



# Fatigue, Physician Impairment and Substance Abuse



# Objectives

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- By the end of this presentation participants will be able to:
  - Understand the potential risks for patients, residents, fellows and the public
  - Recognize the signs of fatigue in patients, co-workers and themselves
  - Understand physician impairment & substance abuse
  - ACGME & AOA Requirements
  - Common myths
  - What to do

# ACGME Requirements

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- Must be limited to 80 hours per week, averaged over a 4 week period, inclusive of call and internal & external moonlighting. (Except for EM rotations)
- Moonlighting must not interfere with the ability of the resident to achieve the goals & objectives of the educational program.
- PGY-1 residents are not permitted to moonlight.
- Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At home call cannot be assigned on these free days.

# ACGME Requirements

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- Duty periods of PGY-1 residents must not exceed 16 hours in duration.
- Duty periods of PGY-2 residents & above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
- PGY-1 residents should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods.
- Residents must not be scheduled for more than 6 consecutive nights of night float.

# AOA Requirements

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- Must be limited to 80 hours per week, averaged over a 4 week period, inclusive of in-house night call.
- Can not work in excess of 24 consecutive hours inclusive of morning and noon educational programs.
  - Allowances for inpatient and outpatient continuity of care, transfer of care, educational debriefing and formal didactic activities may occur, but shall not exceed 6 hours.
  - Residents shall not assume responsibility for a new patient after working 24 hours.
- Trainee shall have 48-hour periods off on alternate weeks, or at least one 24-hour period off each week.

# AOA Requirements cont.

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- Upon conclusion of a 24-hour duty shift, trainees shall have a minimum of 12 hours off before being required to be on duty again.
  - Upon completing a lesser hour duty period, adequate time for rest & personal activity must be provided.
- All off-duty time must be totally free from assignment to clinical or educational activity.
- Rotations in which a trainee is assigned to ED duty shall ensure that trainees work no longer than 12 hour shifts.

# AOA Requirements Cont.

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- In cases where a trainee is engaged in patient responsibility which cannot be interrupted, additional coverage shall be provided as soon as possible to relieve the resident involved. Patient care responsibility is not precluded by the work hours policy.
- The trainee shall not be assigned to call more often than every third night averaged over any consecutive four-week period.

# Tragedies Linked to Fatigue

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- Valentin Barbulescu, MD 3<sup>rd</sup> year medical student died in car crash after overnight shift in the CCU.
- Libby Zion the case that contributed to the duty hour initiative. Libby's parents felt her death was due to fatigue.
- On average, the United States loses the equivalent of at least one entire medical school class each year to suicide (reliable estimates are as many as 400 physicians).

<http://emedicine.medscape.com/article/806779-overview>

# Mayo Clinic Survey Results

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- “Mayo Clinic internal medicine residents were surveyed every three months from July 2003 to February 2009. Standardized survey tools were used to measure burnout, symptoms of depression, sleepiness and fatigue. At quarterly interviews, residents were also asked if they had made a major medical error in the last three months.

# May Clinic Survey Results cont.

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- “Of the 430 eligible residents, 88 percent answered at least one survey. Overall, 39 percent of the respondents reported at least one self-perceived major medical error during the study period”.

# Signs of Fatigue

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- Involuntary nodding off
- Waves of sleepiness
- Problems focusing
- Lethargy
- Irritability
- Mood swings
- Poor condition
- Difficulty with short-term recall
- Tardiness or absences at work

# Signs to Recognize Fatigue in Yourself

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- Nodding off during conferences
- Restless and irritable with colleagues, family and friend
- Having to recheck work
- Difficulty focusing on patient care
- Feelings of anxiety

# High Risk Times of Fatigue

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- Midnight to 6:00 a.m.
- Early hours of day shifts
- First night shift or call night after a break
- Change of service
- First 2 to 3 hours of a shift or end of shift
- Early in residency or when new to night call

