

FATIGUE MITIGATION

I. Introduction

The ACGME Common Program Requirements (CPR) initially introduced the concepts of fatigue and fatigue mitigation in 2011 and modified the requirements in 2017. Providing medical care to patients is physically and mentally demanding. Night shifts, even for those who have had enough rest, cause fatigue. Experiencing fatigue in a supervised environment during training prepares residents for managing fatigue in practice. It is expected that programs adopt fatigue mitigation processes and ensure that there are no negative consequences and/or stigma for using fatigue mitigation strategies.

II. Procedure

1. It is important for residents/fellows to have adequate rest before and after clinical responsibilities.
2. Strategies to be used for fatigue mitigation include:
 - a. Strategic napping
 - b. Judicious use of caffeine
 - c. Availability of other caregivers
 - d. Time management to maximize sleep off duty
 - e. Learning to recognize the signs of fatigue
 - f. Self monitoring performance and/or asking others to monitor performance
 - g. Remaining active to promote alertness
 - h. Maintaining a healthy diet
 - i. Using relaxation techniques to fall a sleep
 - j. Maintaining a consistent sleep routine
 - k. Exercising regularly
 - l. Increasing sleep time before and after call
 - m. Ensuring sufficient sleep recovery periods
3. When a resident/fellow identifies him/herself or peers or an attending identifies the resident/fellow as being too fatigued to drive home there are several options for trainees:
 - a. Call rooms/sleep quarters are available at all facilities for the resident/fellow to use for a nap until the resident/fellow is less fatigued.
 - b. Public or private transportation if available may be utilized.
 - c. Peers, attendings, family may be called to assist transporting fatigued trainees to their residence.