



# GERIATRIC MEDICINE FELLOWSHIP FATIGUE POLICY

## OVERVIEW

There is growing awareness that fatigue can have an adverse effect on trainee performance. Symptoms of fatigue and/or stress are normal and expected to occur periodically during fellowship training as well as after, just as it would in other professional settings. In fellowship training, fatigue/impaired performance means possible missed opportunities for learning, and, worst case scenario, potential harm to patients.

The fellowship program utilizes the following for education, detection and addressing excess fatigue:

- Annual computer based learning module “Sleep and Fatigue Education for Clinical Program Trainees”
- Annual Physician Burnout lecture
- Monthly meetings with the program director

Excess fatigue and/or stress may occur in patient care settings as well as non-patient care settings such as lectures and conferences. In patient care settings, patient safety and well-being of the patient mandates implementation of an immediate and proper response sequence. In non-patient care settings, the response may vary based on the severity of and the demeanor of the fellow’s appearance and perceived condition. The following is a general guideline for those recognizing or observing excessive fellow fatigue and/or stress.

## PATIENT CARE

### Attending Physician

- If the attending physician notices evidence of excessive fatigue and/or stress, the fellow should be released from any further patient care responsibilities at time of recognition.
- The attending should privately discuss his/ her opinion with the fellow, attempt to identify the underlying reason for the fatigue, and discuss the amount of rest needed to alleviate the situation.
- The attending must contact the program director to inform them of the situation as well as underlying issue.
- The fellow should rest at the hospital (call room) prior to driving home. In addition, the fellow will be advised that someone may pick him/ her up for transportation home. Taxi service is also available at no charge to the fellow.
- The fellow who has been released from further patient care cannot appeal the decision and must have permission to resume work from the supervising attending.

### Fellow

- Other fellows who notice a colleague’s fatigue have the professional responsibility to notify the supervising attending without fear of reprisal.
- A fellow who feels fatigued has the professional responsibility to notify the supervising attending or program director without fear of reprisal.

### Program Director

- If the removed fellow’s absence results in immediate effect on other fellows (ie. call) this should be accounted for immediately.
- The fellow’s call schedule, duty hours, patient care responsibilities, and personal problems/stressors will be discussed.
- The rotation will be reviewed for potential changes and improvements.
- If the problem is recurrent or not resolved in a timely manner, the fellow may be removed from patient care responsibilities indefinitely. A medical evaluation may be requested as well as a meeting with Physicians well-being.

## FELLOWSHIP RESOURCES

- Fellow colleagues
- Program Director (pager 24 hours/day #16586)
- Attending physician
  - [House Officer Mental Health Program](#)
  - The current participating attending psychiatrists are: Kate Baker, MD; Karla Blackwood, MD; and Srijan Sen, MD

To schedule an evaluation, simply contact Natalie Dooley, administrative assistant, at (734) 763-4215. Attending Psychiatrists are available to see house officers EXPEDIENTLY for a FREE OF CHARGE and CONFIDENTIAL initial evaluation (insurance is not billed and visit is not documented in MiChart). [Visit website.](#)

### ADDITIONAL RESOURCES FOR FACULTY AND STAFF

#### [Michigan Medicine Office of Counseling and Workplace](#)

**Resilience:** is a confidential, no-cost service for the University of Michigan Health System’s faculty, staff and their families. (734) 763-5409 | [Email](#)

#### [U of M Faculty & Staff Assistance Program](#)

will help with issues like: marital/partner relationship concerns, depression/anxiety, grieving, improving family communication, managing personal or job stress, alcohol or other substance misuse, and improving communication with a co-worker.