# THE MOUNT SINAI SCHOOL OF MEDICINE GENERAL SURGERY RESIDENCY PROGRAM

# **Policy on Resident Fatigue**

The quality of care, safety, and well-being of the patients and residents at The Mount Sinai Medical Center is maintained as a top priority in the Department of Surgery. In order to ensure the highest quality of clinical care and outcome measures is attained during each and every patient encounter, it is imperative that the residents are thoroughly educated about, and maintain constant awareness of, the signs of fatigue, being able to effectively identify and execute an action plan to transition the care of patients as to ensure physician rest time.

### **Required Training:**

All residents attend a two-day hospital-wide training titled the "Core Curriculum" at the start of the PGY-1 year. The Core Curriculum training is composed of an array of lectures and didactic session, including a seminar on resident fatigue, titled: "Sleep Deprivation in Residency". All speaker power point presentations, including those relating to resident fatigue, are posted on the New Innovations System and remain accessible to residents at all times. Additionally, materials and resources related to resident fatigue, including the "SAFER: Sleep Alertness and Fatigue Education in Residency" from the *American Academy of Sleep Medicine*, are made available to residents at all times.

All residents are required to attend the peer-led "Physician Wellness Training" at the departmental orientation prior to the PGY1 year, and then biannually, every year thereafter. The "Physician Wellness Training" is conducted by a pre-assigned chief resident and senior resident and is designed to promote healthy behavior and resident work environments, providing residents with the tools necessary to identify key warning signs specifically related to burn out, mental illness, substance abuse, depression, and fatigue. Residents are educated on the institutional resources available to report concerns or seek assistance, and materials providing additional information on resident fatigue are available to residents at all times.

In preparation for the chief residency year, all incoming chief residents attend the "Chief Resident Retreat", at which point they are provided with additional information and training on effectively identifying and managing situations of resident fatigue.

#### **Protocol for Residents Experiencing Signs of Fatigue:**

In the situation that a resident experiences signs of fatigue, the following steps should be taken to appropriately hand-off all patient care responsibilities as a means to avoiding potential harm or adverse occurrences:

- 1. In the situation of fatigue, the resident should immediately inform the chief resident and attending physician on one's respective team, in addition to the Program Director, about the incidence of fatigue. In the situation that the rotating chief resident is experiencing the fatigue, the chief resident from another team should be notified, and asked to cover the fatigued chief resident's team responsibilities.
- 2. All clinical responsibilities involving the direct care of patients should be immediately transitioned to a resident of equivalent credentials (PGY-level), with the ultimate responsibility of patient care and supervision remaining with the attending physician (see Departmental Supervision Policy titled, "Delineation of Privileges for House Staff" for additional details regarding Supervision of Patient Care).

- 3. During the transition of patient care, the resident should follow the departmental SBAR (Situation, Background, Assessment, and Recommendation) protocol, ensuring that all applicable data for each patient is not only discussed with the resident with whom the care is being transitioned to, but also correctly input into the Epic Electronic Medical Records System. The highest level of communication should be maintained at all points during the transition of care; high-risk procedures, such as placement of central lines, should be transitioned to those taking over to ensure patient safety and quality of care.
- 4. Medical attention and resources are continuously available for residents experiencing fatigue, as a means to following-up on the health and safety of the resident and overall housestaff.
- 5. In accordance with the overarching Medical Center policy, an initial consultation, free of charge, with the Director of the Residency Mental Health Consultation Service, is available to residents experiencing physician impairment, including fatigue.
- 6. The Program Director should be kept abreast on the status of the fatigued resident as a means to ensuring continuous coverage for all clinical responsibilities of the fatigued resident.
- 7. The resident will not be penalized for removing oneself from clinical duties in situations of fatigue.
- 8. All clinical sites have assigned call rooms available where residents can rest, as needed. These call rooms have appropriate accommodations, including beds or reclining chairs, in addition to a bathroom.

# **Protocol for Residents Reporting Possible Fatigue of another Resident:**

- 1. If a situation arises where a resident, attending physician, physician extender, or administrative staff member identifies a resident who is exhibiting signs of fatigue, the individual should immediately report these observations to the Program Director.
- 2. Every effort will be made to ensure that the individual coming forth with information regarding the fatigued resident will remain confidential, and identifying information will not disclosed to the resident in question.
- 3. The Program Director will examine the situation and follow-up with the fatigued resident to ensure resident health and patient safety.
- 4. If the Program Director deems the resident in question to, in fact, be fatigued, the resident will be removed from one's direct patient clinical care responsibilities until otherwise noted.
- 5. Neither the individual reporting the potential fatigue nor the resident identified as experiencing fatigue will be penalized for alerting and removing oneself, respectively from the clinical care situation.