Maximize the power of your naps during medical residency shifts

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Medical residents are tired. That reality has been true across generations of physician trainees.

“Sleep deprivation is a time-honored tradition in medicine,” said Karen Miotto, MD, interim director of the Behavioral Wellness Center at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA). “It breeds a kind of we’re-in-the-trenches-together collegiality. The problem with such a time-honored tradition is the emotional, technical, cognitive labor of medicine and of many other industries has gone up so dramatically.”

Sleep deprivation is a cause for concern, with some research showing that sleep loss in residency training can lead to cognitive and psychosocial impairment and accidents, and lower quality of life.

What can residents and institutions do? Be proactive.

Sleep and shift performance

The Accreditation Council for Graduate Medical Education reinstated permitted shift duration to last up to 28 hours. During those shifts, some institutions have instituted protected sleep time.

A recent study published in the journal *Sleep*, however, found that you need a big chunk of uninterrupted sleep to really help. The study, “Brief (<4 hour) sleep episodes are insufficient for restoring performance in first-year resident physicians working overnight extended-duration work shifts,” re-examined data tracking 34 PGY-1 residents’ sleep patterns.

The data indicated that more than four hours of quality sleep was needed to lower the number of attentional failures during extended shifts. The study added that “sleeping four or fewer hours overnight yielded no significant improvement on any performance measure compared with zero
sleep.”

**Unleashing the full power of napping**

Speaking to those in the trenches, that study’s data may indicate a reality that afflicts sleep-deprived people in any profession: we don’t know how to nap.

“A three-hour nap is not a nap, it’s a sleep period,” said Rachel Salas, MD, a sleep neurologist who is also director of interprofessional education at Johns Hopkins University School of Medicine. “With a longer nap, what will happen is you start to transition into the deeper stages of sleep. When you wake from that, you are going to have sleep inertia. You’re not going to have that freshness. For a resident that can be a problem if they aren’t with it when they are making decisions; it can mess with their responsiveness.”

Instead of a lengthy nap, Dr. Salas recommends a nap of less than an hour. She also noted that some people have success with “caffeine naps,” before which people drink a caffeinated beverage that energizes them as they wake up.

At UCLA, residents have beeper buddies who will cover each other’s call for short periods of time to allow for some uninterrupted rest.

“If you’re still on pager and know you can get call, that in and of itself is one eye opened and one eye shut and you’re less able to relax,” Dr. Miotto said. “If you know somebody is covering your pager for 20 minutes you truly are free to relax, and I think it’s so important.”

**Maintaining consistency after call**

When you’re away from the hospital, during your most hectic months, it may still be difficult to get eight hours of sleep. If you can control the timing of your sleep, with a set bedtime and set awakening time, Dr. Salas said, it can help your energy levels.

As another method of intervention, many programs are now offering sleep strategies and making specialists available to medical students and residents. Taking advantage of that offering, if available, is certainly a good idea.

“Sleep is important,” Dr. Salas said. “It’s a basic human need. I think there’s more sleep awareness now than ever before, but we as individuals have to make it a priority. You can do that for yourself, whether that means optimizing your environment, or your schedule or talking to your clinician.”

URL: https://www.ama-assn.org/medical-residents/medical-resident-wellness/maximize-power-your-naps-during-medical-residency
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