

RESIDENT FATIGUE AND STRESS EDUCATION

Purpose

Symptoms of fatigue and/or stress are normal and expected to occur periodically with the Resident* population, just as it would in other professional settings. Not unexpectedly, Residents may on occasion, experience some effects of inadequate sleep and/or stress. As an institution, the University of Tennessee College of Medicine Chattanooga has adopted the following policy to address Resident fatigue and/or stress:

Recognition of Resident Excess Fatigue and/or Stress

Signs and symptoms of Resident fatigue and/or stress may include but are not limited to the following:

- Inattentiveness to details
- Forgetfulness
- Emotional lability
- Mood swings
- Increased conflicts with others
- Lack of attention to proper attire or hygiene
- Difficulty with novel tasks and multitasking
- Awareness is impaired (fall back on rote memory)

Response

The demonstration of Resident excess fatigue and/or stress may occur in patient care settings or in non-patient care settings such as lectures and conferences. In patient care settings, patient safety, as well as the personal safety and well-being of the Resident, mandates implementation of an immediate and a proper response sequence. In non-patient care settings, responses may vary depending on the severity of and the demeanor of the Resident's appearance and perceived condition. The following is intended as a general guideline for those recognizing or observing excessive Resident fatigue and/or stress in either setting.

Patient Care Settings

• **Attending Clinician:**

1. In the interest of patient and Resident safety, the recognition that a Resident is demonstrating evidence for excess fatigue and/or stress requires the attending or supervising Resident to consider immediate release of the Resident from any further patient care responsibilities at the time of recognition.
2. The attending clinician or supervising Resident should privately discuss his/her opinion with the Resident, attempt to identify the reason for excess fatigue and/or stress, and estimate the amount of rest that will be required to alleviate the situation.
3. The attending clinician must attempt, in all circumstances without exception, to notify the Chief/supervising Resident on-call, Program Director or Department Chair, respectively,

depending on the ability to contact one of these individuals, of the decision to release the Resident from further patient care responsibilities at that time.

4. If excess fatigue is the issue, the attending clinician must advise the Resident to rest for a period that is adequate to relieve the fatigue before operating a motorized vehicle. This may mean that the Resident should first go to the on-call room for a sleep interval no less than 30 minutes. The Resident may also be advised to consider calling someone to provide transportation home.
5. The attending should notify the on-call hospital administrator for further documentation of advice given to the Resident removed from duty.
6. If stress is the issue, the attending upon privately counseling the Resident, may opt to take immediate action to alleviate the stress. If, in the opinion of the attending, the Resident stress has the potential to negatively affect patient safety, the attending must immediately release the Resident from further patient care responsibilities at that time. In the event of a decision to release the Resident from further patient care activity; notification of program administrative personnel shall include the Chief/supervising Resident on-call, Program Director or Department Chair, respectively, depending on the ability to contact one of these individuals.
7. A Resident who has been released from further immediate patient care because of excess fatigue and/or stress cannot appeal the decision to the responding attending.
8. A Resident who has been released from patient care cannot resume patient care duties without permission of the Program Director or Chair when applicable.

- **Allied Health Care Personnel**

Allied health care professionals in patient service areas will be instructed to report observations of apparent Resident excess fatigue and/or stress to the observer's immediate supervisor who will then be responsible for reporting the observation to the respective Program Director.

- **Residents**

1. Residents who perceive that they are manifesting excess fatigue and/or stress have the professional responsibility to immediately notify the attending clinician, the Chief Resident, and the Program Director without fear of reprisal.
2. Residents recognizing Resident fatigue and/or stress in Resident colleagues should report their observations and concerns immediately to the attending physician, the Chief Resident, and/or the Program Director.

- **Program Director**

1. Following removal of a Resident from duty, in association with the Chief Resident, determine the need for an immediate adjustment in duty assignments for remaining Residents in the program.
2. Subsequently, the Program Director will review the Resident's call schedules, work hour time cards, extent of patient care responsibilities, any known personal problems, and stresses contributing to this for the Resident.
3. The Program Director will notify the Departmental Chair and/or Program Director of the rotation in question to discuss methods to reduce Resident fatigue.

4. In matters of Resident stress, the Program Director will meet with the Resident personally as soon as can be arranged. If counseling by the Program Director is judged to be insufficient, the Program Director will refer the Resident to the Aid to Impaired Residents Program (AIRs) by direct contact with the Designated Institutional Official (DIO) and Director of Graduate Medical Education (GME).
5. If the problem is recurrent or not resolved in a timely manner, the Program Director will have the authority to release the Resident indefinitely from patient care duties pending evaluation from an individual designated by the AIRs Program. (This will represent academic deficiency as described in the institutional policy on Academic Review.)
6. The Program Director will release the Resident to resume patient care duties only after advisement from the AIRs Program and will be responsible for informing the Resident as well as the attending physician of the Resident's current rotation.
7. If the AIRs Program feels the Resident should undergo continued counseling, the Program Director will be notified and should receive periodic updates from the AIRs representative.
8. Extended periods of release from duty assignments that exceed requirements for completion of training must be made up to meet RRC training guidelines.

Non-Patient Care Settings

If Residents are observed to show signs of fatigue and/or stress in non-patient care settings, the Program Director should follow the Program Director procedure outline above for the patient care setting.

Sleep, Fatigue, and Stress Education

The UT College of Medicine Chattanooga requires that all incoming Residents must complete the Fatigue and Stress Online training module (via the UTHSC website) as part of their onboarding process before beginning training.

In addition, the institution sponsors a special presentation about "Sleep and Fatigue Education in Residency" (SAFER) as part of the institutional Healthcare Principles in Practice Series (held the 2nd Tuesday of each month, Noon - 1 PM in Probasco Auditorium. The presentation is a nationally recognized didactic session prepared by the American Academy of Sleep Medicine, and the HPP session is presented by one of our Faculty (usually a neurology or critical care Faculty member with special training in sleep disorders or Medical Director for the Erlanger Sleep Lab Director). All 1st, 2nd, and 3rd year Residents are required to attend or view a recording of the session later within their Departments. All Medical Students, Residents, and Faculty are invited. Core Faculty are particularly encouraged to review or attend at least annually.

Individual Departments and programs may also add and require additional sessions for their Residents and Faculty.

The term "Resident" refers to Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/6/2019.