POLICY on RESIDENT WELLNESS AND THE RECOGNITION OF STRESS AND FATIGUE

Each Residency Program sponsored by the Albert Einstein College of Medicine shall have written criteria for the wellness and recognition of stress and fatigue of residents. Program Policies must be consistent with the policies of the Sponsoring Institution and the employing hospitals.

It is important for medical educators to become familiar with the recognition of stress and fatigue in resident trainees. The following outline describes common stresses, symptoms and recommendations for management.

STRESS STIMULATORS:
- Affects men and women in the same way
- Fatigue may be emotional and/or physical
- Workload
  - Especially excessive
  - Interns
  - Darkness
- Decreased opportunities for family life
- Relocation
- Entering into a job for which the individual is unprepared.

SYMPTOMS AND SIGNS OF STRESS AND FATIGUE
- Irritability
- Defensive
- Complaining
- Self doubt
- Crying
- Questioning choice of specialty
- Change in physical appearance
- Weight gain or loss
- Prone to accidents (professional and personal)
- Notification by spouse of stress and fatigue

CONSEQUENCES OF STRESS AND FATIGUE
- Impaired patient care
- Decreased concentration at work
- Decline in professionalism
- Negative evaluations
- Clinical depression
- Substance abuse
- Changing job or specialty or relocation
- Suicidal ideation
IMPACT OF DUTY HOURS
- The ACGME regulations may have altered resident stress levels: both increased and decreased. Residents now have to complete all clinical tasks by certain times and on occasions are leaving the hospital before their attendings. Both of these may lead to increased stress levels.
- Professionalism vs. duty hours
- Continuity of care and patient satisfaction with having a single resident doctor and completion of clinical activities.

EVALUATION AND MANAGEMENT OF STRESS AND FATIGUE
(By the program director or any faculty members.)
- Attempt to find the cause of the stress
- Meetings between program director/faculty and resident on a more frequent basis
- Keep on the “radar screen”
- Break the “cycle” of anxiety
- Counseling
  - Voluntary
  - Mandatory to include fitness for duty evaluations
- End of rotation debriefing
- Establish a mentoring system
- If underlying cause is lack of sleep, establish protected sleep periods. Some programs allow residents to “take a nap” during work periods.

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