# Myths

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- I know when I am too tired to perform
- I just need a cup of coffee or a Red Bull
- My program director will look down on me if I complain about being tired
- I will adapt to less sleep
- A nap will only make it worse
- The more I work the smarter I get

# Epworth Sleepiness Scale

Situation	0	1	2	3
Sitting & Reading	0	1	2	3
Watching T.V.				
Sitting inactive in a public place (theater or meeting)				
Passenger in a car for an hour without a break				
Lying Down to rest in the afternoon				
Sitting and talking to someone				
Sitting quietly after lunch (when you've had no alcohol)				
In a car, while stopped in traffic				
Total Score				
0 = would never doze				
1 = slight chance of dozing				
2 = moderate chance of dozing				
3 = high change of dozing				

# Strategies to Combat Fatigue

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## ■ Naps

- Allow 30 minutes for a short nap to avoid grogginess
- If time allows 2 hour nap
- Make sure the nap isn't too close to a planned sleep period
- Allow 15 minutes wakeup time after a nap

# Strategies to Combat Fatigue

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- Good sleep habits
  - Schedule a block of time for sleep every day plan on 8 hours of sleep in a 24 hour period
  - Avoid caffeine intake 3 hours before bed
  - Avoid exercise 2-3 hours before bed
  - Limit intake of ethanol or nicotine close to bedtime
  - Relaxation techniques

# Strategies to Combat Fatigue

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- Caffeine reaches peak concentrations in the bloodstream 30-60 minutes after consumption
- Caffeine can take up to 4-6 hours to wear off
- Caution caffeine can make it difficult to sleep if taken in large doses

# Sleep Environment

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- Cooler temperature
- Dark (shades, closed curtains, eye shades)
- Quiet (unplug phones, turn off pager, no TV or radio, wear earplugs)
- Regular exercise avoid 3 hours before sleep
- Don't go to bed hungry but do not eat 3 hours before bed

# What to do if you feel fatigued

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- Contact your program director or chief immediately
- Do not risk harm to patients
- Do not attempt to drive home (call a family member, taxi, co-worker, or sleep in call room)
- Your program director will help you determine how to avoid this in the future

# Definition of Physician Impairment

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The American Medical Association defines an impaired physician as one who is "unable to practice medicine with reasonable skill and safety to patients because of physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs including alcohol."

# Sign and Symptoms

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- Inaccessibility to patients and staff
- Completing rounds at odd hours
- Decreased chart performance
- Ordering large quantities of drugs
- Issuing inappropriate orders or prescriptions
- Forgetting oral orders
- Slurred speech during off-hour phone calls
- Heavy drinking at hospital or office functions

# Signs and Symptoms cont.

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- Multiple prescriptions for family members
- Arriving late for appointments
- Increased absences and unexplained disappearances during work hours
- Increased patient complaints
- Increased secrecy
- Decrease productivity
- Increase conflicts with colleagues

# Depression & Substance Abuse

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Combined the items listed below can lead to depression, suicidal ideation and substance abuse.

- Sleep deprivation
- Excessive workload
- Patient care responsibilities
- Perpetually changing working conditions
- Peer competition

# What should you do?

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- If you suspect a co-worker is impaired you should immediately report it to your program director or director of medical education.

# What if it is you...

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There is help for you, ask your program director for their guidance. We offer the Health Professionals Recovery Program and HelpNet. The key is to get help before you injure yourself or a patient.

# GRMC Policies

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Genesys has several policies concerning fatigue, substance abuse, and physician impairment.

- Resident/Intern Impairment
- Resident Fatigue and/or Stress Policy
- Fitness for Duty

# Things to Remember

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- There are no substitutes for sleep
- Alcohol will only increase fatigue and the combination is lethal
- Naps
- Caffeine be careful of timing
- Schedule protected sleep time
- Be prepared to ask for help if you or a co-worker needs it
- GRMC offers HelpNet and Health Professionals Recovery Program



QUESTIONS???