CLER Pathway 5: Duty Hours/Fatigue Management and Mitigation
Reporting and Monitoring Duty Hours

How do you report your hours?

• Know your program’s method for tracking duty hours. Some examples:
  – New Innovations Log
  – Weekly survey
  – Randomized reporting
• Remember, all programs are required to review duty hours at least quarterly
• To consider and discuss:
  – Are you honest when reporting your work hours?
  – Do you feel your program/department has a culture that supports fatigue management?
What would you do if you or a fellow colleague felt too fatigued to work?

• “Just keep swimming...!” – Dory, Finding Nemo
  – X WRONG ANSWER X
    Even Dory looks tired....

• Immediately talk to your supervising attending or program director
  – This is a patient safety issue!
• Faculty is required to exercise non-judgmental fatigue management and mitigation for residents and fellows
SAFER Training: Highlights
Sleep, Alertness, and Fatigue Education in Residency

• MYTH: “I’ve learned not to need as much sleep during my residency”
  – FACT: Human beings (fun fact: doctors are human beings!) do not “adapt” to getting less sleep than they need
• MYTH: “If I can just get through the night on call, I’m fine in the morning.”
  – FACT: A decline in performance starts after about 15-16 hours of continued wakefulness.
SAFER Training: Highlights continued

Sleep, Alertness, and Fatigue Education in Residency

• Naps DO help!
  – You must allow enough “recovery” time (15-20 mins)

• Fatigue is an impairment like alcohol or drugs.
  – Learn to recognize when you are becoming tired
  – Develop healthy sleep habits
  – 8 hours of sleep a night
What should you do if you witness an event adversely affecting patient care related to fatigue or burnout?

When in doubt, report the event-NETS!

• How do I report?
  – NMH Incident reporting or call Risk Management at 6-RISK
  – Where to find on NMI: