UNIVERSITY OF CALGARY

CUMMING SCHOOL OF MEDICINE
Postgraduate Medical Education
Centralized Educational Programming

Fatigue Risk Management Course
Implementation guide

Introduction

This course helps resident physicians understand how fatigue affects thinking, performance, and patient safety, and how to manage it effectively in real-world clinical practice. Through practical strategies and case-based scenarios, learners will build skills to recognize fatigue, anticipate high-risk situations, and apply layered approaches at the individual, team, and system level to reduce risk.

Centralized Educational programing developed this course to support residents and programs to fulfil accreditation standards by CanERA regarding safety and wellness (Indicator 4.1.2.4).

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Course overview

This course has an online asynchronous module and a preceptor guide with suggested activities for in-person discussion. The online module is evidence-based, interactive, and takes 40 minutes to complete. This online course covers:

Module 1. Understanding Fatigue as a Clinical Risk
Introduces fatigue as an occupational hazard, explaining how sleep, circadian rhythms, and prolonged wakefulness affect cognition, decision-making, and patient safety.

Module 2. Creating a Fatigue-Safe Culture
Explores how individuals, teams, and systems share responsibility for managing fatigue, with a focus on communication, situational awareness, and supportive clinical environments.

Module 3 – Practical Fatigue Risk Management Strategies
Provides actionable strategies to reduce fatigue-related risk before, during, and after clinical work, emphasizing realistic, layered approaches to support safe performance and recovery.

Suggestions for the delivery of the course

Program directors can adapt the format to fit local schedules and resources.

- **Flipped classroom.** The residents can complete the online component of each module ahead of time during protected time, followed by a discussion session in person. The in-person session can be a short or long single-interactive session
- **Recurrent sessions.** Programs may have recurrent sessions to address areas of concerns, or they may want to incorporate discussion sessions within other rounds such as wellness, safety discussions, simulation, etc.

Here are some suggested formats:

Suggested formats for the delivery of this course

Format	In-person session	Total time Online+ in-person	Best For
Online module + short, facilitated discussion **Facilitators:** senior residents or program director.	30 min	1 hr 10 min	Existing academic half-days
Online module completed in advance + interactive in-person session. **Facilitators:** senior resident, faculty and/or program director.	60 min	1 hr 40 min	Programs wanting deeper engagement
Online module + recurring discussions incorporated into existing sessions: transition to residency curriculum, wellness rounds, patient safety discussions, simulations, call debriefs, professionalism teaching. **Facilitators:** Program director, faculty and or residents.	Variable	Variable	Programs emphasizing wellness/safety culture

Facilitators for in-person discussion.

We will encourage discussions to be facilitated by a team composed of senior resident(s), faculty, and the program director. Facilitators do not need formal expertise in sleep medicine, fatigue risk management, or wellness. Lived clinical experience and thoughtful facilitation are very valuable. Programs should align discussions with local safety policies where appropriate.

Online course registration, access and certificates:

All residents will be automatically registered to all CEP courses at the beginning of each academic year. Faculty preceptors will be required to register for the online course.

1. Navigate to https://d2l.ucalgary.ca
2. Sign in using your University of Calgary credentials*
3. Under My Tools, select Self Registration
4. Select:
   Fatigue risk management
5. Select Register
6. Select Submit
7. Select Finish
8. Select Done
9. You will receive a course enrollment email to your UC email inbox.**

***Please note:** This may take up to one business day.

***UC IT Support - Login and Password Issues**
If you do not know your UC credentials, cannot login to the system or have password issues, please contact the UofC Service IT Support Centre at 403.210.9300, it@ucalgary.ca or ucalgary.ca/it

Once registered you can access the course:

1. Navigate to https://d2l.ucalgary.ca/
2. Sign in using your University of Calgary credentials*
3. If you are staff or faculty, select: PGME Faculty and Staff Educational Hub
   If you are a resident of fellow select: PGME Trainee Educational Hub
4. Select Content
5. Select Fatigue risk Management

A certificate will be issued after the completion of the online course **only if** participants click on every activity, and the progress of **completion is marked as 100%** on the left navigation board. At the end of the course, residents will be prompted to fill out a survey and then are provided with instructions to obtain the certificate.

