
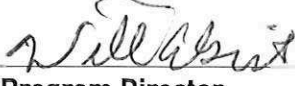


 8/3/21

Program Director Date
Critical Care Surgery Fellowship

 9/30/21

Program Director Date
Internal Medicine Residency

 9/24/21

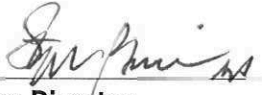
Program Director Date
Obstetrics & Gynecology Residency

 10/6/21

Program Director Date
Maternal Fetal Medicine Fellowship

 7-29-21


Program Director Date
General Practice Dental Residency

 8/10/21

Program Director Date
Psychiatry Residency

 10/12/21

Program Director Date
Child & Adolescent Psychiatry Fellowship

 9/7/21

Program Director Date
Consultation-Liaison Psychiatry Fellowship

 9/21/21

Program Director Date
Transitional Year Residency

PURPOSE:

The goal of this policy is to assist MAHEC residency and fellowship programs in their commitment to high quality education, safe and effective patient care and resident/fellow well-being. Excessive sleep loss, fatigue and resident/fellow stress are concerns to be taken seriously. In the event that any resident/fellow experiences fatigue and/or stress that is interfering with their ability to safely perform duties then they are not only strongly encouraged but obligated to report this to their senior resident or attending on service.

POLICY:

There is a growing awareness that fatigue has an adverse effect on performance. Symptoms of fatigue and/or stress are normal and expected to occur periodically during and after residency, not unlike in other professional settings. In residency training, impaired performance is a barrier to effective learning and can also result in potential harm to patients and residents.

Appropriate backup support will be provided when patient care responsibilities are especially difficult and prolonged, and if unexpected needs create resident/fellow fatigue sufficient to jeopardize patient care during or following on-call periods.

All attendings, residents and fellows are instructed to closely observe other residents/fellows for any signs of undue stress and/or fatigue. Faculty, residents and fellows are to report concerns or indicators of possible excess fatigue and/or stress to the supervising attending and/or Program Director. If appropriate, the supervising attending and/or Program Director will relieve the resident/fellow of their duties until the effects of fatigue and/or stress are no longer present.

Indicators of Excess Fatigue and/or Stress may include but are not limited to the following:

1. Inattentiveness to details
2. Forgetfulness
3. Emotional symptoms (i.e. nervousness, agitated, anxious)
4. Mood swings
5. Increased conflicts with others
6. Lack of attention to proper attire or hygiene
7. Difficulty with normal tasks and multitasking
8. Awareness of surroundings is impaired
9. Tardiness or absences

Behaviors that indicate excess fatigue or stress in residents and fellows may occur in patient care settings or in non-patient settings such as lectures and conferences. In patient care settings, patient safety, as well as the personal safety and well-being of the resident and fellow, 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/fellow's appearance and perceived condition.

For residents/fellows who may be too fatigued to safely return home, the organization has arranged for sleep facilities in the hospital settings.

If a situation occurs in the outpatient setting or in a non-patient care setting the attending or other appropriate staff will arrange for the resident/fellow to be driven home. For convenience, a taxi or rideshare (Uber™, Lyft™) may be called and the resident/fellow reimbursed with receipt through their residency/fellowship program.

Every faculty member, resident and fellow will receive a copy of this policy and acknowledge its receipt and understanding.

PROCEDURES:

A. Education

1. During orientation, residents/fellows will be educated to recognize the signs of fatigue, stress and sleep deprivation.
2. Each residency/fellowship program will provide an annual educational session to residents, fellows and faculty members on alertness management and fatigue mitigation processes. These mitigation processes will help manage the potential negative effects of fatigue on patient care and learning (i.e. naps or back-up call schedules).

B. General Guidelines for those recognizing or observing excessive resident/fellow fatigue and/or stress in patient care settings.

Attending's (MAHEC & Community Faculty)

1. In the interest of patient and resident/fellow safety, the recognition that a resident/fellow is demonstrating evidence for excess fatigue and/or stress requires the attending or supervising resident/fellow to consider immediate release of the resident/fellow from any further patient care responsibilities at the time of recognition.
2. The attending clinician or supervising resident/fellow should privately discuss their opinion with the resident/fellow, 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/fellow 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/fellow from further patient care responsibilities at that time.
4. If excess fatigue is the issue, the attending clinician must advise the resident/fellow to rest for a period that is adequate to relieve the fatigue before operating a motorized vehicle. This may mean that the resident/fellow should first go to the on-call room for a sleep interval of no less than thirty (30) minutes. The resident/fellow may also be advised to consider calling someone to provide transportation home or the attending must arrange for the resident/fellow to be driven home.
5. If stress is the issue, the attending upon privately counseling the resident/fellow, may opt to take immediate action to alleviate the stress. If, in the opinion of the attending, the resident/fellow stress has the potential to negatively affect patient safety, the attending must immediately release the resident/fellow from further patient care responsibilities at that time. In the event of a decision to release the resident/fellow from further patient care activity, notification of program administrative personnel shall include the chief/supervising resident/fellow on-call, Program Director or Department Chair, respectively, depending on the ability to contact one of these individuals.
6. A resident/fellow who has been released from further immediate patient care because of excess fatigue and/or stress cannot appeal the decision to the responding attending.
7. A resident/fellow who has been released from patient care cannot resume patient care duties without permission of the Program Director or Department Chair when applicable.

Allied Health Care Personnel

1. Allied health care professionals in patient service areas will be instructed to report **observations of apparent resident/fellow 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/fellows who perceive that they are manifesting excess fatigue and/or stress have the professional responsibility to immediately notify the attending clinician, the chief resident/fellow, and the Program Director without fear of reprisal.
2. Residents/fellows recognizing fatigue and/or stress in fellow residents/fellows should report their observations and concerns immediately to the attending physician, the chief resident, and/or the Program Director without fear of reprisal.

C. General Guidelines for the Program Director

1. If a resident/fellow is removed from duty under this policy, the Program Director, in association with the chief resident, will determine the need for an immediate adjustment in duty assignments for the remaining residents/fellows in the program.
2. Subsequently, the Program Director will review the removed resident's/fellow's call schedules, work hours, extent of patient care responsibilities, any known personal problems, and stresses contributing to the resident's/fellow's excess fatigue and/or stress.
3. The Program Director will notify the supervising attending for that particular rotation to discuss methods to reduce resident/fellow fatigue.
4. In matters of resident/fellow stress, the Program Director will meet with the affected resident/fellow 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/fellow to the Department Chair, Designated Institutional Official (DIO), or GME Office for an EAN referral.
5. If the problem is recurrent or if the resident's/fellow's removal from patient care extends beyond the current duty assignment, the Program Director, after consulting with the Talent Management (HR), GME and Risk Management Departments, will have the authority to release the resident indefinitely from patient care duties pending evaluation.
6. Extended periods of release from duty assignments that exceed requirements for completion of training must be made up to meet RRC training guidelines.

D. Non-Patient Care Settings

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

Effective: September 11, 2011

Reviewed: April 1, 2021