

Queen's Anesthesiology and Perioperative Medicine Program

Program-Specific Fatigue Management Policy

Executive Summary:

Managing fatigue is critical in maintaining a high standard of performance for residents¹. It is a CanERA General Standards of Accreditation for Residency Programs (CGSARP) requirement and is critical to maintain quality patient care, the integrity of physician liability, and personal safety and wellbeing². This policy outlines fatigue risk management procedures for the Queen's University Anesthesiology and Perioperative Medicine training program. A definition of key terms is shared, roles and responsibilities of involved stakeholders are outlined, and program specific procedures relating to mitigation of fatigue related incidents, fatigue self-assessments, and confidential fatigue self-reporting is established.

Purpose:

The Queen's Department of Anesthesiology and Perioperative Medicine is committed to working collectively with trainees to mitigate and manage the hazard of fatigue risk during residency training. It is an addendum to the centralized Queen's policy on the Safety of Postgraduate Medical Trainees.

Definition of Key Terms:

Clinical training site: All sites where clinical training occurs for Anesthesiology and Perioperative Medicine residents.

Fatigue: A subjective feeling of tiredness that is experienced physically and mentally. It ranges from tiredness to exhaustion, creating an unrelenting overall condition that interferes with individuals' physical and cognitive ability to function to their normal capacity. Its experience involves some combination of features: physical (e.g. sleepiness) and psychological (e.g. compassion fatigue, emotional exhaustion)².

Fatigue Risk Management (FRM): A set of ongoing fatigue prevention and mitigation practices, principles, and procedures integrated throughout all levels of the clinical and academic work environment, and are 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 serve².

Anesthesiology Program-Specific Fatigue Risks: There are fatigue risks that are specific to working with a surgical patient population and clinical work environment, which are both physical and psychological. This includes but is not limited to: rigorous on-call shifts, high-acuity patient care and high-pressure decision-making, difficult end of life scenarios, counseling of patients and families, non-traditional work hours with non-traditional sleep hours, and psychological fatigue from difficult outcomes and challenging patient and family member interactions.

Scope:

This policy applies to residents in the Anesthesiology and Perioperative Medicine training program.

Roles and Responsibilities/Procedures:

Program: Medical education leaders (program directors, program administrators, preceptors) are responsible for providing a safe learning environment, and therefore are accountable that the procedures outlined in this document enable and protect residents' ability to fulfill their fatigue risk management responsibilities stated below. Supervisors have a responsibility to ensure that incident reporting is conducted in a confidential and safe manner. Specific responsibilities/procedures around FRM include:

- Maintain call scheduling that is in line with Professional Association of Residents of Ontario (PARO) Collective Agreement³.
- Acknowledge the physical nature of Anesthesiology and Perioperative Medicine and provide schedules that adequately allow for physical recovery.
- Ensure each trainee utilizes their complete vacation allowance and accrued lieu days.
- Appropriately supervise learners while carrying out clinical duties (mitigate psychological fatigue and physical fatigue by sharing workload burden when required).
- Respond to declarations of fatigue in a manner that upholds patient and learner health and safety.
- Encourage physical fitness and wellness within the Division.

Trainees: Within a shared responsibility framework, residents have a key role in managing and reporting their own fatigue to their supervisors and colleagues. Specific responsibilities/procedures FRM include:

- Arrive at work appropriately rested and ready to safely conduct duties, even when moonlighting/performing locum coverage at other sites.

- Making swaps in the schedule with colleagues that do not breach the Professional Association of Residents of Ontario (PARO) Collective Agreement section on scheduling.
- Resting in a sleep room prior to commuting home or not driving home at all (taxi/public transit/ride) when fatigue is identified.
- Paying due attention to their own physical fitness and mental wellbeing and report to the program if they are experiencing any physical or psychological issues.

PGME / Hospital Administrators: Ensure this FRM policy complies with provincial policies and health/ safety regulations. Participate in the continuous evaluation, monitoring, and improvement of residency programs to address concerns relating to fatigue risk management in residence program quality.

Further Resources:

¹ [National Steering Committee on Resident Duty Hours: Summary of Findings, Final Report 2013](#)

² Resident Doctors of Canada, [Fatigue Risk Management Toolkit](#)

³ Professional Association of Residents of Ontario – Maximum Duty Hours.
<http://www.myparo.ca/your-contract/#maximum-duty-hours>

Reviewed RPC: February 2022