

Barry Strasnick, MD, FACS **Professor and Chairman**

Policy on Sleep and Fatigue

Patients should expect to have healthy, alert, responsible and responsive physicians providing their care. This is not possible if their physicians are unable to come to work well rested.

It is the expectation of the Department of Otolaryngology-HNS that all residents have enough time without clinical responsibilities to stay well rested and will not be fatigued when on duty.

It is the Program's responsibility to ensure compliance with Duty Hours requirements and provide adequate time away from program responsibilities. The faculty monitor residents for fatique. The residents are responsible for understanding and practicing effective alertness management and fatigue mitigation strategies to circumvent fatigue. These strategies include:

Effective Alertness Management:

- 1. Obtain adequate sleep before presenting on duty.
- 2. Treat all sleep-related illnesses (insomnia, OSA).
- 3. Obtain adequate exercise and nutrition.
- 4. Reduce alcohol or hypnotics for sleep when not on duty.

Fatigue Mitigation Strategies:

- 1. 10 to 45 minute naps
- 2. 1 and 2 hour naps also increase efficacy, but may result in sleep inertia
- 3. Caffeine when sleepy (and not when awake)
- 4. Bright light

The program director and faculty members monitor for fatigue in residents and if a resident is fatigued due to excessive work load while on call, the resident will be sent home with transportation provided to home and back to work the following day. Free taxi vouchers are available for a resident that is too fatigued to drive home. They should contact the patient care supervisor at Sentara Norfolk General Hospital (SNGH). Resident are also encouraged to selfreport fatigue and report on other residents that are known to be fatigued.

A Clinical Practice of EVMS Medical Group

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Nathan Michalak, AuD, CCC-A

Director

If a resident appears to be too fatigued due to non-work related causes, the residents will be sent home with transportation provided. The residents will then be asked to meet with the program director to evaluate the situation and review strategies listed above.

Residents and Faculty are provided education dealing with fatigue/sleep throughout the year. During our yearly resident orientation in the Department of Otolaryngology, the residents are given the Sleep, Alertness and Fatigue, Education in Residency (SAFER) developed by the American Academy of Sleep Medicine.

The learning objectives are listed below:

- 1. List factors that put you at risk for sleepiness and fatigue.
- 2. Describe the impact of sleep loss on residents' personal and professional lives.
- 3. Recognize signs of sleepiness and fatigue in yourself and others.
- 4. Challenge common misconceptions among physicians about sleep and sleep loss.
- 5. Adapt alertness management tools and strategies for yourself and your program.

All faculty in the department are required to perform a yearly review of the SAFER program to gain knowledge on monitoring stress and fatigue. The Program Director also provides education in monitoring for sleepiness and fatigue as part of the Faculty Development Lecture Series.

The following two references are required reading after our resident orientation:

- Rosen, IM, Bellini, LM and Shea, JA. Sleep behaviors and Attitudes Among Internal Medicine House Staff in a US University-Based Residency Program. AcadMed.2004;79:407-416.
- 2. Papp, KK, Stroller, EP, Sage, P., Aikens, JE, Owens, J., Avidan, A Phillips, B., Rosen, R. and Strohl, KP. The Effects of Sleep and Fatigue on Resident-Physicians: A multi-Institutional, Mixed-Method Study. Acad Med. 2004; 79:394-406.