Fatigue Risk Management
in Residency Education

FRM
Fatigue Risk Management
Task Force

GRF
Groupe de travail sur la gestion
des risques liés à la fatigue

@ResidentFatigue
Residentfatigue.ca

Acknowledge. Act. Adapt.

Workshop Outline

FRM Overview

- What is FRM? Why is it important?

Case-Based Discussion

- Applying FRM to case studies

Closing Remarks

- 3 actions to take away

What is FRM?

"Fatigue risk management is **a set of ongoing fatigue prevention and mitigation practices, principles, and procedures** integrated throughout all levels of the clinical and academic work environment, and 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, 2018

Why does FRM matter?

Effect on physician well-being:

- Physical
- Emotional
- Social and Cultural
- Psychological

Fatigue can also impact:

- Patient Safety
- Occupational Health and Safety

More information can be found on pages 6-10 of the toolkit.

Who else is implementing an FRM approach?

Other health-related organizations:

RNAO

Queensland Government
Queensland Health

BMA

Other Canadian industries:

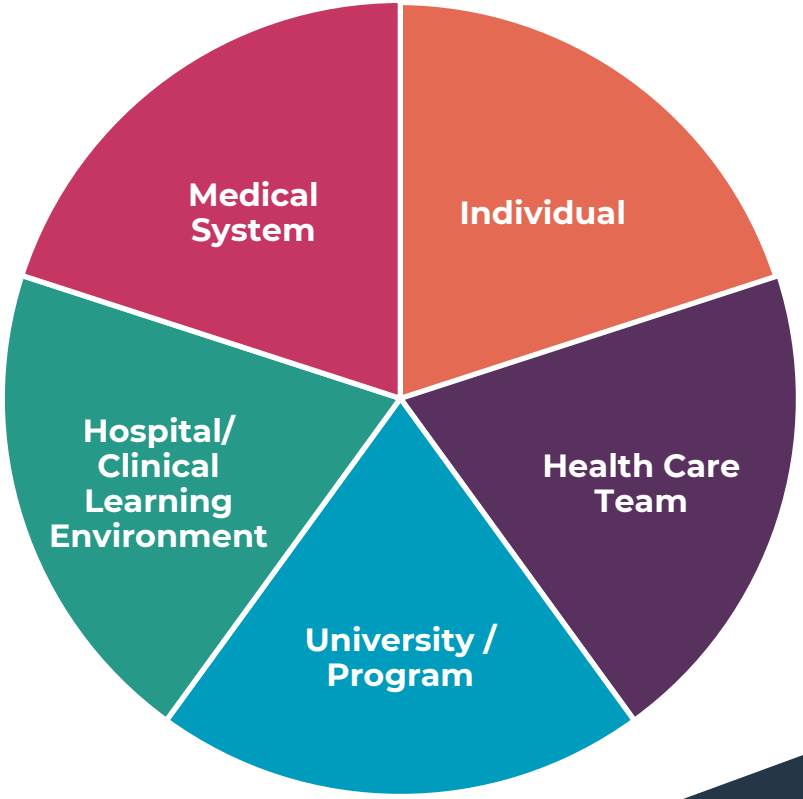
- Aviation
- Energy
- Mining
- Oil and Gas
- Forestry
- Marine Navigation and Shipping
- Military
- Railway
- Transportation trucking.

Case-Based Discussion

Using a blank Fatigue Risk Register, discuss the following for your group's case study

- Risk indicator for factors that contribute to fatigue
- Actionable control measures
- Continuous Quality Improvement

Note: consider each of the five perspectives on the right



Driving home, I hit a cyclist

- A resident wanted to run errands post-shift, and she was rushing during the 9-5 workday, due to her irregular work schedule
- As she drives along, she is feeling drowsy and thinking about the long list of tasks she has to get accomplished before she can go home and rest. She yawns and stretches as she idles at a stoplight, waiting for it to turn green.
- When the light turns, she hits the gas but doesn't see the cyclist on the shoulder, and her car bumps the cyclist off the road, and they are knocked off their bike and tumble across the sidewalk.
- Slamming on the brakes, the resident jumps out and attempts to assist, but she is yelled at aggressively by the cyclist, despite declaring to the injured person that she is a physician and that she can offer help to see if they are hurt.

Pressure to Publish

- A resident is working a research-intensive schedule to build her CV
- When staff research supervisor requests 8am meetings (on those post-call days), the trainee feels obligation and pressure to attend despite being exhausted – she didn't get any sleep during call shift
- She experiences a driving need to study especially during exam year, and she doesn't want to let her study group down – she is responsible for summarizing her share of the notes/questions for the group.
- She begins to notice that she isn't retaining any info during the study sessions because she's extremely tired, nodding off during study group, and her peers are irritated that she didn't do her part
- The resident decides she needs to pull out of study group, she just doesn't have time and knows the group is disappointed in her and questioning her commitment.

Wrong Medication

- During a busy ER rotation, a 12 year old patient needed an adrenaline/epinephrine dose.
- The resident responsible for care was extremely tired, and he wasn't paying close attention. He ordered the wrong dilution as a result.
- The team was also extremely tired and already short staffed, and they did not catch the miscalculation
- The incorrect dosage was administered, and put the child into cardiac arrest.

Moonlighting

- A trainee is moonlighting to pay off mounting debts they incurred before medical school.
- As a result of this heavy schedule, extreme pressure and no sleep, they arrive at their residency rotation tired, unproductive, short with their colleagues and inattentive during rounds. Increasingly, this trainee is leaning on their peers, allied health professionals and others. There is a growing perception among the staff that this individual is a burden when on duty and it is affecting the team morale.

Acknowledge				Act	Adapt
Step 1: Identify	**Step 2: Assess**			**Step 3: Control**	**Step 4: Monitor and Improve**
Factors that contribute to fatigue	Risk indicator for factors that contribute to fatigue			Actionable control measures	Continuous Quality Improvement
Circadian Principles	**Lower Risk** → **Higher Risk**			Control measures should be mindful of the bodies 24-25 hour biological clock that regulates sleepiness	Implement a rigorous internal audit and feedback framework
Working hours and scheduling	**Lower Risk** → **Higher Risk**			Consider the most appropriate control measure for the identified risk factor.	Facilitate FRM Infrastructure
Breaks from working	**Lower Risk** → **Higher Risk**			Breaks are an important component in keeping alert and regenerating after work	
Work demands	**Lower Risk** → **Higher Risk**			Plan to complete high demand and repetitive tasks at times of low fatigue risk	
Task demand	Low concentration required, less than 30 minutes required	Medium concentration required, about 30 minutes required	High concentration tasks, longer than thirty minutes required	Employ H@N model for critical care task allocation and planning for overnight hours.	
Task repetitiveness	High task variety		Highly repetitive tasks	Plan to complete highly repetitive tasks when fatigue risk is lower.	

Group Discussion on Case Studies

Take-Away Actions

ACKNOWLEDGE:
Tell your team when you are fatigued, or haven't had enough sleep.
p. 38 of the Toolkit has some common symptoms of fatigue!

ACT:
Devote time to a conversation about fatigue at your next team meeting to identify how fatigue 'presents' in your practice and learning environment.
Questions on P. 48 of the Toolkit can help you get started!

ADAPT:
Try managing fatigue in ways that suit your environment.
Useful strategies are listed on p. 42-44 of the Toolkit.

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Managing Fatigue is everybody's responsibility.

Anticipating and Managing Fatigue

(British Medical Association, 2018)

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