Programs can request residents their certificates for attendance purposes.

Preceptor guide to facilitate discussion sessions

The online module provides foundational knowledge on fatigue risk management. The role of the facilitator is to help learners apply these concepts to the realities of residency and clinical practice through discussion, reflection, and practical examples.

Guiding principles for discussion sessions:

- **Create a psychologically safe learning environment.** Fatigue can carry stigma, particularly in medical culture. Facilitators should aim to foster open, non-punitive discussion and acknowledge the systemic contributors to fatigue. Avoid judgment, comparison, or "endurance culture" messaging. At the beginning of the session, set expectations for respectful, open discussion.

- **Focus on real-world practice.** Sessions should acknowledge the realities of clinical medicine, competing demands, workload pressures, and variability across specialties. Emphasize how changes in communication, scheduling, teamwork, recovery, or self-awareness can meaningfully reduce fatigue-related risks.

- **Emphasize shared responsibility.** Fatigue risk management is not solely the individual learner's responsibility. Effective management involves trainees, faculty, teams, programs, and systems.

If difficult topics rise

Acknowledge concerns without becoming defensive. Validate experiences and redirect toward constructive discussion.

Examples:

- "That's a common tension in medical training."
- "Yes, those situations are difficult…"
- "What factors make that situation particularly challenging?"

Key Takeaway

The goal is to help learners recognize fatigue-related risk, support safer decision-making, and foster healthier and more sustainable clinical cultures.

Suggested discussion sessions

Here are some suggested formas that you can select based on your program needs and time allocated for this activity. You can take as many options as you need; these are only suggestions. Feel free to adapt and change the duration of each activity.

Option 1. Short Facilitated Discussion

Duration: 30 minutes, one time

Format: In-person group discussion

Facilitators: 1-2 senior residents or Program Director.

> *Senior residents may bring a perspective on how to advocate for changes, ask for help, and normalize fatigue. PD involvement will allow sense of compromise with policies in place to ensure resident and patient safety, will increase the sense of collaboration.*

Structure:

- **Opening reflection (2–3 min)**
  "What stood out most from the module?"

- **Facilitated discussion (10–20 min)**
  Potential prompts:
  - What makes it difficult to speak up when fatigued?
  - What support or strategies are most helpful?
  - What system factors contribute to fatigue in your environment?

- **Closing takeaway (2–5 min)**
  Facilitator summarizes key themes:
  - Strategies identified as a group
  - Fatigue risk management as a shared responsibility, recognize the policies and procedures to reduce risk.

Option 2. Small groups with large group debrief

Duration: 60 minutes, one time

Format: In-person group discussion

Facilitators: 1-2 senior residents and program director.

Instructions:

- Divide the large group of learners into small groups with one preceptor.
- Learners will review one of the scenarios suggested per group involving fatigue-related risk and discuss possible approaches (Duration: 20 min)
- Then, the whole group comes together and debriefs what was discussed in their small groups. (Duration: 30 min)
- End the session with takeaways and answer any questions. (Duration 10 minutes)

Example Scenarios

- A trainee making repeated minor documentation or communication errors late in a shift
- Difficulty deciding whether to call for help overnight when fatigued
- Balancing service demands, studying, and recovery time
- Recognizing fatigue in a colleague or team member

Suggested questions for small group discussion

- What fatigue-related risks are present?
- What factors contributed to the situation?
- What barriers exist to speaking up or seeking help?
- What individual, team, or system strategies might help?

Suggested questions for whole group debrief

- What are some of the strategies identified in your group to minimize risk?
- What has worked for you to minimize risk when you feel fatigued?

Option 3. Spectrum Exercise / Polling Discussion

Duration: 15-60 minutes, one time.

Format: Participants respond to statements by physically positioning themselves along a spectrum (agree/disagree) or using anonymous polling software such as Mentimeter.

