DALHOUSIE UNIVERSITY Postgraduate Medical Education **Fatigue Risk Management Guidelines**	*Policy Sponsor:* Faculty of Medicine	*Approval Date:* *January 8, 2026*
	Responsible Unit: Postgraduate Medical Education	*Amendments:*

Background & Purpose

To prevent and mitigate fatigue-related risks during residency training and facilitate resident wellness and patient safety.

Scope

This policy applies to all postgraduate medical trainees at Dalhousie University and all stakeholders involved in residency education (Program Directors, Program Administrators, Postgraduate Medical Education (PGME) Office, teaching Faculty).

Definitions

- Fatigue: A state of physical and/or mental weariness reducing ability to perform safely and effectively.
- Fatigue Risk Management (FRM): A structured system of prevention, mitigation, and monitoring strategies integrated into residency training.

Guiding Principles

- Shared Responsibility: Learners, Program Directors, PGME, and faculty collaborate to manage fatigue risk.
- Education & Awareness: All stakeholders receive FRM training.
- Safety First: Duty hours and scheduling prioritize patient and resident safety.
- Continuous Improvement: Regular audits and feedback loops refine FRM strategies.

Roles & Responsibilities

PGME Office:

- Provide FRM education and resources.
- Ensure access to rest facilities and safe transportation options.

Program Directors & Residency Program Committees (RPCs):

- Incorporate FRM principles into curriculum, ensuring that the curriculum plan includes fatigue risk management, specifically education addressing the risks posed by physician impairment to the practice setting, and the individual and organizational supports available to manage the risk.
- Ensure learners are supported and encouraged to exercise discretion and judgment regarding their personal safety, including fatigue.
- Incorporate FRM principles into resident scheduling, ensuring that programs adhere to the Periods of Duty guidelines as per the Maritime Resident Doctors (MaRDocs) collective agreement.

Faculty:

- Role model FRM practices.
- Respond appropriately to learner declarations of fatigue.
- Use strategies to mitigate fatigue (e.g., task redistribution, rest breaks).

Learners:

- Arrive fit for duty.
- Report fatigue concerns promptly.
- When post call, utilize available transportation allowance as per article 16.03 (c) Taxi for Post Call of the MaRDocs collective agreement.

Procedures

1. Each program must develop program-specific FRM principles and strategies that adhere to PGME policy and the MaRDocs collective agreement and incorporate this content into the curriculum.
2. Residents and faculty must review FRM principles and strategies annually.
3. Programs should maintain documentation of FRM education for accreditation.

Resources

- Royal College Fatigue Risk Management Toolkit
- Resident Doctors of Canada- Resident Well-being Resources
- Epworth Sleepiness Scale & Fatigue Severity Scale
- Dalhousie PGME Wellness Guidelines

References

CanRAC Accreditation Standards

Appendix A: Example FRM Strategies for Programs

Scheduling & Workload Management:

- Limit consecutive night shifts (e.g., max 2–3 nights in a row).
- Ensure minimum 8–10 hours between shifts.
- Avoid scheduling high-stakes tasks immediately post-call.

Rest & Recovery:

- Provide on-site call rooms and quiet spaces for naps.
- Encourage strategic napping before overnight call.
- Offer safe transportation options post-call (e.g., taxi vouchers).

Education & Training:

- Include FRM modules in orientation and annual curriculum.
- Teach learners to recognize signs of fatigue and apply mitigation strategies (e.g., caffeine timing, hydration, micro-breaks).
- Incorporate fatigue risk scenarios in simulation training.

Reporting & Support:

- Create a non-punitive culture for declaring fatigue.
- Provide wellness resources (sleep hygiene guides, counseling)

Mitigation During Clinical Duties:

- Redistribute tasks when a resident declares fatigue.
- Use team-based approaches to reduce cognitive load.
- Encourage breaks during long procedures or clinics.

For detailed examples of faculty role modeling strategies, see Appendix B

Appendix B: Faculty Role Modeling Strategies

- Demonstrate healthy sleep habits and openly discuss fatigue management during teaching rounds.
- Normalize conversations about fatigue and encourage learners to declare when they are too tired to perform safely.
- Avoid glorifying excessive work hours or 'pushing through fatigue'.
- Schedule teaching sessions at times that minimize fatigue risk (avoid late-night or post-call sessions).

- Encourage micro-breaks during long procedures and model taking breaks yourself. Share personal strategies for managing fatigue (e.g., strategic napping, hydration, caffeine timing).
- Use team-based approaches to redistribute tasks when fatigue is declared.
- Discuss fatigue mitigation openly during handovers and case reviews.
- Promote wellness resources and encourage their use among learners.
- Model appropriate use of rest facilities and safe transportation options post-call.