

**CONEMAUGH MEMORIAL MEDICAL CENTER
GENERAL SURGERY RESIDENCY PROGRAM
MONITORING RESIDENT STRESS/FATIGUE**

All General Surgery Residents will be observed for signs of fatigue, agitation, depression and other signs of stress on a daily basis by all attending staff that come in contact with them. Dialogue between attending physicians and residents is encouraged, and attending surgeons are empowered to seek means to relieve excessive stress, such as sending residents out of the Operating Room or home, as needed. Every such incident, as well as the mitigating strategy, must be immediately communicated to the Program Director.

General Surgery Residents are encouraged to seek appropriate support systems as needed and are told during orientation that they are encouraged to contact the Program Director or Department Chairman at any time to discuss issues of importance to them.

Chief Residents are instructed to assure appropriate time out of the hospital and to use appropriate judgment to minimize stress in the working environment for the Junior Residents

I. GENERAL PRINCIPLES

As part of our supervisory responsibilities as faculty in the Surgical Residency program, as well as attending physicians for our own private patients, it is imperative that we be able to monitor the residents for signs and symptoms of fatigue.

The consequences of fatigue and/or sleep deprivation are many and carry a significant negative impact on education and retention. Some of the more common signs and symptoms will include:

- Fatigue
- Mood disturbances
- Inability to focus or pay attention
- Short-term memory deficits
- Deterioration of tactile skills
- Decreased motivation

If a resident is identified as showing signs and symptoms of fatigue, the chief Residents should be notified and that resident will be relieved of clinical responsibilities and asked to go home. The Chief Resident will reassign clinical cases and responsibilities to other residents. If the resident in question is the Chief Resident, the service attending will be notified as well as the Program Director and this resident will be relieved of clinical responsibilities and asked to go home. In this circumstance, most likely the responsibilities of the Chief Resident will be relegated to the service attending. The resident may arrange for safe transportation home and will be counseled not to attempt to drive himself or herself home. If safe transportation is not available, the resident will be given the following options:

1. He/she will be allowed to use the on-call quarters for a period of rest,
2. We will attempt to have Security drive the resident home,
3. Cab vouchers are housed at the Security office next to the Emergency Room. This voucher is good for a round-trip allowing the resident a safe trip home and a return trip to the hospital for their next shift or to pick up their personal vehicle.

Within 24 hours of the resident's return to duty the following day, the resident will meet with the Program Director to review their call schedule and workload in order to ascertain the cause of the resident's fatigue. If necessary, the call schedule will be adjusted to ensure adequate distribution of workload and adequate rest periods. It should also be emphasized that the Surgical Program is in strict compliance with the 80 hour work-week and episodes of resident's fatigue should be few and far between if we adhere to these guidelines. We must, however, be aware of the potential for fatigue as well as the negative aspects as they relate to surgical resident education. Throughout the year, there will be lectures given on fatigue, its signs and symptoms, as well as the many negative consequences associated with fatigue. These lectures will be mandatory for all residents as well as supervising and teaching attendants. If, for some reason, you cannot attend, a copy of the presentation will be made available for review. An Annual Review of these presentations is mandatory for faculty and residents in the General Surgery Residency Program.