



Texas OPTI



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Our Mission

Texas OPTI is an educational consortium committed to assuring the advancement of osteopathic postdoctoral training.

In fulfillment of that commitment we enhance osteopathic graduate medical education through quality program development and advocacy on behalf of our interns, residents, fellows and member institutions.

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This month...

A serious and often overlooked issue that many residents struggle with is *sleep deprivation*. Loss of sleep can contribute to health issues as well as on-the-job accidents. Lisa Nash, D.O., Director of Osteopathic Medical Education at UTMB Galveston explores the truth about the effects of working while fatigued. Read on...

Patient Safety and Physician Fatigue

In 1999 the Institute of Medicine (IOM) issued its landmark report, *To Err is Human: Building a Better Health System*. The report exposed the fact that serious, preventable errors are occurring in our health system. Physician fatigue is widely acknowledged as a common potential cause of medical mistakes.

The Truth About Working Fatigued

- Sleep deprivation affects cognition and performance
- Lapses of attention increase
- Alertness and vigilance become unstable
- Cognitive slowing occurs
- Time pressure increases errors
- Working memory declines
- 24 hours of being awake is equivalent to being legally drunk

Clinical Signs of Excessive Sleepiness

- Irritability, moodiness and disinhibition
- Frontal lobe signs: apathy, impoverished speech, flattened affect
- Impaired memory
- Inflexible thinking and impaired planning skills: an inability to be novel or to multitask
- Intrusive sleepiness
- Microsleeps (5 to 10 seconds) cause lapses in attention
- Nodding off when sedentary
- REM phenomena (hypnogogic hallucinations)



It is very interesting to note that self-assessments show that sleep-deprived individuals may not “feel” sleepy. This lack of awareness is itself a symptom of sleepiness caused by reduced frontal lobe activity (loss of insight).

The risks of sleep deprivation and physician fatigue are not limited to patients. After being on call, many residents drive home, creating a hazard for themselves and others on the road. Most residents report having had a car accident, or a near miss, due to sleepiness after being on call.

A number of actions have been taken and interventions introduced to prevent and counteract sleep deprivation and physician fatigue. The ACGME and the AOA have enacted restrictions on the number of hours resident physicians may work. Educational programs have been created and implemented, including programs for peer observations and reporting of behavioral changes that may indicate dangerous levels of fatigue. Backup call systems and brief naps are other useful strategies.

Currently, the ACGME/AOA Graduate Medical Education Duty Hour Restrictions include:

- 80 hours maximum per week (averaged over 4 weeks).
- 24 hours maximum per shift with an additional 6 hours allowed for continuity of care and education.
- 1 day in 7 free of patient care duties.
- In-house call no more frequently than every third night (averaged over 4 weeks).
- 10 hour minimum rest period between duty hour shifts and after in-house call.

The IOM issued a new report in December 2008 proposing revisions to medical residents' duty hours and workloads. Among other revisions, the new proposal includes reducing the maximum number of hours that residents can work without time for sleep to 16 hours, increasing the number of days residents must have off and restricting "moonlighting". The report also calls for greater supervision of residents (particularly first year residents) by experienced physicians, limits on patient caseloads and overlaps in schedules during shift changes. The ACGME and AOA are currently considering the recommendations prior to establishing any change to the current duty hour restrictions.

***Financial costs (estimated 1.7 billion per year)** and an insufficient health care work force are cited as the greatest potential barriers to further revision to the resident duty hour standards.

References

Texas Medical Association: Patient Safety & Medical Errors
Institute of Medicine Resident Duty Hours: Enhancing Sleep, Supervision & Safety

Save the Date!

AACOM Annual Meeting
April 15th-18th

AODME Annual Meeting
April 22nd-25th

ACOR Mid-Year Conference
April 24th-26th

OMM Resident Training
UNTHSC Campus
May 9th

Sweet Dreams...Sleepyhead!

- Minimize noise with earplugs and minimize light with heavy curtains.
- Avoid large meals within two hours of bedtime. Milk is a good snack.
- Make sure your bedroom is well ventilated and a comfy temperature.
- Learn a relaxation technique such as progressive muscle relaxation.
- Caffeine should be discontinued at least six hours before bedtime.
- At bedtime, keep your mind off worries or things that upset you.
- Get aerobic exercise to reduce stress hormones; it helps with sleep.

Webmd.com

New Featured Resident! www.hsc.unt.edu/organizations/texasopti/featuredresident.htm

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