Facilitators: Senior residents, faculty and program director (2-3 facilitators in total based on the size of your group).

This exercise can help to:

- explore differing perspectives and experiences,
- stimulate discussion and reflection,
- examine cultural norms and assumptions,
- encourage participation from a wide range of learners.

Instructions:

1. Set up the space

- **If done physically:**

  Create an imaginary line in the middle of a room/space which will be the "neutral line"

  - to the right of the line would be where one goes if they AGREE with the statement
  - to the left of the line would be where one goes if they DISAGREE with the statement

- **If using mentimeter:**
  - Ahead of time, prepare the prompts in mentimeter.
  - To create the exercise in mentimeter,
    - Select surveys, then select poll and quizzes.
    - Select +Create
    - Activate the option "Make it a quiz"
    - Navigate to settings and check off "Require answers to be anonymous", that way the resident's names won't be associated to the answer.
  - At the time of the session, display the participation code.

2. Introduce the statement and invite participants to position themselves or answer through mentimeter.

Read a statement related to fatigue risk management, workplace culture, or clinical practice. Participants stand along the spectrum according to their perspective or experience. Remind participants:

- there are no "right" answers,
- uncertainty or mixed feelings are valid,
- and people may move during the discussion if their perspective changes.

Facilitators may select any number of statements depending on available time, group size, and the goals of the session. In most cases, ***5–15 statements for*** *a 15–60-minute session.* Statements may be adapted to fit local specialty, training environment, or program culture. We encourage you to select a mix from different categories.

Statements:

Warm-Up: Sleep, Call & Anticipation (*Lower stakes prompts to encourage movement and participation)*

- When I'm on call and it's quiet, I usually sleep well.
- Anticipating call negatively affects my sleep before call.
- I underestimate how fatigued I am going into call shifts.
- Recovery after call becomes harder with time or age.

Recovery & Endurance (*Exploring recovery, cumulative fatigue, and endurance culture)*

- I recover quickly after overnight clinical work.
- Even one night of disrupted sleep can affect me for more than a day.
- I function reasonably well even when fatigued.
- I sometimes push through fatigue without realizing how impaired I am.
- Fatigue accumulates over time more than I acknowledge.
- There are periods during training when fatigue feels unavoidable.

Cognitive Performance & Decision-Making (*Exploring attention, flexibility, communication, and clinical reasoning)*

- When I'm fatigued, my thinking becomes more narrow or less flexible.
- Fatigue makes it harder for me to see the "big picture."
- When fatigued, I rely more on familiar routines or patterns.
- Fatigue affects my attention to detail.
- I notice myself making more small mistakes when fatigued.
- Fatigue affects communication as much as technical performance.
- When fatigued, I am less likely to ask for help or clarification.
- Fatigue affects learning and memory retention.

Optional reflective pause: Ask the residents "What changes do you notice first in yourself when you're fatigued?"

Emotional & Relational Fatigue (*Exploring empathy, teamwork, emotional regulation, and interpersonal impact)*

- Fatigue affects how I respond emotionally to patients or colleagues.
- Difficult conversations feel more draining when I'm fatigued.
- Fatigue affects my patience and empathy.
- When fatigued, I become quieter or more withdrawn.
- Fatigue makes teamwork harder.
- I sometimes notice fatigue more in colleagues than in myself.

Insight, Safety & Hindsight (*Exploring self-awareness, safety, and retrospective insight)*

- I can reliably tell when my performance is impaired by fatigue.
- I sometimes recognize the effects of fatigue only in hindsight.
- I've worried that fatigue will affect the quality of my clinical work.
- I've driven home while more fatigued than I should have.
- Fatigue-related risks are discussed less openly than other patient safety risks.
- We are better at recognizing burnout than acute fatigue-related impairment.

Optional reflective pause: Ask the residents "What makes fatigue difficult to recognize or acknowledge in ourselves?"

