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FATIGUE AND RESIDENT WELL-BEING

Faculty need to accept limitations on the roles residents will play under new duty hours. This means that when residents leave "on time," their departures should not be interpreted as a sign of laziness or disinterest. Instead, this healthy behavior should be interpreted as a sign of their commitment to excellence in patient care and dedication to patient well-being. It is well to remember that even though the numbers of hours worked have been reduced. That is, the hours are not equivalent to those that accrued under the old system. Residents are still working twice as many hours as most US adults (i.e. an eighty-hour week), and working longer than people in other stringently regulated "high-risk" occupations, such as commercial airline pilots.

Although they possibly will be better rested under these new work hours, residents in training will still experience periods of chronic sleep deprivation, getting less sleep than is physiologically required. For reasons such as these, strict compliance with the Accreditation Council for Graduate Medical Education duty hours is a necessary, but not sufficient, strategy to prevent fatigue.

Some additional strategies include:

- Minimizing prolonged work (>24 hours of clinical duties)
- Protecting periods designed to address sleep debt (i.e. the accumulated hours of sleep needed to make up for sleep hours lost)
- Reducing non-essential tasks and enhancing learning experiences during clinical time
- Reducing non-essential interruptions (e.g. ancillary services, phone calls, pages)
- Helping residents identify co-existent medical issues that impair their sleep (e.g. undiagnosed sleep disorders, depression, stress)
- Educating residents about the need to manage fatigue
- Arranging space where naps can be taken without undue disturbance
- Exploring transportation options for residents after night-shift duty