



FATIGUE AND BURNOUT PREVENTION, RECOGNITION AND MITIGATION

ACGME Common Program Requirements:

The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community.

Background and Intent:

It is expected that the Sponsoring Institution has, and programs implement, policies and procedures related to recruitment and retention of minorities underrepresented in medicine and medical leadership in accordance with the Sponsoring Institution's mission and aims. The program's annual evaluation must include an assessment of the program's efforts to recruit and retain a diverse workforce.

The program, in partnership with its sponsoring institution, must jointly ensure the availability of adequate resources for resident education, as defined in the specialty program requirements.

The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being

There must be provisions for:

- access to food while on duty;
- safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care

Background and Intent:

Care of patients within a hospital or health system occurs continually through the day and night. Such care requires that residents' function at their peak abilities, which requires the work environment to provide them with the ability to meet their basic needs within proximity of their clinical responsibilities. Access to food and rest are examples of these basic needs, which must be met while residents are working. Residents should have access to refrigeration where food may be stored. Food should be available when residents are required to be in the hospital overnight. Rest facilities are necessary, even when overnight call is not required, to accommodate the fatigued resident.

Lactation:

Clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care.

Background and Intent:

Sites must provide private and clean locations where residents may lactate and store the milk within a refrigerator. These locations should be in close proximity to clinical responsibilities. It would be helpful to have additional support within these locations that may assist the resident with the continued care of patients, such as a computer and a phone. While space is important, the time required for lactation is also critical for the wellbeing of the resident and the resident's family.

General Accommodations:

Security and safety measures must be appropriate to the participating site. Accommodations for residents with disabilities consistent with the Sponsoring Institution's policy.

Medical Information Access:

Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text search capabilities should be available. The program's educational and clinical resources must be adequate to support the number of residents appointed to the program.

Appointment of Fellows and Other Learners:

The presence of other learners and other care providers, (including, but not limited to, residents from other specialties programs, subspecialty fellows, and advanced practice providers, PhD students, and nurse practitioners), in the program must enrich the appointed residents' education. The program director must report circumstances when the presence of other learners has interfered with the residents' education to the DIO and Graduate Medical Education Committee (GMEC) in accordance with Sponsoring Institution guidelines.

Background and Intent:

The clinical learning environment has become increasingly complex and often includes care providers, students, and post-graduate residents and fellows from multiple disciplines. The presence of these practitioners and their learners enriches the learning environment. Programs have a responsibility to monitor the learning environment to ensure that residents' education is not compromised by the presence of other providers and learners.

UTHSCSA Urology Wellness Curriculum:

The Wellness Curriculum has been developed to address several issues related to resident well-being. Recognition of fatigue and burnout were among the first sessions in the series. There are subtle clues to fatigue that can alert the residents, fellows and faculty to excessive fatigue in colleagues:

- Inability to concentrate
- Yawning
- Dozing off
- Trouble with vision – tired eyes, won't focus, blurry
- Taking longer to get things done
- Things not making sense
- Decreased coordination
- Irritability
- Emotional lability

While most of the time, the junior residents suffer most of the fatigue inducing stress and long hours, senior residents are not immune from fatigue either, so learning to recognize the signs is vital to maintaining an alert and productive resident team.

Safety is most important – we want residents to be safe and healthy so they can get the most out of their training and live to tell the tale. If they think they or their colleagues are too tired to work or drive, they are encouraged to say something and help get them home safely or to a safe resting place.

Suggested path for fatigued residents:

1. At UHS, call 210-358-4000 – tell them you are a resident who needs a voucher to get home (Taxi Voucher Program). They will provide voucher to home and another to get back. (see the flier attached). [This is not available currently at other sites, but it is being implemented]
2. If you would like to sleep first, take advantage of one of the available call rooms available in the GU workroom or others throughout the hospital. At the VA, they are located on the 3rd floor in the education wing. At Methodist there are call rooms as well. At CSRMC, I don't think there are call rooms, but you can rest in the 3rd floor surgery lounge.
3. Call a friend, back-up resident, neighbor, Uber, Lyft, etc. to get you home safely.
4. Be careful in trying to judge your ability to drive safely even after a period of rest. Sit in the car for a few minutes after getting in but before starting the engine. If you are drowsy or doze off, stop and don't drive. Sleep longer or take an alertness aid (and give it time to get into your system). Some alertness suggestions: It's really difficult to fall asleep with an ice cube in your mouth – try it, it works. Energetic music can help. Caffeine can be helpful but takes a while to get started – and stimulant activity may last longer than you want leading to sleeplessness when you should be getting some sleep at home.
5. Remember, driving drowsy is still impaired and you're not the only one on the road. If you start out and can't continue, pull over to a safe spot, lock the doors and nap for a while again.