

FATIGUE PREVENTION POLICY

Fatigue and Stress Policy Purpose:

Symptoms of fatigue and stress are normal and expected to occur periodically in the resident population, just as it would in other professional settings. Not unexpectedly, residents may experience some effects of inadequate sleep and stress. The West Virginia University Department of Surgery has adopted the following policy to address resident fatigue and stress:

Recognition of Resident Excess Fatigue and Stress:

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

- Inattentiveness to details
- Forgetfulness
- Emotional instability or irritability
- Increased conflicts with others
- Lack of attention to proper attire or hygiene
- Difficulty with novel tasks and multitasking
- Impaired awareness

Response:

The demonstration of resident excess fatigue and stress may occur in patient care settings or in nonpatient 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 proper response sequence. In non-patient care settings, responses may vary depending on the severity and 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 stress in either setting:

Patient Care Settings: Attending Clinician:

In the interest of patient and resident safety, the recognition that a resident is demonstrating evidence of excess fatigue and stress requires the attending or senior resident to consider immediate release of the resident from any further patient care responsibilities at the time of recognition.

The attending clinician or senior resident should privately discuss his/her opinion with the resident, attempt to identify the reason for excess fatigue and stress and estimate the amount of rest that will be required to alleviate the situation.

In all circumstances the attending clinician must attempt to notify the chief/senior resident on-call, residency manager, residency director, or department chair, respectively of the decision to release the resident from further patient care responsibilities at that time.

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 or surgery resident lounge for a sleep interval no less than 30 minutes. The resident may also be advised to go to the Emergency Room front desk and ask that they call for security, a cab or someone else to provide transportation home.

If stress is the issue, the attending, after 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/senior resident on call, residency manager, residency director or department chair, respectively.

A resident who has been released from further patient care because of excess fatigue and stress cannot appeal the decision to the attending.

A resident who has been released from patient care cannot resume patient care duties without permission from the program director.

The residency director may request that the resident be seen by the Faculty and Staff Assistance Program (FSAP) prior to return to duty.

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

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.

Residents recognizing resident fatigue and/or stress in fellow residents should report their observations and concerns immediately to the attending physician, the chief resident, and/or the residency director. Residency Director

Following removal of a resident from duty, in association with the chief resident, the residency director must determine the need for an immediate adjustment in duty assignments for remaining residents in the program.

Subsequently, the residency director will review the residents' call schedules, work hour time cards, extent of patient care responsibilities, any known personal problems and stresses contributing to this for the resident.

For off-service rotations, the residency director will notify the program director of the rotation in question to discuss methods to reduce resident fatigue.

In matters of resident stress, the residency director will meet with the resident personally as soon as can be arranged. If counseling by the residency director is judged to be insufficient, the residency director will refer the resident to the FSAP (Faculty and Staff Assistance Program) for evaluation.

If the problem is recurrent or not resolved in a timely manner, the residency director will have the authority to release the resident indefinitely from patient care duties pending evaluation by FSAP.