

Well-Being, Fatigue Mitigation and Monitoring

Scope

The policy applies to all residency and fellowship programs at CCHS.

Policy

The Sponsoring Institution (SI) maintains an overall institutional policy regarding Well-Being, Fatigue Mitigation and Monitoring. This policy and corresponding set of procedures will be distributed to all residents, fellows, teaching faculty and staff at least once per year. All efforts will be made to implement and utilize this policy without fear of negative consequences for the resident/fellow who is unable to provide the clinical work.

Well-Being

Self-care is an important component of professionalism for residents/fellows, faculty and staff. It is also a skill that must be learned and nurtured in the context of other aspects of graduate medical education training. The UA College of Community Health Sciences (CCHS) as the Sponsoring Institution has the same responsibility to address well-being as it does to evaluate other aspects of resident/fellow competence. This responsibility must include:

- efforts to enhance the meaning that each resident/fellow finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships;
- attention to scheduling, work intensity, and work compression that impacts resident/fellow well-being;
- evaluating workplace safety and security measures and addressing the safety of residents/fellows and faculty members;
- residents/fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during working hours provided a leave request has been submitted in advance of the scheduled appointment (an emergent or urgent needs will require documentation from the provider involved);
- Attention to resident/fellow and faculty member burnout, depression, and substance abuse. CCHS must educate faculty members and residents/fellows to identify the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents/fellows and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. CCHS must:

- encourage residents/fellows and faculty members to alert the program director, DIO, chief residents, attending or faculty member when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
- provide access to appropriate tools for self-screening (residents/fellows and faculty may access the residency handbook; and
- Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

There are circumstances in which residents/fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Each program must allow an appropriate length of absence for residents and fellows unable to perform their patient care responsibilities. The CCHS graduate medical education training programs must have policies and procedures in place to ensure coverage of patient care. These policies must be implemented without fear of negative consequences for the resident/fellow who is or was unable to provide the clinical work.

Fatigue Mitigation

CCHS, along with each graduated medical education training program, must:

- Educate all faculty members and residents/fellows to recognize the signs of fatigue and sleep deprivation;
- Educate all faculty members and residents/fellows in alertness management and fatigue mitigation processes;
- Encourage residents/fellows to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning;
- Ensure continuity of patient care, consistent with the program's policies and procedures, in the event that a resident/fellow may be unable to perform their patient care responsibilities due to excessive fatigue; and
- Ensure adequate sleep facilities at major participating training sites and safe transportation options for residents/fellows who may be too fatigued to safely return home.

Procedure

- 1) Annually, Program Directors (or designee) will present a Power Point lecture from the American Academy of Sleep Medicine (or similar lecture) to all residents/fellows and hospital-based faculty. This lecture will include recognizing the signs of fatigue and sleep deprivation, strategies to manage fatigue when possible, and how to transfer clinical responsibilities.
- 2) The resident/fellow must monitor oneself for the signs of fatigue that usually occur after prolonged periods of sleeplessness such as:
 - Sluggish thought patterns, inability to concentrate.
 - Inability to maintain wakeful state in the absence of external stimulation.
 - Irritability, sudden anger, intolerance.
 - Nausea or stomach cramps unassociated with physical illness.
 - Tremors, particularly intention tremors while performing delicate procedures.
- 3) The resident/fellow must stop and acquire rest when fatigued.
- 4) Supervising faculty must assist with the transfer of clinical responsibilities when a resident/fellow has been identified, either by staff, other residents/fellows, or the resident/fellow him/herself as unable to perform and all attempts to transfer responsibilities to other residents/fellows have failed.
- 5) If a resident/fellow is sufficiently fatigued to potentially impair his/her ability to perform, the resident/fellow must:
 - Transfer clinical responsibilities to another resident/fellow or to an attending.
 - If the resident/fellow cannot find another qualified person to assume these responsibilities, the supervising faculty must make arrangements to transfer the responsibilities.
- 6) If a resident/fellow or his/her supervising resident/fellow or attending feels that the resident/fellow is too fatigued to drive home safely after duty hours are completed, the resident/fellow has the following options:
 - a. Sleep in an available call room until able to drive safely; or
 - b. CCHS offers a fatigue mitigation transportation option to help ensure residents/fellows get home safely when fatigued after work. Reimbursement is available to any resident/fellow that elect to use a transportation service to get home instead of drive their own vehicle while fatigued. In this circumstance:

- Utilize the service of your choice (app-based or taxi) for a ride home and then use the service again to pick up your car or return to work the next day. This service is available to use any time residents/fellows feel fatigued at the end of their shift. CCHS does not want any resident/fellow to drive when they are overly fatigued.
- For reimbursement, residents/fellows will need proof on the receipt of going to a verifiable home address and round trip from a verifiable CCHS graduate medical education training site. Any verifiable training site is acceptable for a pick up or drop off location. All receipts must include a starting location, ending location, time, date, resident/fellow name, and total fare for basic service. If a tip is provided it must be included within the total fare, not as a separate line. If you are using a taxi and the receipt does not include the information above, please provide any information missing from the receipt that is noted above. If you are using UBER (or similar service), CCHS will only reimburse for basic service so please make sure you select basic service and not luxury service.
- Receipts for fatigue mitigation transportation must be received in the residence office (for fellows too) within 20 days of the travel date to be eligible for reimbursement. Please provide the residency office with either original or scanned receipts for reimbursement. Please allow at least 2 weeks for processing and reimbursement.
- Reimbursement is not available while on approved moonlightings