

Department of Medicine

Are You Fit For Duty?

EPO must ensure a culture of professionalism that supports patient safety and personal responsibility. The following is taken directly from the ACGME's Common Program Requirements:

VI.C. Well-Being

Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training.

Residents and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. For example, a culture which encourages covering for colleagues after an illness without the expectation of reciprocity reflects the ideal of professionalism. A positive culture in a clinical learning environment models constructive behaviors, and prepares residents with the skills and attitudes needed to thrive throughout their careers.

VI.C.1. This responsibility of the program, in partnership with the Sponsoring institution, to address well-being must include:

VI.C.1.a) efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships; (Core)

VI.C.1.b) attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)

VI.C.1.c) evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)

VI.C.1.d) policies and programs that encourage optimal resident and faculty member well-being; and, (Core)

VI.C.1.d).(1) Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)

VI.C.1.e) attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including

means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must: (Core)

VI.C.1.e).(1) encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence; (Core)

VI.C.1.e).(2) provide access to appropriate tools for self-screening; and, (Core)

VI.C.1.e).(3) provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)

VI.C.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities. (Core)

VI.C.2.a) The program must have policies and procedures in place to ensure coverage of patient care. (Core)

VI.C.2.b) These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work. (Core)

VI.D. Fatigue Mitigation

VI.D.1. Programs must:

VI.D.1.a) educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation; (Core)

VI.D.1.b) educate all faculty members and residents in alertness management and fatigue mitigation processes; and, (Core)

VI.D.1.c) encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. (Detail)

VI.D.2. Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in VI.C.2–VI.C.2.b), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue. (Core)

VI.D.3. The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home. (Core)

Our programs are designed to challenge the mind and body during your training period with the goal of producing the finest internists and subspecialists in the country. We recognize that these years will not be easy. Not being easy, however, doesn't mean

promoting a culture of “malignant” training.

While physician burnout is unfortunately all too common, it is not unavoidable as long as both the program (EPO) and the trainee (you) remain cognizant of the importance of maintaining balance in both the professional and personal arenas. From a core program perspective, EPO has developed the 3+1 scheduling system for categorical housestaff whereby no inpatient experience lasts more than 2 weeks and no night experience lasts more than 1 week. We have employed the same rules for preliminary interns although advanced program requirements have necessitated that preliminary schedules be adjusted such that there may be back-to-back inpatient experiences. When you are in-house, the institution has provided lounges that include entertainment options, exercise equipment, and rest areas. We have also limited 24 hour call to the PGY-3 level and only while rotating in the Crouse ICU. All have a guaranteed 24 hours off each week; furthermore, we have endeavored to provide at least one full weekend every 4 weeks (this is the case for categorical housestaff; we have the same goal for preliminary interns, but advanced program requirements have made this difficult to achieve in every 4 week period) and aimed to reduce weekend coverage while on elective services. There is also a Social Committee, selected by and composed of housestaff, whose mission is to develop events throughout the year that will relax the mind and reenergize the soul. Finally, EPO has monthly meetings with the entire core group, semi-annual class meetings with the Chair, quarterly individual meetings with the APD/PD to discuss not only your professional development but also your well-being, and resources on our website to promote wellness and resilience. From a personal perspective, you are encouraged to develop a schedule that incorporates healthy eating habits, adequate exercise, proper sleep, and, perhaps most importantly, fun!

Still, we must recognize that despite our best efforts, fatigue, stress, and burnout may develop. This can be a danger to you, but also to those around you such as your colleagues and your patients. It is your professional duty to identify fatigue, stress, and burnout amongst yourselves and understand what measures our institution has in place to protect you and others should it develop. Within our Blackboard on-line education site, there is “Fatigue Training” listed under the course “Graduate Medical Education”. Part of this training includes a PowerPoint presentation titled “SAFER” which is required viewing prior to beginning training in our program and should be reviewed annually.