Culture, Disclosure & Vulnerability (*Exploring stigma, disclosure, and professional culture)*

- I feel comfortable saying when I'm not functioning well due to fatigue.
- I worry about how fatigue would be perceived by supervisors or colleagues.
- Medicine still rewards endurance.
- There is stigma associated with admitting fatigue.
- Speaking up about fatigue can feel risky during training.
- Some specialties normalize fatigue more than others.
- Learners sometimes feel pressure to "push through" fatigue.
- Faculty role-modeling strongly influences attitudes toward fatigue.

Optional cultural pause: Ask the residents "What messages — explicit or implicit — do we receive during training about fatigue?"

Systems & Organizational Factors (*Exploring workflow, systems pressures, and organizational contributors)*

- Many contributors to fatigue are system-related rather than individual.
- Small workflow or scheduling changes could meaningfully reduce fatigue-related risk.
- Administrative burden contributes significantly to fatigue.
- Interruptions and inefficiencies worsen fatigue during clinical work.
- Fatigue is often treated as a personal resilience issue rather than a systems issue.
- Clinical culture influences whether people feel safe speaking up about fatigue.

Identity, Professionalism & Patient Safety (*Closing with professional reflection and patient safety themes)*

- Recognizing my limits is part of being a professional clinician.

- Pushing through fatigue is part of being a good doctor.
- Recognizing fatigue-related risk is part of providing safe patient care.
- Fatigue management is a professional skill.
- Taking steps to reduce fatigue-related risk is part of good teamwork.
- Fatigue should be discussed more openly in medical training.
- Patient safety and clinician well-being are closely connected.

3. Facilitated Brief Discussion for a group of statements of the same category

Invite participants to discuss:

- why they chose their position,
- what experiences or observations shaped their thinking,
- and what themes or tensions emerge.

Participants may first discuss with someone nearby before opening discussion to the larger group.

Discussion focuses on:

- Different perspectives,
- Cultural norms,
- Barriers to speaking up,
- Variability across specialties or experiences.

4. Summary of what was discussed and take away messages.

The facilitators take notes of main discussion points, solutions, and suggestions. They summarize them in the end and answer final questions.

Option 4: Program-Specific Reflection Session

Format: Facilitated discussion within individual programs

Duration: 15-30 minutes, one time

Facilitators: 1-2 senior residents or program director.

Programs discuss fatigue risks specific to their own clinical environment.

Topics may include:

- call structures,
- overnight coverage,
- transitions between sites,
- commute concerns,
- workflow inefficiencies,
- scheduling challenges,
- or local wellness/safety supports.

Strengths

- Highly relevant to learners
- Encourages local problem-solving
- Supports culture change and systems thinking

Practical Tips

- Keep sessions discussion-focused rather than slide-heavy
- Avoid trying to “solve” every challenge raised
- Normalize complexity and uncertainty
- Focus on practical reflection and shared learning
- Prioritize psychological safety and respectful discussion

In many cases, a well-facilitated 20-minute discussion may be more impactful than a longer didactic session.

Option 5: Program-Specific Improvement Session

Format: Reflection and practical planning with revisions on subsequent sessions.

Programs use the session to identify local fatigue risks and discuss realistic improvements.

Duration: 15-20 minutes, 2-3 sessions a year in settings where division members are in attendance within division rounds, resident or division retreats and residency program committee meetings.

Facilitators: 1-2 senior residents and program director.

Topics May Include

- call structures,
- workload distribution,
- workflow inefficiencies,
- handover practices,
- protected recovery time,
- or awareness of local support and escalation pathways.

The goal is not large-scale redesign, but identifying small, meaningful opportunities to improve safety and sustainability.

Strengths

- Highly practical and locally relevant
- Encourages shared ownership
- Reinforces systems-based thinking
- May support ongoing wellness or quality improvement efforts

General Facilitation Tips - Extended sessions work best when they:

- prioritize interaction over slides,
- acknowledge the realities of medical training,
- avoid framing fatigue as individual weakness,
- encourage curiosity rather than judgment,
- balance reflection with practical application.

Facilitators do not need to have all the answers. Often, the most valuable outcome is creating space for thoughtful discussion and shared understanding.