



Fatigue Risk Management Resident Wellness Policy Class: B					
Approved By:	Postgraduate Medical Education Committee				
Approval Date:	2021 02 11	Effective Date:	2021 02 11	Review Date:	2022 08 11
Responsible Portfolio/Unit/Committee:	Postgraduate Medical Education (PGME)				
Responsible Officer(s):	Associate Dean, PGME & HSP, and the Resident Wellness Lead Clinician				

1.0 Purpose

This policy reflects Northern Ontario School of Medicine’s commitment to management of fatigue as part of supporting resident’s overall well-being and safe patient care. Fatigue is common and expected in residency training and on into practice. Strategies to identify, mitigate and prevent fatigue related adverse outcomes are important to everyone. Fatigue risk management for residents is critical to maintain safe patient care, the integrity of physician liability, and personal safety and wellbeing. The Postgraduate Medical Education Committee (PGMEC), along with the RPCs, faculty and the Resident Wellness Program must work with residents to provide ongoing fatigue management strategies to monitor, assess and minimize the effects of fatigue for the health and safety of residents and the patients they care for as well as supporting academic success. Residents play a key role in assessing and monitoring their fatigue and the risk to their patients and themselves.

2.0 Definitions

2.1 Fatigue

2.1.1 A symptom characterized by a difficulty in initiating or maintaining voluntary physical and/or mental task. It is usually accompanied by a feeling of weariness and tiredness and can be acute or chronic.

2.2 Fatigue Risk Management

2.2.1 A set of ongoing fatigue prevention practices, beliefs and procedures integrated throughout all levels of an organization to monitor, assess, and minimize the effects

of fatigue and associated risks for the health and safety of health care personnel and the population they serve.

3.0 Resident Responsibilities

- 3.1 Residents have a responsibility to manage their time before, during and after clinical assignments to prevent excessive fatigue.
- 3.2 Residents are responsible for assessing and recognizing the signs of impairment due to fatigue in themselves.
- 3.3 Every trainee bears a responsibility to self, to their peers, and to those they provide care for, to manage their own fatigue during training and as they transition into practice. If a resident recognizes impairment due to excessive fatigue in another resident, that resident should immediately notify their Supervisor.
- 3.4 Residents who experience fatigue which they feel would impair their ability to drive a motor vehicle must arrange for alternative transportation arrangements and can access NOSM Resident Wellness Program's Well App Taxi service to ensure safe travel if required. Residents who commute by other means must ensure they feel they can travel without increased risk to themselves or others as noted in the Postgraduate Medical Education Resident Safety Policy.

4.0 Residency Program Responsibilities

- 4.1 Incorporate and offer educational resources and information on fatigue risk management, fatigue prevention, mitigation and recognition strategies for trainees and healthcare providers.
- 4.2 It is the responsibility of the Residency Program Committee to be aware of resident fatigue and the risk factors. This may be done by reviewing the annual wellness survey items relating to fatigue.
- 4.3 If a program director or faculty member recognizes the effects of excessive fatigue adversely affecting the performance of a resident, the member must take steps to ensure the safety and wellbeing of the resident and their patients. A number of options exist to address resident fatigue and supervisors can use their discretion when assessing and addressing each situation.
- 4.4 It is the responsibility of the program to have clinical duty and on-call schedules consistent with the PARO-CAHO Collective Agreement. Programs have a duty to release residents post call as outlined in PARO's Relief of Duties Post Call document (see link in related documents and resources).
- 4.5 Residency programs should foster an environment that minimizes fear of reprisal for identifying excessive resident fatigue.

5.0 Resident Wellness Program's Responsibilities

5.1 An annual wellness survey will include exploration of resident fatigue issues and feedback will be distributed to programs for their reflection and understanding.

5.2 The Resident Wellness Program will support the delivery of fatigue risk management education to residents.

6.0 Resources

- NOSM Resident Wellness Program (<https://www.nosm.ca/residency-programs/resident-wellness>)
- Employee & Family Assistance Program (<http://workhealthlife.com/>)
- Physician Health Program (<http://php.oma.org/>)
- The Professional Association of Residents of Ontario (PARO) (<http://www.myparo.ca/>) the PARO helpline as well - 1-866-HELP-DOC

7.0 Related Documents and Resources

In support of this policy, the following are included:

- NOSM PGME Resident Wellness Policy
- Postgraduate Medical Education Resident Safety
- [Employee & Family Assistance Program](#)
- [Physician Health Program](#)
- [Resident Doctors of Canada, Fatigue Risk Management Toolkit](#)
- Current Sleep Science: The Fatigue Risk Management Toolkit, p.6-7
- Effective Self-Assessments on Fatigue: Epworth Sleepiness Scale and the Fatigue Severity Scale (a score of 36 or higher is problematic). Found in The Fatigue Risk Management Toolkit, p.58
- [PARO-Post-Call-Relief-of-Duties](#)

8.0 Getting Help

Queries regarding interpretations of this document should be directed to:

Postgraduate Medical Education Office

- Phone: 807-766-7508 postgrad@nosm.ca
- Associate Dean, PGME & HSP adpge@nosm.ca

PGME Resident Wellness Program:

- Resident Wellness Program Coordinator: pgewellness@nosm.ca
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Version	Date	Authors/Comments
1.0	2020 10 16	Wellness Lead Clinician and Wellness Program Coordinator Lead DRAFT.
2.0	2020 11 12	Draft policy presented to PGEC.
3.0	2020 11 13	Period for subsequent RPC, PARO, and Associate Dean input: 2020 11 13 – 2021 01 31.
4.0	2021 02 11	Final version presented to PGEC and approved.