

Postgraduate Medical Education (PGME)

Title:	UBC PGME Fatigue Risk Management	Number:	010d
Approved By:	PGMEC		
Approval Date:	June 7, 2022		
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Preamble

This policy reflects University of British Columbia's commitment to management of fatigue as part of supporting resident and AFC fellow's overall well-being. Fatigue risk management for residents and AFC fellows is critical to maintain safe patient care, the integrity of physician liability, and personal safety and wellbeing. The PGME along with programs, faculty and the Resident Wellness Office (RWO) provides ongoing fatigue prevention strategies to monitor, assess and minimize the effects of fatigue for the health and safety of resident and AFC fellows and the patients they care for.

Policy

1. Definition of Terms

Fatigue - A symptom characterized by a difficulty in initiating or maintaining voluntary physical and/or mental task. It is usually accompanied by a feeling of weariness and tiredness and can be acute or chronic. Fatigue maybe the result of physical, emotional and/or social/cultural factors.

2. Resident and AFC Fellow responsibility

- 2.1 Residents and AFC fellows are responsible for reporting fit for duty and able to perform their clinical duties in a safe, appropriate and effective manner free from impairment due to fatigue. Residents have a professional responsibility to appear for duty appropriately rested and must manage their time before, during and after clinical assignments to prevent excessive fatigue.
- 2.2 Residents and AFC fellows who recognize they may be impaired, including that which is due to illness and/or fatigue in themselves, are to notify their Program Director or designate.
- 2.3 If a resident or AFC Fellow experiencing fatigue anticipates it could impair their ability to perform their duties, they are encouraged to voluntarily seek assistance before clinical, educational and/or professional performance, interpersonal relationships or their health are adversely affected. Residents or AFC fellows, who voluntarily seek assistance before their



Policy and Procedure

performance is adversely affected will not jeopardize their status as a resident or AFC fellow.

- 2.4 Residents or AFC fellows who experience fatigue which they feel would impair their ability to drive related to work must arrange for alternative transportation arrangements to ensure safe travel. Residents or AFC fellows who commute by other means must ensure they feel they can travel without increased risk to themselves or others.
- 2.5 Residents or AFC fellows who unable to rest more than 6 consecutive, uninterrupted hours at night while on shift of 24 hours or longer are to inform their clinical team the following day and are expected to be relieved of duty no later than 2 hours after completing the call shift or by 10:00 a.m. (whichever is earlier), subject to the Resident's obligation to ensure continuity of care, unless exigent clinical circumstances exist or (for residents only) choose to stay for compelling reasons consistent with the terms set out in the HEABC Collective Agreement. In the event of a resident or AFC fellow staying past 10am in the above situations, they are to be relieved of clinical duties if any impairment in performance is noted by the resident, peer or faculty.
- 2.6 If a resident or AFC fellow recognizes impairment due to excessive fatigue in another trainee, that resident or AFC fellow should immediately notify the program director or designate.

3. Training Program Responsibility

- 3.1 It is the responsibility of the Training Program Committee to be aware of resident or AFC fellow fatigue and the risk factors.
- 3.2 If a program director or faculty member recognizes the effects of excessive fatigue adversely affecting the performance of a resident or AFC fellow the member must take steps to ensure the safety and wellbeing of the resident or AFC fellow and their patients.
- 3.3 (For residents only) It is the responsibility of the program to have clinical duty and on-call schedules consistent with the HEABC Collective Agreement.

4. Resources

UBC resident wellness office: <http://postgrad.med.ubc.ca/resident-wellness>

Employee & Family Assistance Program: <http://www.efap.ca>

Physician Health Program : <https://www.physicianhealth.com>

Current Sleep Science: The Fatigue Risk Management Toolkit, p.6-7

Effective Self-Assessments on Fatigue: [Epworth Sleepiness Scale and the Fatigue Severity Scale \(with a score of 36 or higher to be problematic\).](#)

[National Steering Committee on Resident Duty Hours: Summary of Findings, Final Report 2013](#)

Resident Doctors of Canada, [Fatigue Risk Management Toolkit](#)

Collective Agreement between HEABC and RDBC, [2022-2025-RDBC-Collective-Agreement-FINAL.pdf](#)

Related Policies and Contacts

UBC Resident Wellness Office [Fatigue-Risk-Management-Handout.pdf \(ubc.ca\)](#)

PGME Policy 009 – [009-Wellness-Policy-PGMEC-approved-Jun.-7-2022.pdf \(ubc.ca\)](#)

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Action	Committee	Date	Status
Updated	Para. 2.5 updated to reflect changes in Collective Agreement	June 2, 2023	live
Approved	PGMEC	June 7, 2022	approved
Approved	PGME Executive	March 8, 2022	approved
Approved	PGMEC	Sept 24, 2019	approved