

POSTGRADUATE MEDICAL EDUCATION

SCHULICH SCHOOL OF MEDICINE & DENTISTRY

FATIGUE RISK MANAGEMENT GUIDELINES

Reviewed by PGME Committee: June 11, 2025

Date of Next Scheduled Review: 2028

PREAMBLE

Fatigue is a hazard in medical education that impacts postgraduate medical training and workplace health and safety with implications for patient care, medical error, and patient safety. Fatigue is an inevitable aspect of 24/7 healthcare service and therefore it is not realistic to eliminate risk, but rather to work collectively to mitigate the risk across the system.

Fatigue is an individual personal experience, however the factors that contribute to fatigue are both personal and systemic. Successful management of fatigue risk is therefore the shared responsibility among all those who have a role within medical education. Within that shared responsibility, postgraduate trainees have a key role in managing and reporting their own fatigue to their supervisors, peers and to the healthcare team. To support this, medical education leaders are accountable for ensuring practices are in place that enable and protect every trainee's ability to fulfill their role in the management of fatigue risk (Source: [Fatigue Risk Management Toolkit](#))

The objective of these guidelines is to mitigate the hazard of fatigue during residency training, and to promote health and wellbeing for physicians and to ensure the provision of quality patient care.

These guidelines apply to all postgraduate medical trainees at Schulich School of Medicine and Dentistry for the duration of all activities associated with the performance of their duties.

POLICY REFERENCES

- [General Standards of Accreditation for Residency Programs](#)
 - **Indicator 3.2.2.6:** The curriculum plan includes fatigue risk management specifically education addressing the risks posed by physician impairment to the practice setting, and the individual and organizational supports available to manage the risk.
 - **Standard 5:** Safety and wellness are promoted throughout the learning environment.
 - **Indicator 5.1.2.9:** Residents are supported and encouraged to exercise discretion and judgment regarding their personal safety, including fatigue.

- [General Standards of Accreditation for Institutions with Residency Programs](#)
 - **Standard 4:** Safety and wellness are promoted throughout the learning environment.
- [General Standards of Accreditation for Area of Focused Competence \(AFC\) Programs](#)
 - **Standard 4:** Safety and wellness are promoted throughout the learning environment.
 - **Indicator 4.1.3.5:** Trainees are supported and encouraged to exercise discretion and judgment regarding their personal safety and wellness, including fatigue.
- [Professional Association of Residents of Ontario \(PARO-OTH\) Collective Agreement](#)
- [Fatigue Risk Management Toolkit](#), Fatigue Risk Management Task Force

DEFINITIONS

1. **Fatigue:** A decreased capacity to perform mental or physical work, or the subjective state in which one can no longer perform a task. Fatigue manifests in physiological performance decrements and cognitive impairment. Fatigue primarily arises because of inadequate restorative sleep but is also influenced by time of day and prior wake. (FRMS Resource Pack: Queensland Health, 2009)

Factors contributing to fatigue include both physical (circadian rhythm, amount and quality of sleep, shift length and timing, and overuse of counter measures such as caffeine) and emotional (stress). Social and cultural factors may include the pressure for physicians to work when fatigued.

2. **Fatigue Risk Management (FRM):** A set of ongoing fatigue prevention and mitigation practices, principles, and procedures integrated throughout all levels of the clinical and academic work environment, and are designed to monitor, ameliorate, and manage the effects of fatigue and associated risks for the health and safety of healthcare personnel and the patient population they serve (FRM Task Force, 2018).

PROGRAM RESPONSIBILITIES

1. The safety and well-being of our trainees and patients is a priority for Schulich Medicine and our training programs. When performance is negatively impacted by fatigue faculty must take proactive measures to support their trainees.
2. Clinical duties and call schedules for residents must be developed in compliance with the terms of the PARO-OTH Collective Agreement. Programs have a responsibility to release residents post call as outlined in the PARO-OTH Collective Agreement; this includes the right of the resident to be relieved of duties on out-of-hospital call if the resident commences work in the hospital after midnight but before 6 a.m. or has worked for at least four consecutive hours and at least one hour of which extends beyond midnight. Residents may also be relieved from duties post-call where the home call is sufficiently intense, onerous, or heavy, at the request of a resident or group of residents, as per Article 16.4(c).

3. Clinical duties and call schedules for AFC trainees and clinical fellows must be developed with an awareness of FRM.
4. Faculty have a responsibility to role model, encourage and support FRM practices.
5. Programs must foster an environment that minimizes fear of reprisal for identifying resident fatigue or the requirement for adherence to post call duty hours. Programs must provide a learning environment that enables the reporting of fatigue related incidents.
6. Programs must ensure that leadership, faculty, and trainees are familiar with issues of FRM. Programs should encourage leadership and faculty to complete of PGME's [Fatigue Risk Management in Medical Education Programs](#) module.
7. Residency programs must develop program-specific policies to address wellness and Fatigue Risk Management. Programs must incorporate educational resources and information on fatigue prevention, mitigation, and recognition into the curriculum and learning environment. Trainees must be provided protected time to complete the mandatory Fatigue Risk Management in Medical Education for Residents/Learners module in OWL.
8. Programs need to be aware of the risks of fatigue and the potential for impact on patient care, patient safety, and resident safety. Programs must review this as part of the fellowship, residency, or AFC program.
9. The role of fatigue should also be considered in incident reports (e.g., through SPEAK).
10. At no time will a trainee be denied visits for medical or dental appointments during work hours. Advance notice should be provided to programs as best as possible.

