

FATIGUE RISK MANAGEMENT DURING MEDICAL TRAINING

This information sheet aims to help identify common causes of fatigue, explore potential ways to mitigate the risk of fatigue, and review additional resources for medical trainees.

Fatigue is an occupational risk in medical education. It impacts residency training and workplace health and safety, with potential implications for patient safety. Successful management of fatigue risk is the shared responsibility among all those who have a role within medical education.¹

Why might I feel fatigued?

Here are some common causes of fatigue in medical training:

Physical Factors

Physical fatigue can be caused by insufficient quality sleep, working long hours, misuse of countermeasures, and having long periods of time without nutrition and adequate hydration.

Emotional Factors

Accumulated stress from personal and work lives can lead to feeling emotionally drained. Emotional fatigue can be linked to reduced ability to recognize emotions and feeling lower levels of empathy.

Cognitive Factors

Cognitive fatigue can occur with prolonged high levels of personal and workplace expectations. Mental exhaustion can make basic tasks difficult to accomplish.

Systemic Factors

Medical training entails changing schedules, long shift lengths, and work that can be physically, mentally, and emotionally draining. Often, trainees modify their previous coping strategies to better cope with the unique demands of residency and fellowship.

Some of the above factors may be outside of one's control. When that is the case, it may be helpful to consider speaking to a trusted leader in your respective programs for support. You can also consider what is within your control to help mitigate the extent of fatigue.

Addressing Fatigue

Impactful strategies to mitigate symptoms of fatigue can look different for each person. Consider the following questions when trying to determine the best fatigue mitigation strategies for you.

"What are my best ways to defuse work related distress?"
"Which activities help me feel more energized?"
"What daily practices help me feel more calm?"
"What can I incorporate into my sleep routine that might be helpful?"
"Who in my life is able to provide support right now?"
"Do I have sleep difficulties?" (i.e. difficulty falling or staying asleep)
"Do I restrict my sleep?" (i.e. staying up late to study)

Example of Strategies

Emotional exhaustion

Talking to colleagues can help you to feel less isolated. You may also gain useful information and ultimately feel less stressed. Clarify with your supports when you need validation, instead of problem solving.

Physical Exhaustion

In addition to sleep, consider possible changes to your nutrition, activity level, and hydration. Even small changes can have a positive impact over the long run.

Cognitive Exhaustion

Try to stay connected to your long-term goals, by reminding yourself what you are working towards. Talk to people in your life who can offer encouragement and motivation.

¹ From "Fatigue Risk Management Toolkit," by Fatigue Risk Management Task Force, 2018, *Resident Doctors of Canada*, p.2 (<https://residentdoctors.ca/wp-content/uploads/2018/11/Fatigue-Risk-Management-ToolkitEN.pdf>).

Postgraduate Wellness Office

500 University Ave 3rd Floor Suite 309

(416) 946-3074

pgwellness@utoronto.ca

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Fatigue is a subjective feeling of tiredness caused by factors that may be outside of the residents' control. Recognizing this, what are some practical ways to mitigate fatigue risk? Medical trainees have identified some creative ways to activate themselves and feel more alert and refreshed.

TIPS FOR ON CALL



- Taking time to brush teeth, wash face, change socks, taking a shower, or engage in a physical activity.
- Taking naps if and when possible.
- If naps are not possible, try other relaxing activities: stretch, listen to calm music.
- Be strategic about when you drink caffeine, i.e. try to avoid caffeine consumption 1 hour before you are expecting to decrease your alertness.
- Notice what might help by trying healthy snacks, eating regularly, staying hydrated and making time to use the bathroom.
- Speak to someone about anticipated stress and anxiety prior to calls.

Did you know?

Sleep inertia is also known as post sleep grogginess and tendency to fall back asleep. This can impact cognition and motor performance, making it a vulnerable time for performance errors and miscommunication for up to the first 15-30 minutes. It may be important to double check work, engage in a quick activating activity (i.e. a few jumping jacks), or take a second to ground oneself before returning a page. Recognizing symptoms of sleep inertia may encourage you to practice self compassion and implement strategies to ensure safety.

TIPS FOR POST CALL

- Plan ahead on getting home safely as being tired increases the risk of driving accidents.
- Aim to have a comfortable sleep environment.
- If you are struggling to sleep after your call shift, consider getting out of bed to do a relaxing activity.
- Explore for yourself, what the optimal amount of sleep is for post call. Some people find it helpful to take a nap during the day, while others find it best to wait until the evening to sleep.
- Consider if any of the following help you to fall and stay asleep: amount of physical activity, stretching before bed, avoiding screens before sleep, taking a bath, or other wind down activities.



Are you experiencing difficulties due to fatigue?

We are here to help. At the [Postgraduate Wellness Office](#), we offer individual counselling and consultations on a range of topics. To find out more, check out our [website](#) or contact us at 416-946-5197 or pgwellness@utoronto.ca

Additional Resources

[Fatigue Risk Checklist](#) (Page 62)
[Karolinska Sleepiness Scale and Questionnaire](#)
[Fatigue Severity Scale \(FSS\) of Sleep Disorders](#)

[Sleep Foundation](#)
[Sleep & Depression Laboratory](#)
[American Psychological Association](#)

If you are reviewing this and think you may be struggling with the impacts of fatigue, please consider reaching out to your family physician or the Postgraduate Wellness Office for support.

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