

Fatigue management: Suggested approaches for teams and hospital systems

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Disclaimer

The following article by Professor Kay Wilhelm AM, MD, BS, FRANZCP, Senior Staff Specialist, Consultation Liaison Psychiatry, St Vincent's Hospital, and Chair of the Board's Health Committee, raises important issues of performance and fatigue in the workplace. This is a matter of considerable interest to the Board, though it should be noted that the views expressed in the article are those of Prof Wilhelm, and do not represent a formal position taken by the Board.

What can individual doctors do?

During the shift, it is useful to

- Ensure meal breaks, high protein snack at regular intervals, good hydration
- Have comfortable areas to withdraw and rest
- Have caffeine, for a short term boost
- Have some task rotation
- Avoid driving home while fatigued; if possible, have a bed available on site
- After a sustained shift, if rest is not possible, ask your superiors to allocate you to less complex, more routine tasks

What can the team do?

- Allow the opportunity for fatigued doctors to declare this and have cross checking of tasks and task reallocation, especially to tasks with less critical decision-making
- Ensure second opinion on critical decisions
- Ensure fatigued doctor not involved as primary operator in procedural work

What can the system do?

- The senior staff and hospital can empower staff to have breaks and have breakout areas and there are rooms for doctors to sleep when called in.
- Ensure there are systems that detect high-risk adverse events, near misses and have measures to learn from them
- Discourage an environment where those working long hours are seen as the toughest
- Provide rosters that allow adequate sleep between shifts (references to the AMA Safe Hours Code can provide useful principles and Queensland Health's comprehensive package, including such a safe rostering system are available on the Board's website
- Health systems can look at alternatives to present system.

References and additional material

- AMA Safe Hours Campaign: Risk Assessment of Junior Doctor Rosters
- Fatigue Risk Management System Resource Pack, Queensland Health.
- Gander P, Purnell H, Garden A, Woodward A. Work patterns and fatigue-related risk among junior doctors, *Occup Environ Med*, 2007, 64: 733-8.
- [Olson E, Drage L, Auger R. Sleep deprivation, physician performance, and patient safety. *Chest*, 2009, 136 :1389-96.](#)
- Veasey S, Rosen R, Barzansky B, Rosen I, Owens J. Sleep Loss and Fatigue in Residency Training: A Reappraisal, *JAMA*, 2002, 288: 1116-24.