HEALTHY SLEEP HABITS
The best way to stay safe and keep your patients safe is to prevent fatigue and sleep deprivation. Since physician training sometimes requires inconsistent schedules and long hours, it’s important to follow these sleep-promotion guidelines when possible:
• Go to bed and get up at same time each day.
• Develop a pre-sleep routine.
• Use relaxation to help you fall asleep.
• Protect your sleep time of at least 7 hours.
• Avoid going to bed hungry or too full.
• Get regular exercise.
• Reduce fluid intake before bedtime.
• Avoid caffeine in late afternoon/evening.
• Avoid alcohol before bedtime.
• Avoid nicotine.
• Ensure that sleeping environment is:
  o Cooler temperature
  o Dark (use shades)
  o Quiet (use ear plugs)
• Use your bedroom only for sleep and sex.
• Do not use electronic devices.

CAUSES OF SLEEP DEPRIVATION AND FATIGUE
• <6 hours sleep per night
• Shift work
• Jet lag
• Illness
• Depression/anxiety/stress
• Medication side effects
• New baby, puppy, or loud environment
• Disrupted sleep (unable to complete full sleep cycles)
• Snoring and/or sleep apnea in self or roommate
• Other sleep disorders
Source: American Academy of Sleep Medicine

"Sleep is a necessity, not a luxury."
– Dr. Safwan Badr, President
American Academy of Sleep Medicine

HURLEY GRADUATE MEDICAL EDUCATION
FATIGUE MANAGEMENT & MITIGATION
Hurley GME recognizes that residents and faculty need 7 or more hours of sleep per night for optimal performance and periodic long weekends to prevent burnout. That’s why we emphasize the following:
• Honest reporting of duty hours (so we can prevent fatigue and burnout).
• Resident and faculty education on fatigue and burnout (to develop a culture that supports nonjudgmental fatigue management and mitigation – for both residents and faculty).
• Limitations on call duty and work shifts that limit duty hours.
• Backup call assignments to allow for absences or fatigue-mitigation measures.
• Extra resources:
  o Call rooms
  o Nap rooms
  o Reimbursement for 1-way local taxi fare for those too sleepy to drive home
  o Health plans that include counseling services to help with depression, anxiety, stress, burnout, or other issues.
**HOW TO RECOGNIZE SLEEP DEPRIVATION & FATIGUE AND WHAT TO DO ABOUT IT**

**TIRED & SLEEPY? HERE’S WHAT TO DO…**

Sleep deprivation and fatigue interfere with concentration, cognition, fine motor tasks, decision-making, and emotional stability. It potentially can impact patient safety, as well as safety of resident physicians, especially when driving while drowsy.

At Hurley, resident physicians complete an online educational module each year on this topic and attend a lecture on the subject. But here are a few key points to remember in the meantime.

**SIGNS OF SLEEP DEPRIVATION & FATIGUE:**
- Difficulty keeping eyes open
- Nodding and/or yawning repeatedly

**SIGNS WHILE DRIVING:**
- All of the above, plus trouble focusing on road
- Drifting lanes, missing exits
- Don’t remember driving past few miles
- Closing eyes at stoplights

**WHAT TO DO IF DROWSY BUT NEED TO WORK:**
- Talk to your supervisor
- Take a nap (call room or nap room)
- Drink a caffeinated beverage
- Darken room
- Turn off devices/electronics
- Set alarm to wake up < 30 minutes (to prevent sleep inertia)

**WHAT TO DO IF DROWSY BUT NEED TO DRIVE**
- Find alternative; don’t drive. Call friend or take cab. Hurley GME will reimburse for a 1-way local cab ride.
- Use GME nap room in Phil Dutcher Center (separate male, female rooms).
- If post-call, take 20-minute nap & drink cup of coffee/tea before leaving for home.
- If already driving and you notice signs of sleepiness, stop driving.
- Pull over at safe place; take short nap.

**WHAT TO DO IF A COLLEAGUE OR SUPERVISOR APPEARS DROWSY OR FATIGUED**
- Tell them they appear sleep-deprived, and you’re concerned.
- If they’re working, suggest they take a nap < 30 minutes.
- If they’re about to drive, suggest they nap first – or get a ride from a friend, a bus, or a cab. Hurley GME will reimburse for a 1-way local cab ride. Hurley also has nap rooms in the Phil Dutcher Center – see GME 10W for instructions.
- If needed, inform your supervisor, chief resident, attending, mentor or program director. Sleep deprivation and fatigue can impact patient care and documentation, which can be harmful to patients – and may place the hospital at risk. If needed, go up the Chain of Command.
- If it’s a chronic issue, suggest that they see a doctor or counselor, which are covered by their Hurley health plan.

**5 WARNING SIGNS YOU NEED SLEEP**

| 1 | You start to doze off when driving |
| 2 | You are forgetful or mistakes |
| 3 | You feel fatigued or lack of energy |
| 4 | You are irritable, grouchy or easily lose your temper |
| 5 | You rely on caffeine to get through the day |

**HOW TO PREPARE FOR CALL OR SHIFT WORK**
- If possible, ask to be scheduled in a clockwise rotation, so your new shift will have a start time that is later than your previous shift’s start time. (It’s easier to stay up late than to go to bed early.)
- If possible, take a nap during a break in your shift or before reporting for a night shift. A nap of 20-30 minutes improves alertness and performance. (But don’t nap longer than that – or you risk sleep inertia, or extreme grogginess.)
- Arrange for someone to pick you up after your night shift – or take a bus or cab home.
- Try to keep the same schedule on work days and on off days to maximize alertness.
- If possible, alter your sleep time a few days before your shift change. Example:

<table>
<thead>
<tr>
<th>SCHEDULE</th>
<th>SLEEP TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Evening Shift (5 pm–1 am)</td>
<td>3 am–11 am</td>
</tr>
<tr>
<td>Night 1 of Transition</td>
<td>5 am–1 pm</td>
</tr>
<tr>
<td>Night 2 of Transition</td>
<td>7 am–3 pm</td>
</tr>
<tr>
<td>Night 3 of Transition</td>
<td>8 am–4 pm</td>
</tr>
<tr>
<td>New Night Shift (11 pm–7 am)</td>
<td>9 am–5 pm</td>
</tr>
</tbody>
</table>

- Use moderate amounts of caffeine to stay alert while working.
- Stop drinking caffeine in the last half of your shift.
- Avoid sunlight if you need to sleep during the day. Wear sunglasses when outside.
- Make sure your household understands the need to be quiet, so you can sleep.
- If the above steps aren’t working, consider other measures:
  - Short, bright light sessions when you first wake up and at mid-day for your shift. Use light box, lamp, visor or simulator.
  - Melatonin supplement – 0.5 mg several hours before you plan to sleep.
  - Talk to your doctor about sleep medications, which may have unwanted side effects.

Source: American Academy of Sleep Medicine, the Centers for Disease Control, and Project Healthy Sleep