We are all fully committed to the well-being of our housestaff. As such, should the need arise that you need to speak with someone about personal or professional issues, do not hesitate to contact your supervisor, a member of the Educational Programs Office, or the Department Chair anytime of the day or night. However, if you would prefer to confide in an individual not directly affiliated with the department, there is a confidential counseling service offered through the institution’s Employee Assistance Program (EAP) or externally through the Residency and Fellow Counseling Services (RFCS) program. Contact information is as follows:

Internally: Location: Jacobsen Hall, Room 510
 Phone Number: 315-464-5760
 FAX Number: 315-464-5773
 Web Address: <http://www.upstate.edu/eap/>

Externally: Resident and Fellow Counseling Services (RFCS)
 <https://phcnyc.com/>
 Phone Number: 315-491-3676

“Know thy Body”

While we all share a responsibility in monitoring fitness for duty for any employee/student at Upstate, there is no more important “fitness evaluator” than the individual him/herself.

You are unfit for work if under the influence of any illicit substance or alcohol; I would also argue that it is unprofessional (and, thus, grounds for Academic Deficiency/Probation) to be imbibing on any legal or illegal substance that you know will prohibit you from carrying out your responsibilities in a safe manner. You must also remain cognizant of legally prescribed or over-the-counter medications as they too can adversely impact your abilities to carry out your job via their effects on your physical and mental well-being.

In addition to legal or illegal substances affecting fitness for duty, there are “every-day” situations that may affect your ability to work, and they don’t necessarily have to have a negative connotation. Obvious “negatives” would include loss/illness of a loved one, the ending of a relationship, your own acute illness, an exacerbation of an underlying chronic condition, or suicidal/homicidal ideations. Other situations, that most would consider “positive” in their overall impact but a stress just the same would include marriage, having a baby, and moving into a new home. You need to look within yourself to determine whether any of these situations could impact your ability to work and, if so, you must reach out to program leadership such that patient care and/or your own well-being is never compromised.

We must remain vigilant in determining fitness for duty as lives hang in balance, namely your patients’ and your own

This policy is designed to:

- a. Provide guidance to both residents/fellows and supervisors when a resident/fellow is unfit for duty
- b. Provide a schedule of available coverage so that pulls can be made in a fair and equitable manner when needing to relieve those deemed unfit for work.
- c. Delineate the resident’s responsibility for coverage.
- d. It is not designed to change definitions of time off for human resources/payroll purposes. These remain unchanged.**

PROCEDURE WHEN NOT FIT FOR DUTY:

If a post-graduate trainee does not feel fit for duty, the following should be done:

- For Core Housestaff:
 - o The house officer must contact the on-call Chief Resident (which can be determined by either looking at Amion or contacting the hospital operator).
 - o The Chief Resident will provide counsel/guidance when needed to the unfit house officer as well as make arrangements for coverage, if needed. Under some circumstances (if signout/handoff is needed), the Chief Resident will ask the unfit house officer to contact the pulled/covering house officer.
- For Fellows:
 - o The fellow must contact the Subspecialty Program Director.
 - o The Subspecialty Program Director will provide counsel/guidance when needed to the unfit fellow as well as make arrangements for

coverage, if needed. Under some circumstances (if signout/handoff is needed), the Subspecialty Program Director will ask the unfit fellow to contact the pulled/covering individual.

- For Chief Residents:
 - o The Chief Resident will contact the Core Program Director.
 - o The Core Program Director will provide counsel/guidance when needed and ensure that the Chief Resident's responsibilities are covered by the other Chief Residents or by the Program Director.

If a supervisor feels a house officer is unfit for duty, the following should be done:

- For Core Housestaff:
 - o The supervisor will contact the Chief Resident who will then determine if the house officer is unfit for work, and, if so, will do as above.
- For Fellows:
 - o The supervisor will contact the Subspecialty Program Director who will then determine if the fellow is unfit for work, and, if so, will do as above.
- For Chief Residents:
 - o The supervisor will contact the Core Program Director who will then determine if the Chief Resident is unfit for work, and, if so, will do as above.

If a non-supervising colleague/peer feels a house officer is unfit for duty, the following should be done:

- For Core Housestaff:
 - o The Chief Resident will be contacted who will then determine if the fellow is unfit for work, and, if so, will do as above.
- For Fellows:
 - o The Subspecialty Program Director will be contacted who will then determine if the fellow is unfit for work, and, if so, will do as above.
- For Chief Residents:
 - o The Core Program Director will be contacted who will then determine if the Chief Resident is unfit for work, and, if so, will do as above.

