

ALERTNESS MANAGEMENT/FATIGUE MITIGATION MONITORING POLICY

UNC Internal Medicine Residency Program

September 28, 2022

UNC Hospitals Internal Medicine Residency Program, in compliance with ACGME program requirements, requires that all residents be monitored for signs of fatigue. It is the responsibility of the Program Director, Chief Residents, site directors, attending physicians and fellow residents to monitor the on-call and assignment schedules of all post graduate trainees to ensure that residents are receiving ample time for rest, in compliance with ACGME duty hour regulations.

Any post-graduate trainee who is experiencing fatigue or illness should immediately notify their program (chief resident, Associate Program Director, or Program Director) of their state of fatigue. Likewise, when a program director, Chief Resident, site director, attending physician or co-resident determine or identify that a resident is too fatigued to perform their duties effectively, the Chief Residents will arrange for the resident to be temporarily relieved from all on-call and clinical duties.

If you or a fellow resident seem too tired or ill to work – TEXT YOUR CHIEF RESIDENT.

Adequate backup through reassigned residents, qualified physician extenders or supervising attending physicians is always available and is utilized as needed to assure that patient care is not jeopardized by resident stress or fatigue and to ensure continuity of patient care in the event that a resident may be unable to perform their patient care duties. Adequate sleep facilities are provided for fatigued residents but, in general a stressed or fatigued resident is instructed to return home (**round trip transportation fare will be financially covered**) and not to return until the next schedule duty period at which point they are re-evaluated. It is the responsibility of the Program Director /Chief Resident to notify the appropriate individuals of the change in the on-call and clinical assignment schedule. As stated in the duty hours policy, all duty hours violations should be reported immediately to the site directors or the program director.

Recognition of fatigue, emotional exhaustion, illness, and limitations in yourself and others is an essential component to professionalism and patient focused care.

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Fatigue, Fitness for Duty, Burn Out, and resources

From the ACGME:

https://www.acgme.org/Portals/0/PDFs/CLER/CLER_Issue_Brief_FATIGUE_FINAL.pdf

https://www.acgme.org/Portals/0/PDFs/CLER/ACGME_CLER_Patient-Safety_Digital.pdf

Are you fatigued?

Assess your own sleepiness:

<http://yoursleep.aasmnet.org/pdf/Epworth.pdf>

Warning signs of excessive sleepiness:

sedentary nodding off (e.g. during conferences) or driving
Micro-sleeps (5-10 seconds) that cause lapses in attention
Difficulty focusing on tasks
Repeatedly checking your work
Irritability
Decreased affective range, flattened affect
Difficulty with problem-solving
Reduced ability to multi-task
Increased forgetting

What can you do?

Sleep. Make yourself sleep post call.
Nap. A 15-20 minute nap in the afternoon or during a night shift. Sleep prophylactically before and after night shifts.
Use caffeine carefully, prn related to alertness and not socially or for prolonged periods.
Do not use caffeine before your shift ends.
Make your sleeping space conducive to sleep. Reduce light, noise, air temperature.

Other tips for managing fatigue and night work:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4304280/>

<https://thedo.osteopathic.org/2018/01/working-and-preparing-for-the-night-shift-during-residency/>

Resources:

Curriculum developed by UNC, NC AHEC, Duke:

http://med.stanford.edu/gme/duke_life.html