

What programs, resident physicians are doing to manage fatigue

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That extra cup of coffee? A power nap? Passing your pager to a colleague? When it comes to mitigating fatigue and managing sleep deprivation, a recent literature review found that efficacy depends on the technique.

One of the paper's co-authors offered insight on the barriers to interventions and what life is like for residents on the ground.

"There's stuff that might be better but might not be plausible or realistic in all scenarios," said Joyce Redinger, MD, a third-year anesthesiology resident at the University of Virginia Health System.

"Having faculty members that advocate for resident wellness in general can make a huge difference. As a resident, I can say that having a faculty member who knows your schedule and wants to ensure you get a break or nap seems like a small thing, but it does go a long way to ensure you are supported."

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Program-level actions

The literature review found the most conclusive data supported program level interventions. The data related to work-hour limitations has shown a positive effect on wellness arenas including burnout, sleep, mood and sleep quality.

Dr. Redinger also said night float rotations—typically 9-12 hour overnight rotations—can at least allow residents the opportunity to get on a schedule with their sleep.

“Night float has made it possible to have somewhat normal call schedules,” Dr. Redinger said. “A lot of programs have implemented it. It’s a pretty standard thing now.”

She also advocated for programs that mix more taxing rotations with less taxing ones. She gave the example of giving anesthesiology residency trainees less demanding out-patient surgical center rotations to balance the draining long rotations in the hospital.

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Individual interventions

The data around the efficacy of individual level measures to manage fatigue had widely varying results.

Strategic naptime and paging efficiency—creating a system in which another care team member watched a resident’s pager to ensure them a break—had been studied and both had shown some effectiveness for keeping residents somewhat rested. But residents do have a desire to maintain continuity of care.

“It’s really hard to sleep on call,” Dr. Redinger said. “There’s a baseline amount of anxiety you share knowing that you can’t fall deeply asleep. Knowing that you can’t totally turn it off is enough to keep you from having good sleep.”

Caffeine also proved effective in fighting fatigue, but Dr. Redinger recommended keeping to a limit of 400 milligrams per day, which equates to about four cups. For ensuring sleep away from the hospital, data surrounding the use of melatonin, a natural sleep aid, was limited but mildly positive.

In the end, Dr. Redinger said, the most effective way for residents to manage fatigue is best determined on a case-by-case basis.

“I think it’s about finding what works for you,” she said. “I personally don’t take melatonin. I never have needed to use it. I know plenty of people who do and it works for them. I do drink coffee. You are tired. You need to stay up. It definitely helps.”