Excerpt from the FRM Taskforce report "Fatigue Risk Mangement Toolkit" (Page 14-17)

Options for FRM Actions

The following FRM Actions are intended as exemplars of available strategies and options that are linked to each role and principle, and are not exhaustive, mandatory or prescriptive. As each residency education program, institution and training site develops their respective FRM Plan, the established principles and corresponding strategies are intended to guide and support the equitable and balanced allocation of roles and responsibilities for trainees, clinical educators, programs, institutions, hospitals and training sites, employers, and accrediting bodies.

▸ PRINCIPLE 1

ROLES FOR LEADERS:

Leaders of both educational institutions and clinical learning environments are responsible for ensuring that FRM is a priority and that healthcare providers and trainees can effectively contribute to the creation of a management plan.

OPTIONS FOR LEADERS
Establishment of a local FRM working group or a chief FRM officer
Formal obligation for leaders to report on established FRM practices and training to staff, including trainees, and the organization

Leaders includes, but is not limited to: Clinical supervisors/Senior educational staff/Chief of Staff, Most Responsible Physician (MRP), Program Directors, Postgraduate Deans.

▸ PRINCIPLE 2

TRAINEE ROLE: Every trainee bears a responsibility to self, to their peers, and to those they provide care for, to manage their own fatigue during training and as they transition into practice.

OPTIONS FOR TRAINEES	
Conduct a fatigue self-assessment prior to/during call	Declare fatigue to supervisors and team
Ensure adequate rest, nutrition are obtained prior to call	All reasonable efforts should be made to avoid shifts in excess of 24 hours
Report fatigue related incidents via established reporting routes	
Employ individual controls/fatigue risk countermeasures while on call (caffeine intake, napping/breaks, task variation, nutrition and hydration)	

▶ PRINCIPLE 3

CLINICAL TRAINING FACILITY ROLE:

All clinical resident training facilities must develop and implement an institution-wide FRM policy and also enable the trainees and other healthcare providers to effectively contribute.

OPTIONS FOR CLINICAL TRAINING FACILITIES	
Incorporate and offer educational resources and information on fatigue prevention, mitigation and recognition strategies for trainees and healthcare providers	Establish a Taxi Reimbursement/alternative safe commuting program
	Provide a quiet/appropriate place to nap after completing a shift
Integrate/align FRM within existing health and safety policies	Establish clear Handover Protocols

▶ PRINCIPLE 4

DUTY TO UPHOLD REPORTING PRACTICES AND POLICIES:

All clinical institutions involved in clinical training must create a just culture learning environment that enables the reporting of fatigue-related incidents.

OPTIONS FOR REPORTING PRACTICES
Establish reporting pathways to identify fatigue-related incidents within a just culture and a proactive clinical learning environment
Support declaration of fatigue to team, team double-checking, for both trainees and senior educational and clinical leaders
Ensure policies and procedures are aligned with just culture and professional practice standards, are reviewed regularly and are made available to all participants

▶ PRINCIPLE 5

SHARED ROLE TO SUPPORT DEPLOYMENT & IMPLEMENTATION: All clinical institutions involved in training must support faculty and trainee development in FRM policies, practices, and procedures.

OPTIONS FOR FACULTY AND TRAINEE DEVELOPMENT	
Offer educational and training workshops and resources	Incorporate physician fatigue content into curriculum for trainees and clinical educators/teachers
Align with OH&S programs/procedures	Incorporate FRM evaluation processes to determine if the system needs are being met
Create faculty development opportunities to support and engage faculty in FRM/mitigation	

▶ PRINCIPLE 6

SHARED ROLE AND COMMITMENT TO CO-PRODUCE CQI:

All stakeholders to clinical FRM must collaborate on an evaluative process for CQI of the local FRM approach, that includes a process for governance, performance evaluation, and review and audit functions.

OPTIONS FOR CONTINUOUS QUALITY IMPROVEMENT (CQI)
Develop outcomes-based procedures to assess and evaluate policy effectiveness
Ensure evaluation data is captured reliably & regularly
Support collaboration between institutions and respective local health authority to ensure alignment with FRM principles and practices

EXEMPLARY INDICATOR

DUTY TO CONTRIBUTE TO DISSEMINATION OF GOOD PRACTICES:

Clinical institutions participating in clinical training actively identify, collect, and disseminate good practices and innovative research in FRM to the medical education community.

EXEMPLARY INDICATOR FOR FRM: OPTIONS FOR SHARING GOOD PRACTICES
Promote research & innovation on fatigue-related implementation & evaluation strategies to address trainee/ physician fatigue
Facilitate partnerships with organizations to conduct FRM related research
Incorporate FRM evaluation processes to determine if the system needs are being met
Share practices aimed at solutions for managing fatigue within the medical education community