



Department of Family Medicine Policy

Policy Name:	Fatigue Risk Management
Application/ Scope:	All Family Medicine and Master of Physician Assistant Studies (MPAS) Learners enrolled in the Program
Approved Date & Approved By:	January 11, 2023: Executive Management Committee, Department of Family Medicine (DFM) December 21, 2022: Residency Program Committee, Postgraduate Medical Education (PGME)
Review Date:	Five years from the approved date
Revised (Date):	

1. BACKGROUND, INTRODUCTION AND DEFINITIONS

1.1 Fatigue is a hazard in medical education that impacts training and workplace health and safety, with potential implications for patient safety. Fatigue is an inevitable aspect of continuous healthcare service and therefore it is not realistic to eliminate risk but rather to work collectively to mitigate the risk across the system. Successful management of fatigue risk is therefore the shared responsibility among all those who have a role within medical education. Within that shared responsibility, trainees have a key role in managing and reporting their own fatigue to their supervisors, peers and to the healthcare team. To support this, medical education leaders are accountable for ensuring practices are in place that enable and protect every trainee’s ability to fulfill their role in the management of fatigue risk.

1.2 The objective of this policy is to prevent, mitigate and manage the hazard of fatigue during training in the Family Medicine and MPAS Programs, and to promote health and wellbeing for physicians and physician assistants, and for the provision of quality patient care.

1.3 Definitions

1.3.1 **Continuous Quality Improvement:** Structured process to improve all aspect of care and service continually; ongoing study to improve performance. For FRM, CQI will explicitly entail the promotion and sharing of information, and communicating learnings from incidents as they occur.

1.3.2 **Fatigue:** A subjective feeling of tiredness that is experienced physically and mentally. It ranges from tiredness to exhaustion, creating an unrelenting overall condition that interferes with individuals’ physical and cognitive ability to function to their normal capacity. Its experience involves some combination of features: physical (e.g. sleepiness) and psychological (e.g. compassion fatigue, emotional exhaustion) (Adapted from RNAO, 2010).



1.3.3 Fatigue Risk Management (FRM)

A set of ongoing fatigue prevention and mitigation practices, principles, and procedures integrated throughout all levels of the clinical and academic work environment, and are designed to monitor, ameliorate and manage the effects of fatigue and associated risks for the health and safety of healthcare personnel and the patient population they serve (FRM Task Force, 2016).

1.3.4 FRM Officer/LWG (local working group): Group or individual responsible for oversight of the process by which fatigue risk is managed and monitored in the clinical practice and learning environment. In the Family Medicine program this will be the Program Director with input from the RPC.

2. SCOPE

- 2.1 This policy applies to all postgraduate trainees in the Family Medicine program and students of the MPAS program of the Max Rady College of Medicine for the duration of all activities associated with the performance of their trainee duties.

3. KEY ROLES AND RESPONSIBILITIES

3.1 Program Director:

- 3.1.1 Work with Postgraduate Dean to develop a FRM policy and ensure its implementation
- 3.1.2 Monitor faculty, staff, and learners to guarantee participation in FRM training and education
- 3.1.3 Participate in FRM training of learners and faculty
- 3.1.4 Incorporate educational resources and information on fatigue prevention, mitigation, and recognition strategies in program
- 3.1.5 Ensure FRM measures are appropriate
- 3.1.6 Prioritize allocation of resources to reduce highest levels of fatigue risk
- 3.1.7 Monitor compliance with the FRM Policy
- 3.1.8 Advise postgraduate deans of barriers preventing the effective management of fatigue-related risks
- 3.1.9 Ensure suitable processes are in place to respond to reports of fatigue-related incidents, errors, and/or behaviours in an appropriate manner via the FRM Local Working Group and/or appropriate risk management committee
- 3.1.10 Participate in the continuous evaluation, monitoring, and improvement of programs and address issues affecting residence program quality

