Fatigue Risk Management

Quick Facts

A fatigued physician:

- with < 5 hours of sleep in 24 hours is more likely to be impaired performing tasks[2].
- has increased incidence of serious driving accidents.
- experiences more stress and fatigue, which are reciprocal.
- is often more irritable, experiences poor relationships, and report lower levels of empathy.
- after 24 hours of sustained wakefulness has reduced cognitive function and can be compared to a blood-alcohol level that is over the legal limit to drive [2].

Causes of Fatigue

- Physical
- Emotional
- Cultural or Social

Managing fatigue is critical in maintaining a high standard of performance for residents[1]. It is a CanERA General Standards of Accreditation for Residency Programs (CGSARP) requirement and is critical to maintain quality patient care, the integrity of physician liability, and personal safety and wellbeing[2].

Fatigue risk management is particularly critical for resident doctors as they regularly experience new situations and make critical decisions with ongoing increased responsibility under high stress. Significantly more residents report burnout, depression, and lifetime suicidal ideation than physicians, all exacerbated by chronic fatigue[3].

The CGSARP defines fatigue risk management as: **a set of ongoing fatigue prevention practices integrated throughout all levels of an organization to monitor, assess, and minimize the effects of fatigue and associated risks for the health and safety of healthcare personnel and the patient population[4].**

FRM: Important Issues

Identified causes of fatigue include:

- **Physical fatigue** can occur as a result of loss of effective sleep through traditional residency training.
- **Emotional fatigue** can result from stress and burnout; contributing factors include high emotional exhaustion and depersonalization[3].
- **Cultural or social factors** within the medical community can contribute to fatigue, such as fatigue not being treated seriously by physicians and pressure for residents to continue working despite displaying signs of sleep deprivation[2].
- The development of fatigue is a complex process, involving multiple factors including the duty hours of residents[1].

Barriers in Current Fatigue Management:

- The current organizational structure can be a significant barrier in fatigue management for residents; fatigue-related incidents can be understood as a systemic failure to prevent a chain of causal events[2].
- Lack of a safe reporting culture can be due to:

  - The power differential between trainees, senior clinical staff, and UBC

  - Residents fear of punishment, lack of confidentiality, and affect on future job opportunities when reporting.

"Fatigue is an occupational risk that impacts residency training and workplace health, with potential implications for patient safety[2]."

Resources:

- 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).
- Support from PGME: Faculty Lead, Educational Environment and Assistant Dean, PGME.

FRM: Action for Programs

1. Create a program-specific fatigue risk management policy (see template); ensure residents have the opportunity to regularly contribute to the development process. Ensure policy is aligned with professional standards and is confidential. Educate residents and staff. In accordance to current accreditation standards, this policy should be completed by October 1st, 2019.

2. Enforce mandatory regulations regarding post-call days in alignment with the Resident Doctors of BC Collective Agreement.

3. Provide information sessions regarding current sleep science, a safe fatigue reporting system, effective self-assessments on fatigue, communication skills, and program-specific safe handover procedures on Academic Days (please see resources attached).

4. Direct struggling residents to currently available resources, such as the Resident Counselling & Peer Support Office, the Physicians Health Program, and Resident Doctors of BC.

Policy Template

- **Mission Statement**
- **Definitions of key terms** (clinical training site, continuous quality improvement, fatigue, fatigue risk management), including fatigue related risks particular to a specific program or setting.
- **Scope**
- **Define key roles and responsibilities** for both the Program and Resident
- **Define procedures**. Include key information such as:
  - Communication process;
  - Service hours/scheduling (in alignment with PARBC collective agreement);
  - Safe travel after shifts;
  - Specific self-assessment practices to ensure fatigue is effectively monitored;
  - Self-reporting procedures for fatigue in a safe, supportive, and non-punitive manner;
  - Maintain a safe and just learning environment;
  - Protocols to educate staff and residents around causes, symptoms, and consequences of fatigue.
  -Confidential Breach Reporting Protocols to PGME Lead, Educational Environment

References

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

[2] Resident Doctors of Canada, Fatigue Risk Management Toolkit

[3] Canadian Medical Association 2018, Survey on Physician Health

[4] CanERA, General Standards of Accreditation for Residency Programs Version 1.2, Section 4.1.3.2, 2018