

## COM GME Internal Medicine Program Policy

<b>Policy 1.600</b> Internal Medicine
<b>Section</b> Resident and Fellow Support/Conditions for Employment
<b>Subject</b> Fatigue Management and Mitigation
<b>Policy Requirements</b> ACGME Institutional: 3.2.e.1;3.2.e; 2; 3.2.g.5.c ACGME Common: 1.9.b; 6.12;6.14;6.15; 6.16 ACGME Internal Medicine: 1.9.b; 6.12; 6.14; 6.15; 6.16 COM GMEC: 2.310
<b>Version History</b> Date developed: 3/2024; 08/2025 Revisions Approved: 10/2025 Reviewed by Program Evaluation Committee: 10/2025

**Purpose:** To outline the responsibilities of the program regarding fatigue management and mitigation.

**Policy:** This COM Internal Medicine program policy outlines the program's efforts to educate its residents and faculty members on the recognition of signs of fatigue and sleep deprivation. This policy will outline how the program will monitor its efforts toward fatigue mitigation on an annual basis.

**Process:**

Resident and faculty training will be provided during didactic sessions regarding alertness management and fatigue mitigation processes on an annual basis.

UAMS COM GME provides Educational Resources on Fatigue that can be found at <https://medicine.uams.edu/gme/gme-resources/fatigue-recognition-and-mitigation/>

If a resident is experiencing excessive fatigue, the following steps must be followed:

Contact the Chief Resident on call. The Chief Resident will then notify the Program Director and/or Program Manager if needed. Mitigation steps may include, but are not limited to:

- Arranging access to a call room for the resident to rest.
- Arranging coverage for the resident including jeopardizing another resident if needed.
- Arranging transportation for the resident.

The Internal Medicine Residency Program encourages all residents and faculty to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. The program's policy ensures the continuity of patient care.

The Internal Medicine Residency Program tracks work hours for 3 months out of each academic year. Work hour entries are reviewed by the Program Manager on a weekly basis during this time. If there are any violations or areas for concern, the Program Manager takes that information to the Program Director for review. At that time, the Program Director may contact the individual resident to see if the violation or area of concern was caused by situational occurrence or if it is a schedule, rotation, or system problem. Actions will then be taken to correct the issue at the appropriate level.

The Internal Medicine Residency Program reviews the fatigues data from the ACGME Resident and Faculty Survey. It is initially reviewed by the Program Director, Program Manager, and the Chief Residents. If it is an area of concern, the residents may be polled to find out where the problem is. If it is a scheduling issue, rotation issue or system problem, leadership will take appropriate action to correct the issue.

All ACGME Survey results are shared and discussed at length in the Program Evaluation Committee Meetings. The committee is another source that is utilized to identify scheduling issues, rotation issues, and system problems that could be causing excess fatigue.

For more information regarding Fatigue Management and Mitigation please refer to the UAMS COM GME Policy 2.310

For more information regarding Transition of care and Handoffs please refer to the Internal Medicine Residency Policy 1.300.

**References:**

GMEC Policy 2.310, Fatigue Management and Mitigation

Internal Medicine Residency Policy 1.300, Transitions of Care and Handoffs