3.2 Learner:

- 3.2.1 Arrive at shift in a state fit to safely conduct duties
- 3.2.2 Use time outside of work to obtain adequate rest and to ensure fitness for work
- 3.2.3 Report when they have not been able obtain sufficient sleep or believe they are at risk of making a fatigue-related error and identify and engage in appropriate risk mitigation strategies



- 3.2.4 Collectively identify and report context-specific fatigue related risks to the Fatigue Risk Management Local Working Group (Program Director)
- 3.2.5 Individually report specific errors and fatigue-related behaviours or situations that may present a fatigue-related risk
- 3.2.6 Complete all training required by the UM PGME FRM strategy
- 3.2.7 Employ appropriate Fatigue Risk Mitigation Strategies
- 3.2.8 Participate in the continuous evaluation, monitoring, and improvement of the program and address issues affecting residence program quality

4. **PROCEDURE**

4.1 **Process for communication:**

Learners will be expected to meet the above noted responsibilities for attending to their training program duties in a non-fatigued state. When the learner recognizes, for any reason, that they are in a fatigued state they will be expected to notify the Program Director and clinical supervisor by completing the Fatigued State Reporting Form (available from the PA and provided to learner during orientation in electronic format).

4.2 **Practices around service hours and scheduling/rostering:**

Residents will be scheduled as per the duty hour restrictions stated in the PARIM collective agreement. Excessive duty hours and undue influence on residents to stay past duty hours will be monitored via the CQIS and addressed with the appropriate on- or off-service rotation.

4.3 **Practices around safe vehicle travel for clinical or academic purposes:**

If learners find themselves in a state of fatigue they will opt to utilize alternative forms of transportation in order to avoid the risks associated with driving while fatigued. The University of Manitoba offers a post-call taxi reimbursement program to provide safe transportation home after on-call.

Alternatively, access to a post-call room will be provided to allow a learner to sleep for a period of time to allow them to return to a state of restfulness to allow them to safely drive themselves home in their own vehicle.

Each Family Medicine residency stream is responsible to provide either safe travel and/or post-call recovery space, as is relevant to their setting.

4.4 **Reporting practices to ensure fatigue is effectively monitored:**

The Program Director will report a summary of Fatigue State Reporting to the RPC on an annual basis.

Protocols to ensure staff and trainees are educated and trained on the effects of fatigue and how to manage fatigue in their context



- 4.5 This policy, including associated procedures and expectations will be reviewed with trainees at their orientation to the program. An electronic copy of the documents will be provided to learners for their use and review as necessary.
- 4.6 A session will be included in the academic half day of the training program related to fatigue risk and its management. This session will include a comprehensive review of the risks associated with fatigue in the health care professional, the consequences of ongoing fatigue and methods to mitigate those risks.

5. REVIEW AND EFFECT ON PREVIOUS STATEMENTS

- 5.1 The Review Date for this Policy and Procedure is five (5) years from the date it is approved by the Executive Management Committee, Department of Family Medicine.
- 5.2 If this document is revised or repealed, any related documents shall be reviewed as soon as possible to ensure that they comply with the revised document, or are in term revised or repealed.
- 5.3 This Policy supersedes all previous governing documents dealing with the subject matter addressed in this document.

6. POLICY CONTACT

Please contact the Family Medicine Wellness Faculty Lead with questions regarding this document.

7. REFERENCES

[PGME Resident Wellness Policy](#)

[DFM Policies](#)

[DFM Fatigue Risk Management Reporting Form](#)



Fatigue Risk Management Reporting Form Family Medicine Program

1. BACKGROUND

- 1.1 Fatigue is a hazard in medical education that impacts training and workplace health and safety, with potential implications for patient safety. Fatigue is an inevitable aspect of continuous healthcare service and therefore it is not realistic to eliminate risk but rather to work collectively to mitigate the risk across the system. Successful management of fatigue risk is therefore the shared responsibility among all those who have a role within medical education. Within that shared responsibility, trainees have a key role in managing and reporting their own fatigue to their supervisors, peers and to the healthcare team. To support this, medical education leaders are accountable for ensuring practices are in place that enable and protect every trainee's ability to fulfill their role in the management of fatigue risk.

