

Resident/Fellows Fatigue and/or Stress Policy

Purpose

Symptoms of fatigue and/or stress are normal and expected to occur periodically with the resident/fellow population, just as it would in other professional settings. Not unexpectedly, residents/fellows may on occasion, experience some effects of inadequate sleep and/or stress. As an institution, the Oklahoma State University Medical Center Trust has adopted the following policy to address resident/fellow fatigue and/or stress:

Recognition of Resident/Fellow Excess Fatigue and/or Stress

Signs and symptoms of resident fatigue and/or stress may include but are not limited to the following:

- Inattentiveness to details
- Forgetfulness
- Emotional lability
- 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)

Response

The demonstration of resident/fellow 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/fellow, mandates implementation of an immediate and a proper response sequence. In non-patient care settings, responses may vary depending on the severity of and the demeanor of the resident/fellow's appearance and perceived condition. The following is intended as a general guideline for those recognizing or observing excessive resident/fellow fatigue and/or stress in either setting.

Patient Care Settings

- **Attending Clinician:**
 1. In the interest of patient and resident/fellow safety, the recognition that a resident/fellow is demonstrating evidence for excess fatigue and/or stress requires the attending or supervising resident/fellow to consider immediate release of the individual from any further patient care responsibilities at the time of recognition.
 2. The attending clinician or supervising resident/fellow should privately discuss his/her opinion with the individual, attempt to identify the reason for excess fatigue and/or stress, and estimate the amount of rest that will be required to alleviate the situation.
 3. The attending clinician must attempt, in all circumstances without exception, to notify the chief/supervising resident/fellow on-call, program director or department chair, respectively, depending on the ability to contact one of these individuals, of the decision to release the resident from further patient care responsibilities at that time.

4. If excess fatigue is the issue, the attending clinician must advise the individual to rest for a period that is adequate to relieve the fatigue before operating a motorized vehicle. This may mean that the resident/fellow should first go to the on-call room for a sleep interval no less than 30 minutes. The individual may also be advised to consider calling someone to provide transportation home.
5. If stress is the issue, the attending upon privately counseling the resident/fellow, may opt to take immediate action to alleviate the stress. If, in the opinion of the attending, the individual's stress has the potential to negatively affect patient safety, the attending must immediately release the resident/fellow from further patient care responsibilities at that time. In the event of a decision to release the resident/fellow from further patient care activity; notification of program administrative personnel shall include the chief/supervising resident/fellow on-call, program director or department chair, respectively, depending on the ability to contact one of these individuals.
6. A resident/fellow who has been released from further immediate patient care because of excess fatigue and/or stress cannot appeal the decision to the responding attending.
7. A resident/fellow who has been released from patient care cannot resume patient care duties without permission of the program director or chair when applicable.

- **Allied Health Care Personnel**

Allied health care professionals in patient service areas will be instructed to report observations of apparent resident/fellow excess fatigue and/or stress to the observer's immediate supervisor who will then be responsible for reporting the observation to the respective program director.

- **Residents/Fellows**

1. Residents/fellows who perceive that they are manifesting excess fatigue and/or stress have the professional responsibility to immediately notify the attending clinician, the chief resident, and the program director without fear of reprisal.
2. Residents/fellows recognizing resident fatigue and/or stress in fellow residents/fellows should report their observations and concerns immediately to the attending physician, the chief resident (if appropriate), and/or the program director.

- **Program Director**

1. Following removal of a resident/fellow from duty, in association with the chief resident (if appropriate), determine the need for an immediate adjustment in duty assignments for remaining residents/fellows in the program.
2. Subsequently, the program director will review the resident/fellow's call schedules, work hour time reports, extent of patient care responsibilities, any known personal problems, and stresses contributing to this for the resident/fellow.

3. The program director will notify the departmental chair and/or program director of the rotation in question to discuss methods to reduce resident/fellow fatigue.
4. In matters of resident stress, the program director will meet with the resident/fellow personally as soon as can be arranged. If counseling by the program director is judged to be insufficient, the program director will refer the resident/fellow to the Oklahoma State University (OSU) Employee Assistance Program (EAP) by direct contact with the Director of Medical Education (DME).
5. If the problem is recurrent or not resolved in a timely manner, the program director will have the authority to release the resident/fellow indefinitely from patient care duties pending evaluation from an individual designated by the EAP. (This will represent academic probation or dismissal and will follow House Staff Policy as outlined in the Academic standards.)
6. The program director will release the resident/fellow to resume patient care duties only after advisement from the EAP and will be responsible for informing the resident/fellow as well as the attending physician of the individual's current rotation.
7. If the OSU Employee Assistance Program feels the resident/fellow should undergo continued counseling, the program director will be notified and should receive periodic updates from the EAP's representative.
8. Extended periods of release from duty assignments that exceed requirements for completion of training must be made up to meet AOA training guidelines.

OSUMC Employee Assistance Program

Oklahoma State University Medical Center Employee Assistance Program provides confidential counseling, consultation, evaluation and information to OSUMC employees and family members including residents and fellows. OSUMC EAP will provide up to three appointments at no cost. The EAP phone line is answered 24 hours a day, 7 days a week.

Community Care EAP
218 W. 6th Street
Tulsa, OK 74119

918-594-5232 or 800-221-3976

Non-Patient Care Settings

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