



EAST CAROLINA
HEART INSTITUTE

AT VIDANT MEDICAL CENTER

East Carolina Heart Institute
Cardiology Fellowship

FATIGUE MANAGEMENT and DUTY HOUR POLICY

PURPOSE

To provide adherence with ACGME, institution and departmental policies to ensure faculty and fellows appear for duty appropriately rested and fit for duty (CPR.VI.A.1), this policy provides guidance on methodologies available to educate faculty members and fellows:

- To recognize the signs of fatigue and sleep deprivation
- Alertness management and fatigue mitigation processes
- Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

POLICY STATEMENT

Fatigue is an acute, ongoing state of tiredness that leads to mental and physical exhaustion and prevents people from functioning within normal boundaries. It is more than feeling tired and drowsy, it is a physical condition that can occur when a person's physical or mental limits are reached.

Fatigue can occur as a result of various factors that may be work-related, lifestyle related or a combination of both. Work factors can include the work task, work scheduling and planning, and environmental conditions. Lifestyle factors can include inadequate or poor quality of sleep due to sleep disorders, social life, secondary employment, travel time and health and wellbeing.

Causes of fatigue include:

- Too little sleep. Most adults require an average of 8.2 hours of sleep per night.
- Fragmented sleep. When sleep is interrupted, a person may not have sufficient time spent in the deeper, restorative stages of sleep.
- Circadian Rhythm disruption. Circadian rhythms are the body's internal biological clock, managing system functions throughout a 24-hour period. Frequent disruption of sleep schedules, as in extended duty hours or shift changes can result in fatigue and sleep deprivation.
- Other conditions, including anxiety, depression, medication, and physical illness. Sleep debt can occur with as little as 2 hours less sleep than usual. Incidents of less than optimal sleep time over several nights will increase the deficit. Sleep debt requires several consecutive nights of optimal sleep for recovery.

Symptoms of sleepiness/fatigue include:

- Repeated yawning and “nodding off” at inappropriate times
- Microsleep—a few seconds of sleep that an individual may not even recognize
- Increased tolerance for risk
- Inattention to details
- Decreased cognitive functions
- Increased errors
- Accidents, especially automobile accidents

PROCEDURE

To ensure patient care is not compromised if a fellow or faculty member must apply fatigue mitigation techniques while on scheduled duty

If the house officer’s fatigue symptoms at any point are sufficient to jeopardize patient care, the house officer or attending physician discovering the problem should consult immediately with other members of the team or with the program director so that the house officer may be immediately relieved of duty. Patient care should then be delivered by other members of the team or by another house officer designated by the chief fellows.

- Faculty and fellows **MUST** recognize fellow fatigue that could potentially have an adverse effect on patient safety and initiate a plan to alleviate the fatigue.
- Fellows **MUST** notify Attending’s of excessive demands made by services, difficulties with patient care responsibilities or uncommonly complex or extended cases which may lead to fatigue.
- All fellows **MUST** be aware of their resources offered to alleviate fatigue and respond responsibly when recognition of fatigue by others is brought to their attention to avoid putting themselves or patients at risk. Any fellow or faculty member should feel comfortable to communicate the recognition of fatigue and expect positive action to be taken

All faculty and fellows will attend a didactic presentation or review the presentation in Blackboard on management of fatigue. This lecture is scheduled as a recurring event on an annual basis. It is standard procedure to discuss the Fatigue Management Policy and the recognition of fatigue in fellows with the faculty during a Division Meeting on an annual basis. Vascular Surgery Fellows are not assigned in-house call; and as such, fatigue mitigation is managed on a case-by-case basis according to the circumstances and needs of the fellow. When indicated, the fellow is relieved of clinical responsibility until sufficiently rested.

If any fellow is fatigued to the point of not being able to drive, the GME office has made an arrangement with a taxi service to take the fellow home.

All fellows are required to record their duty hours in New Innovations. The duty hours are regularly monitored by the program coordinator and the program director. Fellows should report to the program director if the duty hour guidelines are violated in any way. The duty hour data is reviewed to confirm that the program is in compliance with the duty hour policy. New Innovations has built-in logic to prevent the scheduling (including call) which would knowingly violate duty hour work rules.

Policy Owner: Cardiology Fellowship
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