In all situations, it is the responsibility of the unfit individual to contact their supervisor as outlined above and it is the responsibility of the contacted supervisor to determine if and what institutional resources may be needed to aide the unfit individual. For all of the above, the Core Program Director, the Chair of Medicine, and/or the Associate Dean for Graduate Medical Education are available to discuss "fitness for work" for any member of the housestaff.

TIME-OFF POLICY:

Please see the section titled "Time-Off Policy" in the syllabus.

ADDITIONAL NOTIFICATIONS FROM GME:

1. As a general rule, each resident/fellow will be expected to complete an equal share of weekend and holiday calls. If the resident/fellow is unable to meet this responsibility due to illness or another situation as listed above, the resident/fellow will complete the requisite number of calls at a later date as determined by the Program Director or Chief. It should be understood that

receiving return coverage is a courtesy but is not an absolute requirement and may not be possible in all situations. SUNY Upstate Medical University's institutional policy allows employees to be out for a number of sick days without consequences. It is in this regard that professionalism and courtesy should exist.

NOTE: Repayment of coverage may never result in an ACGME or New York State duty hours regulation violation, no matter what the circumstances.

2. If a resident/fellow is out sick greater than three days, documentation must be brought to the Program Director's attention within 24 hours of returning to work. Documentation needs to show the name, date, time, and place where the resident/fellow was seen. Diagnosis does not need to be disclosed as this information is confidential. Failure to comply with the documentation requirement could lead to comments regarding professionalism in the final evaluation of the resident/fellow or disciplinary action.
3. For extended absences/illness, please refer to the institutional policy on Leaves of Absence available on SUNY Upstate's website. Residents and fellows should be mindful of individual Board requirements that may set limits on the amount of leave one may take at any level. In most cases, vacation time cannot be forfeited for leave.
4. While every attempt will be made to cover a resident or fellow with another resident or fellow, the final authority for patient care and supervision lies with the attending. In all cases when another resident or fellow cannot cover or cannot be reached, the attending on service will provide this coverage.

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Additional Thoughts on Fatigue

I suspect we have all been fatigued at some point in our lives, either physically, mentally, or both. While the career we have chosen requires that we operate under conditions of stress, we must be mindful that there comes a point where we need to step back and recognize our professional limitations. It is critically important, therefore, that fatigue be recognized and, more importantly, avoided as your education and, most importantly, the care of your patients may suffer.

Situations that Lend Themselves to Fatigue

- Abrupt changes in your work schedule
- Changes in your diurnal cycle (i.e. night shifts)
- Extended call beyond your normal sleep-wake cycle
- Challenging work conditions (i.e. busy service, complex patients)

Signs and Symptoms of Fatigue

- Feeling tired
- Inability to focus or concentrate on your job
- Drifting/nodding off to sleep
- Impairment in cognition
- Personality changes
- Emotional lability
- Poor work performance

The Potential Complications of Fatigue

- Harm to yourself (i.e. work-related injury or while driving a vehicle)
- Harm to your patients (i.e. procedure-related complication, medication errors)
- Alterations in lifestyle choices (i.e. alcohol or illicit drug abuse)
- Difficulty with mood management (i.e. anger, depression)
- Poor work performance

If You Are Fatigued

- You should immediately ask for help from a colleague.
- You should immediately contact a member of the Educational Programs Office (Chief Resident, Associate Program Director, Residency Program Director) so that arrangements can be made to relieve you from your duties.
- YOU SHOULD NOT DRIVE!!!

If You Recognize Fatigue in Another Individual

- You should ask that individual if they are indeed fatigued.
 - If the individual answers yes, you should ask that individual to relieve him/herself from his/her responsibilities.
 - If the individual refuses to do, you should contact his/her superior.
 - If the individual answers no, but you are still concerned, you should contact the individual's superior.

For further information on fatigue, please go the GME course on MedHub

