

Fatigue, Sleep Deprivation, and Mitigation Policy #0.21

I. Policy

Programs must ensure residents/fellows and faculty are provided education and complete the sponsoring institution education in: identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; recognition of these symptoms in themselves and how to seek appropriate care; and, access to appropriate tools for self-screening.

Programs are expected to have schedules in place that:

- are not unduly burdensome with intensity and compression;
- ensures residents/fellows have protected time for educational conferences and didactics, including presentation of scholarly pursuits, and;
- have contingency plans for circumstances in which residents/fellows may be unable to attend work, including but not limited to due to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. These contingencies must ensure coverage of patient care in the event a resident/fellow is unable to perform their patient care responsibilities.

If a resident/fellow is too fatigued to drive home safely, the program must provide a call room or safe transportation for the resident/fellow from the clinical setting to their home. The resident/fellow will be expected to arrange their own transportation back to the clinical site.

II. Procedure

Residents/Fellows are encouraged to alert the Program Director, a faculty mentor or Chief Resident when they have concern for themselves, a peer colleague or a faculty member displaying signs of burnout, depression, substance abuse, suicidal ideation or potential for violence.

The program will follow the contingency plan for circumstances when residents/fellows may be unable to attend work, including but not limited to due to fatigue, illness, family emergencies, and medical, parental, or caregiver leave.

Residents/Fellows who are too fatigued to drive home are provided a call room or transportation to go home and must meet with the program director the next day of work to discuss the nature of the fatigue, as well as future mitigation strategies.

Residents/Fellows and faculty must stop and acquire rest when fatigued. If a resident/fellow or faculty member is fatigued to the extent it could potentially impair their ability to perform:

- The resident/fellow or faculty must transfer clinical responsibilities to another resident/fellow or to an attending.

- If the resident/fellow cannot find another qualified person to assume these responsibilities, the supervising faculty must arrange to transfer the responsibilities.
- The Program Director or their designee must be notified of this transfer of responsibilities.

III. Responsibilities

Residents/Fellows and faculty must monitor themselves for signs of fatigue that usually occur after prolonged periods of sleeplessness such as:

- Sluggish thought patterns, inability to concentrate.
- Inability to maintain wakeful state in the absence of external stimulation.
- Irritability, sudden anger, intolerance.
- Nausea or stomach cramps unassociated with physical illness.
- Tremors, particularly intention tremors while performing delicate procedures.

Residents/Fellows and faculty who believe they are experiencing excess fatigue and/or stress have the professional responsibility to immediately notify their supervising physician and/or the program director. Self-reporting should be done without fear of scorn, harassment, or reprisal, which will not be tolerated.

Residents/Fellows and faculty recognizing fatigue in a peer should immediately report their observations and concerns to the supervising physician and/or the program director.

Residents/Fellows and faculty should be aware of the Wellness Resources offered by the program and the sponsoring institution.

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