Still OPTI

POLICY		Policy No: IS-011
Subject: Resident Fatigue Mitigation	Initial Approval: 6/29/15 Last Revision Approved: 4/25/23 Last Review approved: 1/27/2026	Page 1 of 2

PURPOSE

Still OPTI and its participating sites are required to define a process for recognizing and dealing with resident stress which includes:

1. Systems of care and learning and work environments that facilitate fatigue mitigation for residents.
2. An educational program for residents and core faculty members in fatigue mitigation.
3. Adequate sleep facilities and safe transportation options for residents who may be too fatigued to return safely home. Sleep facilities must be safe, quiet, clean, and private, and that must be available and accessible for residents with proximity appropriate for safe patient care.

(Also refer to the Resident Impairment, Resident and Faculty Well-being, and Clinic Experience and Education policies). This policy is written in accordance with *ACGME Institutional Requirements.*

POLICY

1. **Recognition of Resident Excess Fatigue and/or Stress:**
    a. Signs and symptoms of resident fatigue and/or excessive stress may include but are not limited to the following:
        - Inattentiveness to details
        - Forgetfulness
        - Emotional liability
        - Mood swings
        - Increased conflicts with others
        - Lack of attention to proper attire or hygiene
        - Difficulty with novel tasks and multitasking
        - Awareness is impaired (fall back on rote memory)

    b. The participating site's department of medical education will provide instruction to all faculty and staff members on the above signs and symptoms so that early recognition can occur, and steps can be taken to ensure both patient and resident safety.

2. **Response to recognition of fatigue:**
    a. The demonstration of resident excess fatigue and/or stress may occur in patient care settings or in non-patient 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 and the patient, mandates implementation of an immediate and proper response. 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/or stress in either setting.

    b. Role of Attending Clinician:

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

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

3. The attending clinician must, in all circumstances, notify the Program Director, the Associate Designated Institutional Officer/CLER Director, or the Designated Institutional Official (DIO) of the decision to release the resident from further patient care responsibilities at that time.

4. If excess fatigue is identified, 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 for a sleep interval of no less than 30 minutes. The resident may also be advised to consider calling someone to provide transportation home. In the event of a decision to release the resident from further patient care activity; notification of program administrative personnel shall include the Program Director and the DIO.

5. The attending should notify the Program Director for documentation of the advice given to the resident removed from duty.

6. If excess stress is the cause of concern, the attending upon privately counseling the resident, may opt to take immediate action to alleviate the stress. If, in the opinion of the attending, the resident's 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 Program Director, Associate DIO/CLER Director, and the DIO.

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

8. A resident who has been released from patient care cannot resume patient care duties without permission of the Program Director, the Associate DIO/CLER Director, or the DIO.

c. Role of the Resident:

1. Residents who perceive that they are manifesting excess fatigue and/or stress have the professional responsibility to immediately notify an attending clinician, the Chief Resident, and/or the Program Director without fear of reprisal.

2. 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 Program Director.

d. Role of the Program Director:

1. Following removal of a resident from duty, in association with the Chief Resident, the need for an immediate adjustment in duty assignments for the remaining residents in the program must be completed.
2. Subsequently, the Program Director will review the resident's call schedules, work hours, extent of patient care responsibilities, any known personal problems, and stresses contributing to the resident status.

3. The Program Director will notify the Associate DIO/CLER Director or DIO if there is a particular rotation that gives rise to question regarding methods to reduce resident fatigue. (Refer to the Clinical Experience and Education Policy)
4. In matters of resident stress, the Program Director will meet with the resident personally as soon as possible. The Resident Impairment Policy should be utilized if counseling by the Program Director is insufficient.

Extended periods of release from duty assignments that exceed requirements for completion of training must be made up to meet training guidelines. (See Vacation and Leaves of Absence Policy)

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