Policy	Fatigue Risk Management
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Approved By	Postgraduate Medical Education Committee
Effective Date	March 23, 2023
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Responsible Portfolio/Unit/Committee	Postgraduate Medical Education Committee
Responsible Officer(s)	Associate Dean, Postgraduate Medical Education
Relevant Policies	Trainee Safety Policy PARO-OTH Collective Agreement Fatigue Risk Management Toolkit

Background:

The term "fatigue risk management" (FRM) refers to a collection of continuing practices, principles, and procedures that are integrated into the clinical and academic work environment at all levels to assist with the mitigation of fatigue on trainee wellbeing and performance including the health and safety of the patient population that trainees serve. FRM is a shared responsibility among all stakeholders in medical education including trainees, fellows, program directors, fellowship directors, educators and both health and academic institutions.

Definitions:

"Program Director": For purposes of this document, it is inferred that "program directors" also includes fellowship directors.

"Fatigue risk management": 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 serve (FRM Task Force, Tool Kit, 2016).

"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) an psychological (e.g. compassion fatigue, emotional exhaustion) (Adapted from FRM Toolkit).

Purpose:

The purpose of this policy is to prevent, mitigate and manage risks associated with fatigue in postgraduate education, and to promote trainee well-being for the provision of quality patient care.

Scope:

The fatigue risk management policy is applicable to all residents and fellows enrolled in postgraduate medical education at Queen's University and is applicable for the duration of their enrollment in their training program. The scope of this policy is extended to cover all pursuits related to the educational and clinical performance of trainees at Queen's PGME.

Roles and Responsibilities:

Postgraduate Medical Education Office:

- Assist Program Directors and departments to tailor an approach to FRM specific to local contexts and distributed medical education sites.
- Provide trainee education in relation to FRM.
- Ensure implementation of annual trainee wellness survey that includes questions related to fatigue risk management to assist with continuous improvement of policy and procedures related to FRM.

Program Directors:

- Familiarize themselves with the Fatigue Risk Management Toolkit. The toolkit contains a template that can be used to develop a program-specific FRM Policy.
- Identify issues of concerns through the Postgraduate Medical Education Committee for discussion, sharing of information, identification of common themes and potential resource issues.

- Using the PGME FRM policy as a base, adapt and modify the policy as needed to be maximally relevant and program specific.
- Ensure proper allocation of resources and education regarding the prevention and mitigation of fatigue in their residency curriculum.
- Inform PGME of any real or perceived barriers in preventing the successful management of fatigue-related risks in their departments and/or program.

Clinical Faculty and Preceptors:

- Familiarize themselves with the [FRM Toolkit.](#)
- Ensure they have a broad understanding of fatigue risk management of fatigue risk, identifying fatigue, and resources available to assist with the management of fatigue in postgraduate education and clinical practice.
- Respond to declarations of fatigue among trainees, including compliance with the FRM Policy and in a manner that upholds the health and safety of patient care and the trainee's health.
- Keep the management of fatigue, declarations of fatigue and instances of fatigue confidential if disclosed or discovered.
- Respond to reports of fatigue-related incidents, errors, and behaviours in compliance with the institutional and departmental policies of FRM (e.g., Safe Reporting, Occupational Health).
- Ensure postgraduate trainees under their supervisors are aware of and are encouraged and supported to identify when they feel fatigued.
- Provide exemplary role modelling of FRM policy in own clinical setting and while in the presence of trainees.
- Notify program directors of real and perceived barriers in preventing the successful management of fatigue- related risks.
- Take appropriate action if a trainee is experiencing fatigue and is not fit for duty.

Postgraduate Trainee:

- Familiarize themselves with the FRM Toolkit.
- Participate in all FRM related education as required.
- Ensure an understanding of their department's FRM policy and procedures.
- Report any fatigue risk to clinical supervisor, including the belief that they may be at risk for a fatigue-related error.

- Report any fatigue-related risks or situations or impairments experienced by themselves, or colleague in the clinical environment (e.g., Safe Reporting, Occupational Health)
- Employ FRM strategies as identified in the FRM Toolkit, or any other resource as deemed appropriate.
- Ensure time outside of work allows for appropriate rest to ensure fitness for clinical duties.
- Resident specific: Residents must not exceed allowable duty hours identified in the PARO-OTH Collective Agreement. Concerns regarding requests to exceed allowable duty hours must be brought to the attention of the program director or PGME and PARO-OTH, per Article 16.

Procedures:

- Each program and clinical service is required to develop FRM strategies and procedures unique to their areas of work. For sample procedures, please see the appendix.

Resources
Resident Doctors of Canada Fatigue Risk Management Toolkit

References:
Dalhousie PGME Fatigue Risk Management Guidelines

We acknowledge and appreciate the sharing of online policies to facilitate the creation of Queen's specific policy:

Dalhousie University
McMaster University
University of Ottawa
NOSM University
University of Toronto
Western University
University of Manitoba
University of Saskatchewan
University of Alberta
University of Calgary
University of British Columbia

Appendix: Sample Procedures

Sample departmental procedures recommended by PGME to assist with addressing a trainee who presents for clinical duty fatigued:

1. Identification of Fatigue: Fatigue will be recognized by the supervising physician, program director, or other designated individual, who will determine if the trainee is too fatigued to work.
2. Immediate Action: If a trainee is identified as too fatigued to work, they will be immediately removed from patient care and sent home.
3. Reporting: The incident will be reported to the program director and the designated individual responsible for trainee wellness.
4. Follow-Up: The trainee will have a follow-up meeting with the program director, designated individual responsible for trainee wellness, and other relevant parties to discuss the incident and develop a plan to prevent future occurrences.
5. Education: Educational sessions on fatigue management will be mandatory for all trainees.
6. Monitoring: The program will closely monitor the trainee's progress and make any necessary adjustments to their schedule to ensure adequate rest and recovery.
7. Support: The program will provide support and resources to the trainee to help them manage their fatigue, such as counseling or other stress-management techniques