

Recognizing Fatigue and Sleep Deprivation

Ramiz A. Fargo M.D.

Goals

- ◆ Educate medical and surgical residents to recognize signs of fatigue and sleep deprivation
 - Residents who suffer from sleep deprivation have a greater risk of creating serious medical errors.
- ◆ Describe measures to limit fatigue
- ◆ Promotion of:
 - Patient safety
 - Resident well-being
 - An optimal learning environment

The Need to Sleep

- ◆ Every adult has a preset sleep requirement. This includes doctors!
 - Average sleep requirement is about 8 hours per night
 - Some individuals may require up to 10 hours per night
- ◆ Failure to regularly meet this intrinsic sleep requirement results in “sleep debt”.

Results of Chronic Sleep Loss

- ◆ Attention deficits
- ◆ Learning/recall deficits
- ◆ Distractibility
- ◆ Diminished attention to detail
- ◆ Irritability/restlessness
- ◆ Reduced motivation
- ◆ Fatigue, malaise
- ◆ Poor coordination
- ◆ Decreased ability to estimate level of impairment

Results of Chronic Sleep Loss

- ◆ Depression
- ◆ Withdrawal from social activities
- ◆ Physical health problems
- ◆ Poor work performance
- ◆ Abuse of stimulants
- ◆ Traffic accidents
- ◆ Work-related injury
- ◆ Harm to patients

Signs of Sleep Debt in the Physician

- ◆ In the Hospital
 - Drowsiness or falling asleep in meetings or lectures, especially in the afternoon
 - Frustration/inpatients with coworkers
 - Difficulty with recall
 - Difficulty keeping scheduled appointments
 - Having to recheck work multiple times

Signs of Sleep Debt in the Physician

- ◆ At Home
 - Reliance on the alarm clock to wake up
 - Struggling to wake up at the designated time
 - Fall asleep easily while reading or watching TV
 - Irritability with family members

Resident Responsibilities

- ◆ Residents manifesting excess fatigue have the professional responsibility to immediately notify the attending physician, the chief resident, or program director without fear of reprisal.
- ◆ Residents recognizing fatigue in fellow residents should also report their observations and concerns.

Recommendations for Restoration

- ◆ Compliance with ACGME work hour rules
- ◆ Habits for better sleep
- ◆ Seek medical evaluation for persistent unexplained sleepiness

ACGME Resident Work Hour Rules

- ◆ Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- ◆ Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.
- ◆ Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

ACGME Resident Work Hour Rules

- ◆ In-house call must occur no more frequently than every third night, averaged over a four-week period.
- ◆ Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
- ◆ No new patients may be accepted after 24 hours of continuous duty.

Recommendations for Sleep & Safety

- ◆ Short naps can improve performance during long work shifts in the hospital
- ◆ A nap taken before driving home may reduce the risk of an automobile accident related to fatigue.
- ◆ When not in the hospital, attempt to maintain regular sleep and wake times allowing adequate time for sleep
- ◆ Maintain an exercise program when not in the hospital
- ◆ Process thoughts of worry prior to going to bed rather than while trying to sleep

Persistent Unexplained Sleepiness

- ◆ Seek medical evaluation for additional causes of sleepiness
 - Insomnia
 - Depression
 - Sleep related breathing disorders
 - Sleep related movement disorders
 - Effects of medical conditions/medications


