
- Controlling mood and avoiding inappropriate behavior

High risk times for fatigue-related symptoms:

- Midnight to 6 am
- Early hours of day shift
- First night shift or call night after a series of day shifts
- Change of service
- First 2 to 3 hours of a shift or end of shift
- Early in residency
 - When new to the night call experience

Processes designed to limit fatigue-related problems include:

- 80-hour work week (72 hours for Emergency Medicine)
- Residency schedules with as little variability in work schedule or day-night cycles as possible
- Consistent scheduling templates with predictability
- Rule out physical illness out when daytime fatigue seems out of proportion to the Resident/Fellow workload
 - Consider medical evaluation and possible sleep study
- Depression and other mental health conditions may manifest as fatigue.
 - Proper diagnosis and treatment are needed

Restricting duty hours alone does not preclude fatigue.

The residency/fellowship program must identify the presence and effects of persistent fatigue and implement strategies to ameliorate the impact. Programs have a responsibility to ensure that faculty and Residents/Fellows are educated about sleep science as it applies to Resident/Fellow performance and health.

Resident/Fellow/fellow stress may increase if they are concerned about missing significant learning opportunities, procedural experience, and interaction with colleagues. Resident/Fellows/fellows may feel support is lacking from senior Residents/Fellows and faculty who have an inadequate understanding/acceptance of the rules surrounding work hour mandates.

Fatigue, similar to the effects of alcohol, slows reaction time, saps energy, diminishes attention to detail and degrades communication and decision-making skills, all of which hinder patient and Resident/Fellow safety. Fatigue, or "excessive daytime sleepiness", may be due to a variety of factors which may exist alone or in combination and include:

- Too little sleep
- Fragmented sleep
- Disruption of the circadian rhythm (as may occur with night float work)
- Primary sleep disorders

Several conditions may masquerade as fatigue, including: Anxiety, depression, thyroid disease or other general medical conditions, or medication side effects

Too little sleep is a common reason for sleepiness among Resident/Fellows. Although there is individual variation, most adults require an average of 8 hours of sleep each night. Resident/Fellows may not have developed good sleep habits in college and medical school for adequate sleep even on their nights off. Sleep-deprived subjects are often unaware of the degradation of their decision-making skills.

Identification of a fatigued Resident/Fellow involved in patient care

Faculty and/or other Resident/Fellows shall report concerns of sleepiness, tardiness, Resident/Fellow absences, inattentiveness, or other indicators of possible fatigue or excessive stress to the supervising attending immediately and to the Program Director by the next day. The following guidelines establish the general response expected when a Resident/Fellow is observed to be excessively fatigued or stressed:

Responsibilities of the Attending Physician:

1. If the attending physician or supervising resident/fellow believes there is sufficient evidence that a Resident/Fellow on clinical assignment is excessively fatigued and/or stressed and appears to be unfit for duty (i.e. unable to provide safe patient care), the chief Resident or Program Director shall be notified and the Resident/Fellow should be immediately released from any further patient care responsibilities.

2. The attending physician or supervising Resident/Fellow shall privately discuss his/her assessment with the fatigued/stressed Resident/Fellow, attempt to identify the underlying reasons for impairment, and discuss the amount of rest needed to alleviate the situation.
3. If, in the judgment of the attending physician or supervising resident/fellow, the Resident/Fellow is incapable of continuing to work safely, the Resident/Fellow will be relieved of clinical duties.
4. Depending on the clinical assignment and the circumstances (e.g. patient volume, acuity, assigned work area), backup may be called in to ensure the continuation of safe patient care.
5. If a Resident/Fellow is on an off-service rotation, the relevant service chief Resident, fellow, or attending physician should be notified immediately to discuss service needs.
6. The attending physician/supervising resident/fellow should direct the fatigued Resident/Fellow to rest at the hospital (e.g. call room) prior to driving home, or ensure that alternate transportation is arranged.
7. Any Resident/Fellow or attending physician has the authority and the responsibility, to raise concern about observed fatigue in a Resident/Fellow.

Responsibilities of the Resident/Fellow

1. The Resident/Fellow should rest at the hospital (e.g. call room) prior to driving home or arrange alternative transportation.
2. After resting, if they remain too fatigued to transport themselves home safely, the Resident/Fellow should initiate a ride through a commercial service or have a friend/family member pick them up and drive them home
3. A Resident/Fellow who is released from a clinical assignment due to fatigue recognition may not appeal the decision and must have permission to resume work from the Program Director.
4. The Resident/Fellow shall contact the Program Director to arrange an in person meeting to discuss the circumstances of their release and fitness to return to duty.
5. Any Resident/Fellow who notices a co-Resident/Fellow's fatigue has the professional responsibility to notify the supervising attending, chief Resident/Fellow, and the Program Director and shall do so without fear of reprisal or retaliation.
6. Self-Reporting: A Resident/Fellow who feels excessively fatigued has the professional responsibility to notify the supervising attending, chief Resident/Fellow, or Program Director without fear of reprisal or retaliation.