

Title: GME Fatigue Management & Mitigation	*Applicable to: Beaumont Health	Effective Date: 03/27/2018
Policy Owner: Graduate Medical Education Committee	Document Type: Policy	Last Periodic Review Date: 03/27/2018 Functional Area: GME Learning and Working Environment

***For This Document, Beaumont Health Includes:**

Beaumont Corporate Shared Services
 Beaumont Hospital, Dearborn
 Beaumont Hospital, Farmington Hills
 Beaumont Hospital, Grosse Pointe
 Beaumont Hospital, Royal Oak
 Beaumont Hospital, Taylor
 Beaumont Hospital, Trenton
 Beaumont Hospital, Troy
 Beaumont Hospital, Wayne
 Beaumont Medical Group

I. PURPOSE

It is recognized that excessive and irregular hours worked by residents and fellows can lead to sleep deprivation and fatigue, which may affect judgment and clinical decision-making. These can impact patient safety through medical errors, as well as the safety of the residents/fellows through increased motor vehicle accidents, stress, depression and illness related complications. The purpose of this policy is to outline the requirements and resources related to fatigue management and mitigation for residents and fellows.

II. POLICY

- A. Beaumont is committed to safe and effective patient care along with high quality education. The hospitals are committed to meeting the requirements of patient safety and resident and fellow well-being. The entire health care team shares responsibility to ensure the personal safety and well-being of our residents, fellows, support staff, and patients.
- B. Reduced Work Hours (i.e., Duty Hours) are designed, in part, to mitigate fatigue. Although the possibility of fatigue is most often considered following prolonged on-call service, it should be recognized that excessive and irregular work hours can lead to sleep deprivation and fatigue, which may affect judgement and clinical decision making.
- C. In order to maximize patient safety, provider safety, and resident/fellow learning, it is necessary that residents/fellows who are suffering from fatigue be appropriately identified and managed.

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III. DEFINITIONS

- A. **Faculty:** Any individual who has a role in the education of residents/fellows and who have documented qualifications to instruct and supervise.
- B. **Fatigue Management:** Recognition by either a resident/fellow, supervisor or any member of the healthcare team of a level of resident fatigue that may adversely affect patient safety and enactment of appropriate countermeasures to mitigate the fatigue.
- C. **Resident/Fellow:** A physician in a graduate medical education program.
- D. **Scheduled Duty Periods or Work Hours:** Assigned duty within the institution encompassing hours within and/or beyond the normal work day. Formerly known as Duty Hours.

IV. FATIGUE MANAGEMENT

- A. **Self-Reporting Fatigue:** Residents/fellows bear responsibility for identifying that they are fatigued, and informing those to whom they report (senior-level residents & attending physicians).
 - 1. Self-reporting should be done without fear of scorn, harassment, or reprisal, which will not be tolerated on the part of any member of the health care team.
 - 2. The resident's or fellow's declaration of fatigue will be met by offers of one or more strategies for fatigue management.
- B. **Observing Fatigue:** Recognition of resident/fellow fatigue is also the responsibility of all members of the health care team and others in the position to observe the resident/fellow. This includes the faculty, attendings, resident/fellow colleagues (at both higher and lower PGY-levels), nurses, the Program Director, and other program personnel.
- C. **Fatigue Mitigation Strategies:** When excessive fatigue is identified by either self-report or the observation of others, a variety of strategies should be made available to the fatigued resident/fellow, the selection of which may be made on the basis of personal choice and the specific circumstance. These should begin with the fatigued resident/fellow being excused from current duties, followed by one or more of the following:
 - 1. Residents and fellows are encouraged to set aside time, utilizing the call rooms, for strategic napping. A 15-20-minute nap will allow the resident/fellow to feel refreshed.
 - 2. Call-Rooms are available for either a nap or prolonged sleep.
 - 3. He/She can decide to return home, but will be told not to drive himself/herself, using one of the following options:

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- a. Having a peer, attending physician or another member of the health care team provide a ride home
- b. Use the Beaumont-designated ride-sharing service (e.g., Lyft) account for a ride home from the hospital and back
- c. Contact Hospital Security to obtain a taxi voucher home and to return to the hospital at:

Dearborn, 313-593-7720	Taylor, 313-295-5555
Farmington Hills, 248-471-8257	Trenton, 734-642-2921
Grosse Pointe, 313-473-3911	Troy, 248-964-0911
Go to Royal Oak, Emergency Center Security	Wayne, 734-467-4101

V. REFERENCES

Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, Section III.B.5 and Common Program Requirements II.A.4.j, VI.B.4.c, VI.D

Approved by the Beaumont Health Graduate Medical Education Committee (GMEC),
January 23, 2018

CORPORATE AUTHORITY:

Beaumont Health (“BH”) as the corporate parent to William Beaumont Hospital, Botsford General Hospital, and Oakwood Healthcare Inc., (“Subsidiary Hospitals”) establishes the standards for all policies related to the clinical, administrative and financial operations of the Subsidiary Hospitals. The Subsidiary Hospitals, which hold all health facility and agency licenses according to Michigan law, are the covered entities and the providers of health care services under the corporate direction of BH. The Subsidiary Hospitals’ workforces are collectively designated as BH workforce throughout BH policies.