

**Title:** Alertness Management and Fatigue Mitigation Policy

**References:** ACGME Common Program Requirements–Residency (CPR-R, focused revision effective July 1, 2020); ACGME Common Program Requirements–Fellowship (CPR-F, new requirements effective July 1, 2019); ACGME Institutional Requirements (IR, focused revision effective July 1, 2021)

**I. Background**

- A. Providing medical care to patients is physically and mentally demanding. Night shifts, even for those who have had enough rest, cause fatigue. Experiencing fatigue in a supervised environment during training prepares Residents for managing fatigue in practice. It is expected that programs adopt fatigue mitigation processes and ensure that there are no negative consequences and/or stigma for using fatigue mitigation strategies.

**II. Purpose**

The University of Texas Rio Grande Valley (UTRGV) School of Medicine (SOM) is committed to promoting patient safety and Resident wellbeing in a supportive educational environment and ensuring faculty and Residents appear for duty appropriately rested and fit for duty. This policy provides guidance on methodologies available to educate faculty members and Residents on:

1. recognizing signs of fatigue and sleep deprivation;
2. learning alertness management and fatigue mitigation processes; and
3. adopting fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

**III. Definitions**

- A. Faculty: Any individuals who have received a formal assignment to teach resident/fellow physicians.
- B. Fatigue management: Recognition by either a Resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.
- C. Fitness for duty: Mentally and physically able to effectively perform required duties and promote patient safety.
- D. Resident: Any physician learner in a UTRGV graduate medical education (GME) program, including interns, residents, and fellows.
- E. Scheduled duty periods: Assigned duty within the institution encompassing hours, which may be within the normal workday, beyond the normal workday, or a combination of both.

- F. Sponsoring Institution (SI): Residency and fellowship programs accredited by the ACGME must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites. [IR: I.A.1.]
- G. Program: Any accredited GME program sponsored by the UTRGV SOM.

#### **IV. Procedure**

- A. Programs must (CPR VI.D.1.):
  - 1. educate all faculty members and Residents to recognize the signs of fatigue and sleep deprivation (CPR VI.D.1.a);
  - 2. educate all faculty members and Residents in alertness management and fatigue mitigation processes (CPR VI.D.1.b); and,
  - 3. encourage Residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning (CPR VI.D.1.c).This should be accomplished using visual presentations, lectures, white papers, or any other educational resources the program may elect to use.
- B. Each program must ensure continuity of patient care, consistent with the program's policies and procedures, in the event that a Resident may be unable to perform their patient care responsibilities due to excessive fatigue (CPR VI.D.2). Programs must document fatigue mitigation techniques applied to ensure continuity of patient care. Sponsoring Institutions must oversee systems of care and learning and working environments that facilitate fatigue mitigation for Residents (IR III.B.5.a).(2)).
- C. The program, in partnership with the Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for Residents who may be too fatigued to safely return home (CPR VI.D.3, IR III.B.7.d).(2-3)). Residents should consult their program leadership regarding safe transportation options in the event that they are too fatigued to drive home after completing their scheduled duty period(s).
- D. Programs must design an effective program structure that is configured to provide Residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities. Residents and faculty are expected to manage their health and behavior so that they can perform their job duties in a safe, productive, and effective manner. The Sponsoring Institution must oversee an educational program for Residents and faculty members in fatigue mitigation (IR III.B.5.a).(3)).
- E. All programs will be monitored for compliance through multiple avenues, including the UTRGV GME office review of programs' Annual Program Evaluation / Accreditation Council for GME (ACGME) reports, the Special Review process, and the ACGME Annual Survey of Residents.

#### **V. Fatigue Mitigation Strategies**

- A. This ACGME requirement emphasizes the importance of adequate rest before and after clinical responsibilities. Strategies that may be used include, but are not limited to:
  - 1. strategic napping,
  - 2. the judicious use of caffeine,
  - 3. availability of other caregivers,
  - 4. time management to maximize sleep off-duty,

5. learning to recognize the signs of fatigue,
6. self-monitoring performance and/or asking others to monitor performance,
7. remaining active to promote alertness,
8. maintaining a healthy diet,
9. using relaxation techniques to fall asleep,
10. maintaining a consistent sleep routine,
11. exercising regularly,
12. increasing sleep time before and after call, and
13. ensuring sufficient sleep recovery periods.