

Operating Standard on Fatigue Risk Management in Postgraduate Medical Education

Authorizing Unit Postgraduate Medical Education
Approval Authority Associate Dean, PGME
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Purpose:

Fatigue has a significant impact on performance in the workplace. Valuable lessons have been learned from the aviation industry in terms of impact of circadian disruption to sleep on alertness and reaction times.¹ Long work hours and sleep deprivation negatively impact resident well-being and contribute to adverse patient outcomes. Links have been established between sleep deprivation and feelings of depression, anxiety, and anger.²

Fatigue Risk Management is a shared responsibility between Programs, the Office of Resident Wellness, PGME, and Resident Physicians. The roles and responsibilities of each of these stakeholders are outlined in the policy below:

Definitions:

In this Operating Standard,

- a. "Fatigue" means a condition characterized by a lessened capacity for work and reduced efficiency of accomplishment, usually accompanied by a feeling of weariness and tiredness. Fatigue can be acute and come on suddenly or chronic and persist.³

- b. “Fatigue Risk Management” (FMR) means prevention and mitigation practices designed to monitor and manage the effects of fatigue and attendant risks for the health and safety of Resident Physicians.⁴
- c. “Resident Physician or Resident_” means a physician registered in a PGME training Program that is administered by the Cumming School of Medicine at the University of Calgary and leads to RCPSC or CFPC certification.
- d. “Fellow “ means a trainee who has completed a core discipline leading to either RCPS or CFPC certification who is now pursuing subspecialty training.
- e. “Most Responsible Physician “ means the physician who has overall responsibility for directing and coordinating the care and management of an individual patient at a specific point in time.⁵
- f. “Program” means a RCPSC or CFPC PGME Residency Training Program in the Cumming School of Medicine at the University of Calgary
- g. “PGME” means Postgraduate Medical Education
- h. “CFPC” means the College of Family Physicians of Canada, the body responsible for program accreditation, examination and Resident certification for CFPC Programs
- i. “RCPSC” means the Royal College of Physicians and Surgeons of Canada, the body responsible for accreditation, examination and Resident certification for RCPSC programs
- j. “Faculty” means a physician with an appointment in the Cumming School of Medicine at the University of Calgary
- k. “Program Director” means the person responsible for the overall conduct of a PGME Program in a discipline, and is responsible to the Associate Dean.
- l. “Associate Dean” means Associate Dean of Postgraduate Medical Education in the Cumming School of Medicine at the University of Calgary. The Associate Dean is the Faculty member responsible for the overall conduct and supervision of PGME within the faculty

Operating Standard:

1. Program Responsibility

- 1.1 Clinical duties and on-call schedules for residents must be developed in compliance with the terms of the Resident Physician Agreement.
- 1.2 Clinical duties and on-call schedules for Fellows should be developed by programs in a manner that respects principles of Fatigue Risk Management and addresses learner and patient safety
- 1.3 Programs must ensure that leadership, faculty members and residents are familiar with issues around Fatigue Risk Management.
- 1.4 Residency Programs must develop discipline-specific policies and procedures to address Fatigue Risk Management. Fellowship programs are encouraged to develop guiding policies for FMR.
- 1.5 Programs policies should include a mechanism to monitor issues related to learner fatigue as part of a wellness and patient safety strategy
- 1.6 The safety and well-being of learners and patients is a priority for Programs and Faculty. When performance is negatively impacted by fatigue, faculty must take proactive measures to support the trainee and ensure patient safety.

2. Learner Responsibility

- 2.1 Learners share responsibility for FRM and are expected to bring forward individual or program concerns to the Program Director and/or appropriate Program Committee.
- 2.2 Learners are expected to organize time prior to and during clinical assignments to reduce, as much as possible, the effect of fatigue on performance.
- 2.3 Resident Physicians must not exceed allowable duty hours articulated in the Resident Physician Agreement. Concerns regarding requests from Faculty or Residents themselves to exceed allowable duty hours should be brought to the attention of the Program Director, PG Dean or addressed through to the Office of Resident Affairs & Physician Wellness.
- 2.4 Learners who identify sleep deprivation as negatively impacting performance should bring this concern to the attention of the Most Responsible Physician (MRP), Program Director, or Program Ombudsperson (if applicable)
- 2.5 Learners who identify a performance concern related to sleep disruption will be supported by the Program. Learners may be temporarily re-assigned to non-clinical duties or relieved of clinical responsibilities for a specified period of time, as determined collaboratively by the program and the learner.

2.6 Residents and Fellows who recognize the effects of sleep deprivation on a co-Resident or Fellow has a duty to bring this to the attention of the learner concerned and/or the MRP in order to support initiation of appropriate measures to address wellness and ensure patient safety.

3. Responsibility of Offices of Resident Affairs & Physician Wellness and PGME

3.1 PGME and the Office of Resident Affairs & Physician Wellness (ORAPW) will promote a culture that supports safe disclosure of concerns regarding resident fatigue.

3.2 PGME and ORAPW will support programs to develop and implement strategies to address Fatigue Risk Management

3.3 PGME and ORAPW will support scholarship in education to address best practices related to Fatigue Risk Management.

Resources:

Lessons Learned to Aid in Developing Fatigue Risk Management Plans for Resident Physicians

<https://www.ncbi.nlm.nih.gov/pubmed/30596293>

Fatigue Risk Management Toolkit

<https://residentdoctors.ca/wp-content/uploads/2018/11/Fatigue-Risk-Management-ToolkitEN.pdf>

Management of Physician Fatigue- CMA Policy

<https://residentdoctors.ca/wp-content/uploads/2017/08/PD14-09.pdf>

References:

1. Aliya Kassam, Michèle Cowan & Maureen Topps (2019) Lessons Learned to Aid in Developing Fatigue Risk Management Plans for Resident Physicians, Teaching and Learning in Medicine, 31:2, 136-145, DOI: [10.1080/10401334.2018.1542307](https://doi.org/10.1080/10401334.2018.1542307)
2. CMA Policy on Management of Physician Fatigue 2014
3. Sheil. W C, Medical Definition of Fatigue. MedicineNet 2016
4. Adapted from FMR Task Force 2018
5. CMPA website, October 2019, "Who is the most responsible physician? Check your Knowledge"