POSTGRADUATE TRAINEE RESPONSIBILITIES

1. Trainees share responsibility for FRM and are expected to bring forward individual or program concerns to the Program Director. Concerns may also be brought to Learner Experience and/or Postgraduate Medical Education (PGME).
2. As part of resident orientation, residents must complete the mandatory Fatigue Risk Management in Medical Education for Residents/Learners module in OWL. Completion of the module is optional for AFC trainees and clinical fellows.
3. Trainees should arrive to work having obtained adequate rest and ensuring they are fit for duty and able to perform their duties safely.
4. Residents must not exceed maximum duty hours identified in the PARO-OTH Collective Agreement. Concerns regarding requests to exceed maximum duty hours must be brought to the attention of the Program Director, Learner Experience or PGME, and PARO, per [Article 16](#) of the PARO-OTH Collective Agreement.
5. Trainees who identify sleep deprivation as negatively impacting performance should bring their concern to their supervisor, the Most Responsible Physician (MRP), and/or their Fellowship or Program Director. Learner Experience or PGME may also be contacted. Trainees who recognize impairment due to excessive fatigue and seek assistance will not face reprisal as a result of the declaration.
6. Trainees who experience fatigue which they feel may impair their ability to drive related to work must arrange for alternative transportation.

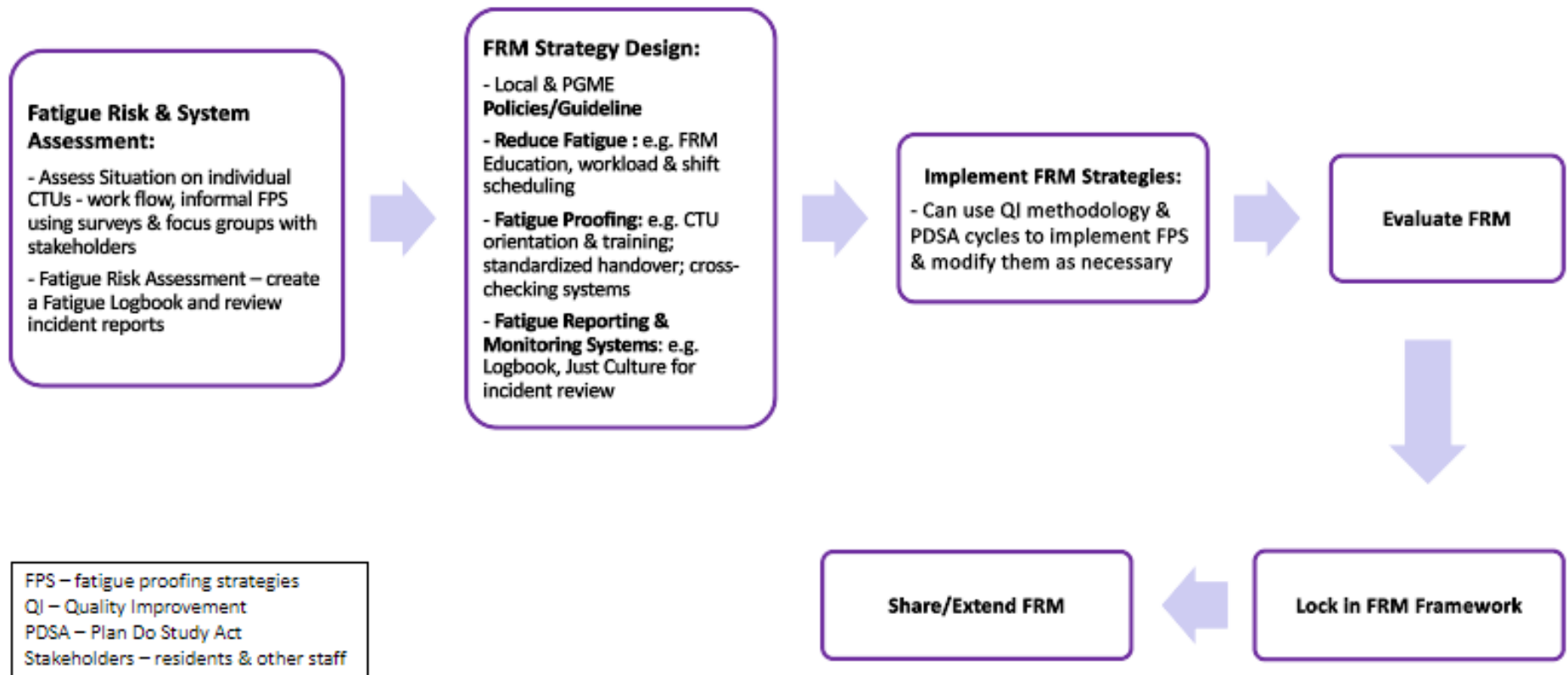
POSTGRADUATE MEDICAL EDUCATION (PGME) RESPONSIBILITIES

1. PGME will work with postgraduate medicine programs to develop and support FRM strategies, and program specific policies and practices.
2. PGME will develop educational resources for trainees and programs on FRM.
3. PGME will advocate for trainees to ensure that these guidelines and the PARO OTH Collective Agreement are followed.

ADDITIONAL RESOURCES

- London Health Sciences Centre (LHSC) Safe Ride Home. The Safe Ride Home Program is **free and available 24/7** for residents. When a safe ride home is needed, residents can call Checker Limousine at 519-659-0400 and use the PIN provided by their Program Director or Administrator.
- [Learner Experience Office](#), Schulich School of Medicine & Dentistry. Trainees who require accommodations or additional support should contact the Learner Experience Office.
- [Professional Association of Residents of Ontario](#)
- Ontario Medical Association (OMA) [Healing the Healers: System-Level Solutions to Physician Burnout](#) and [Physician Health Program](#)
- [Canadian Medical Association \(CMA\) Policy on Physician Fatigue](#)

Appendix: FRM Implementation Roadmap with using QI methodology



Roadmap developed by: A. Florendo-Cumbermack and the Neurology residency program (2022).