2. PURPOSE

- 2.1 The purpose of this reporting form is to collect information related to the occurrence of fatigue and the strategies utilized to mitigate the risk associated with these occurrences. The intent of this reporting form is to approach Fatigue Risk Management from a supportive, safety-focused and non-punitive perspective.

3. PROCEDURES

- 3.1 Trainees will routinely reflect upon their wellbeing, including their level of fatigue
- 3.2 If trainees recognize that significant levels of fatigue are present they will complete the accompanying Fatigue Reporting Form and submit it to the Program office
- 3.3 The Fatigue Reporting Form include a section on Fatigue Risk Mitigation Strategies to be implemented by the trainee. A discussion of the strategies selected by the trainee will occur between the trainee and the trainee's supervisor
- 3.4 A summary of all FRM reporting information will be presented by the Program Director to the Program Committee on an annual basis



Fatigue Risk Management Reporting Form
Department of Family Medicine

The intent of this reporting form is to approach Fatigue Risk Management from an encouraging, safety-focused and supportive perspective.

Trainee Name	
Current Clinical Rotation	
Clinical Supervisor	
Today's Date	

Narrative of current fatigue related situation:

Severity of Fatigue (Epworth Sleepiness Scale - modified)

Answer the following questions based on how you are feeling today. How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? Even if you won't be doing some of these things today try to work out how they would affect you.

Use the following scale to choose the **most appropriate number** for each situation

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

It is important that you answer each question as best you can

Situation	Chance of dozing (0-3)
a) Sitting and reading	
b) Watching TV	
c) Sitting, inactive in a public place (e.g. a theatre or a meeting)	
d) As a passenger in a car for an hour without a break	
e) Lying down to rest in the afternoon when circumstances permit	
f) Sitting and talking to someone	
g) Sitting quietly after a lunch without alcohol	
h) In a car, while stopped for a few minutes in the traffic	
Total	

0-7: It is unlikely that you are abnormally sleepy.

8-9: You have an average amount of daytime sleepiness.

10-15: You may be excessively sleepy depending on the situation.

16-24: You are excessively sleepy.



Based on your current level of fatigue, please indicate which Individual and Team based Fatigue Risk Management Strategies you wish to utilize today.

Individual Fatigue Mitigation Strategies	✓	Team-based Fatigue Mitigation Strategies	✓
Performance of self-assessment prior to and during a work shift to ensure fitness for duty		Communicate fatigue risk declaration to team	
Ensure adequate recovery time prior to each shift		Communicate/document fatigue status in 'fatigue diary' or logbook	
Attend and be engaged during fatigue risk management education and training sessions		Communicate fatigue status on daily team notice board	
Judicious use of caffeine		Work in pairs or teams	
Work break/work break with no pager/phone		Reallocate tasks	
Quiet rest		Increase team cross-checking	
Napping/Sleep		Increase supervision	
Increased physical activity/light exercise		Use of video conferencing/telemedicine	
Ensure adequate hydration and nutrition		Base shift schedules on sleep science	
Task rotation		Seek second opinion on critical clinical decisions	
Double-checking calculations and instructions		Ensure fatigued individual avoids acting as primary operator in procedural work whenever feasible	
Defer non-urgent cases		Scheduling less complex or less safety-critical tasks at times of highest fatigue risk, when possible	
Limit overtime hours		Ensure fatigued individual has priority access to on-call room/napping facility where available	
Avoid repetitive or monotonous tasks during periods of higher fatigue risk		Access to taxi vouchers or transportation for safe commute	
When possible avoid highly complex tasks during periods of higher fatigue risk		All clinicians, educators, and learners take responsibility for identifying and reporting unsafe conditions, in accordance with professional standards and hospital policy, without fear of reprisal	
Work in pairs or teams		All clinicians, educators, and learners take responsibility for maintaining optimal personal health and well-being outside of work, including maintaining physical fitness, nutrition, and sleep	
Declaration of fatigue risk to team			
Employ self-assessment checklists for signs and symptoms of fatigue			
When necessary, stand down			