



Department of Family Medicine Fatigue Risk Management Reporting Form

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

[PGME Resident Wellness Policy](#)

[DFM Policies](#)

[DFM Fatigue Risk Management Reporting Form](#)



Department of Family Medicine

Fatigue Risk Management Reporting Form

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.*



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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	



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			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				