

MOREHOUSE SCHOOL OF MEDICINE

GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

	POLICY	GME-10	
	NUMBER		
	EFFECTIVE	04/01/2011	
	DATE		
	PAGE (S)	04	
ı	SUPERSEDES	09/07/2009	

<u>SUBJECT</u> SLEEPINESS AND FATIGUE

I. PURPOSE:

The purpose of this policy is to ensure that the quality of Graduate Medical Education programs at Morehouse School of Medicine (MSM) meets the standards outlined in the **Graduate Medical Education Directory**: "Essentials of Accredited Residencies in Graduate Medical Education" (AMA-current edition). Resident education and patient care management can be greatly inhibited by Resident sleepiness and fatigue.

II. SCOPE:

This policy is in direct response to requirements of the Accreditation Council on Graduate Medical Education (ACGME) pertaining to Residents' fatigue and is designed to ensure the safety of patients as well as to protect the Residents' learning environment. This policy is in addition to any policy established by MSM and its affiliate institutions regarding sleep deprivation and fatigue.

III. DEFINITION OF FATIGUE:

- **3.1.** Fatigue is a feeling of weariness, tiredness, or lack of energy. Fatigue can impair a physician's judgment, attention, and reaction time which can lead to medical errors, thus compromising patient safety.
- **3.2.** There are many signs and symptoms that would provide insight to one's impairment based on sleepiness. Clinical signs include:
 - a) Moodiness
 - b) Depression
 - c) Irritability
 - d) Apathy
 - e) Impoverished speech
 - f) Flattened affect
 - g) Impaired memory
 - h) Confusion
 - i) Difficulty focusing on tasks
 - j) Sedentary nodding off during conferences or while driving
 - k) Repeatedly checking work and medical errors

IV. POLICY:

MSM Faculty and Residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply the following programs and procedures to prevent and counteract potential associated negative effects on patient care and learning. These programs and procedures are designed to:

- a) Raise faculty and Residents' awareness of the negative effects of sleep deprivation and fatigue on their ability to provide safe and effective patient care
- b) Provide faculty and Residents with tools for recognizing when they are at risk
- c) Identify strategies for faculty and Residents to use that will minimize the effects of fatigue (in addition to getting more sleep)
- d) Help identify and manage impaired Residents

V. INDIVIDUAL RESPONSIBILITY:

- **5.1.** Resident's Responsibilities in Identifying and Counteracting Fatigue
 - **5.1.1.** The Resident will be educated on the hazards of sleep deprivation and fatigue in the workplace and in their personal lives (motor vehicle accidents).
 - **5.1.2.** The Resident is expected to adopt habits that will provide him/her with adequate sleep in order to perform the daily activities required by the program.
 - **5.1.3.** Duty Hours should be strictly adhered to. In the event that the Resident is too sleepy to drive home at the end of a work period, he or she should be encouraged to use another form of transportation (taxicab) or take a nap prior to leaving the training site.
- **5.2.** Faculty Responsibilities in Identifying and Counteracting Fatigue:
 - **5.2.1.** Faculty will be educated on the hazards of sleep deprivation and fatigue in the workplace and in the provision of care to patients.
 - **5.2.2.** Faculty members will be able to determine if Residents are sleep deprived and will make the appropriate recommendations to the Resident that will correct this problem.
 - **5.2.3.** The faculty will learn to accept the limitations on the role of the Resident under the Duty Hour mandates and will not penalize the Resident as being lazy or disinterested when the Resident leaves a work assignment "on time."

VI. ACGME REQUIREMENTS ON SLEEP AND FATIGUE:

- **6.1.** "Faculty and Residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects." (Accreditation Council for Graduate Medical Education [ACGME] Common Program Requirements VI.A.3)
- **6.2.** "Providing Residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and Resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on Residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of Residents' time and energy. Duty hour assignments must recognize that faculty and Residents collectively have responsibility for the safety and welfare of patients." (ACGME Common Program Requirements VI)
- **6.3.** "Counseling services: The Sponsoring institution should facilitate Residents' access to appropriate and confidential counseling, medical, and psychological support services." (ACGME Institutional Requirements III.D.1.I)

- **6.4.** Resources available for Program Directors include a bibliography of articles on the effect of sleep loss on performance that is available on the ACGME website:
 - a) http://www.acgme.org/acWebsite/dutyHours/dh_sleepdepbib2.pdf as well as the LIFE Curriculum
 - b) Learning to Address Impairment and Fatigue to Enhance Patient Safety: http://www.lifecurriculum.info/, available free-of-charge.
 - This site includes video segments, expert commentaries, discussion questions, suggested role play exercises, and resources that may be used for self-study, embedded in classroom sessions, or as one or more workshops.
- **6.5.** The ACGME instituted a work hour mandate for Residents which became effective in 2003. This was stimulated by the death of a patient in a teaching hospital in New York in 1984. New York became the first state to legislate Resident Duty Hours after submission of the report by the Bell Commission, which investigated the event. The Duty Hour mandate has required many programs to increase the "in house" time spent by faculty as an approach to decrease the total number of hours a Resident will be on continuous duty.

VII. MSM IMPLEMENTATION:

- **7.1.** This policy uses the LIFE Curriculum as the source for recommendations and guidance on the management of sleepiness and fatigue in Residents. The LIFE Curriculum was created to educate faculty and Residents about the effects by fatigue and other common impairments on performance.
- **7.2.** The policy is designed to:
 - a) Identify strategies to assist in the prevention of these conditions
 - b) Provide an early warning system for impairments and ways to effectively manage them
 - c) Access appropriate referral resources
 - d) Identify an impaired Resident
- **7.3.** The Sleepiness and Fatigue Policy is appropriate for all residency programs in that it:
 - a) Has a faculty component and a Resident component
 - Addresses policies to prevent and counteract the negative effects on patient care and learning
 - c) Seeks the expertise of existing faculty to present materials
 - d) Uses modules for role play, case studies that address the adverse effects of inadequate supervision and fatigue
- **7.4.** The GME office shall sponsor a session during orientation where incoming Residents will receive an introduction to Duty Hours, sleepiness and fatigue, and other impairments. New Residents will continue the discussion on sleepiness and fatigue in their residency specialty program. Each program will revisit the topic periodically throughout the year through role play, videos, and other discussions (many of these materials are available through the LIFE Curriculum).

- **7.5.** Faculty preceptors will receive a separate orientation to the LIFE Curriculum modules through a faculty development session conducted by each individual program.
 - **7.5.1.** The GME office will periodically survey each program to determine if the core faculty has received the training and over what period of time.
 - **7.5.2.** The LIFE Curriculum will suffice for this educational session, however programs are encouraged, where appropriate, to adapt the modules or create new modules that are specific to their specialty.
- **7.6.** It is encouraged that each program revisit the sleepiness and fatigue curriculum at least twice during the academic year in addition to preparation for the session that new Residents receive during orientation.

VIII. COUNSELING:

In the event that a Resident is reported as one who appears to be persistently sleepy or fatigued during service, the Program Director and faculty member mentor to the Resident will counsel the Resident individually to determine if there are some medical, physical, or psychosocial factors affecting the Resident's performance. An appropriate referral will be made based on the finding during that interview.

IX. EVALUATION:

The effectiveness of this policy will be measured by:

- a) The number of Residents who report that they have received the training (ACGME Resident survey)
- b) The number of Residents who comply with the Duty Hour requirements
- The assessment by faculty and others of the number of incidents by which a Resident can be identified as fatigued during work hours and the number of medical errors attributed to Resident's fatigue