

Fatigue Risk Management Plan

(Kuwait Board of Internal Medicine)

1. Introduction

Fatigue is a recognized hazard in medical education that affects resident well-being, clinical performance, and patient safety. The Kuwait Board of Internal Medicine is committed to mitigating fatigue-related risks by implementing structured policies that ensure safe patient care while maintaining professional training standards.

Objectives

- 1.1.** To prevent and mitigate fatigue-related risks in residency training.
- 1.2.** To optimize resident work schedules for enhanced performance and patient safety.
- 1.3.** To establish structured protocols for duty hours, post-call recovery, and workload distribution.
- 1.4.** To encourage confidential reporting of fatigue concerns.

2. Scope

This policy applies to all residents in the Kuwait Board of Internal Medicine.

3. Work Schedule and Duty Hours

3.1. Official working hours: 7:30 AM – 2:00 PM (as per Kuwait MOH regulations).

3.2. On-call duty:

3.2.1. **Frequency:** Every fifth day on-call, structured as either:

3.2.1.1. Two shifts (minimum 12 hours) → Residents are assigned to a single shift only and remain on duty until 2:00 PM the following day, including those assigned to the night shift (10:00 PM–7:30 AM).

3.2.1.2. 24-hour call (CCU, ICU rotations) → Residents handover and leave post-call by 9:00 AM.

3.3. Rotation Transition: Residents must have at least two non-call days when transitioning between rotations at different sites.

3.4. Post-call and recovery periods:

3.4.1. Residents are relieved of all academic and clinical duties post-call if they have covered a 24-hour shift.

3.5. Weekends

3.5.1. **Total days:** Residents have a maximum of 9 weekend rounds per year, distributed across their six months of MTU exposure. No weekend rounds are assigned during subspecialty rotations.

3.5.2. **Golden weekends:** Residents must be granted at least one golden weekend per month, provided they are not on leave.

3.6. **Duty-hour compliance:** Residents should not exceed 60 duty hours per week, including on-call duties.

4. **Fatigue Risk Mitigation Strategies**

To minimize fatigue-related errors and support resident well-being, the following strategies will be implemented:

4.1. **Workload Management**

4.1.1. **Night shift considerations:** Residents should not work more than two consecutive night shifts.

4.2. **Education and Awareness**

4.2.1. Residents and faculty will receive education on fatigue recognition and management during the annual KBIM Day, including recognition of fatigue-related impairment and evidence-based mitigation strategies.

4.2.2. Fatigue awareness sessions are incorporated into the academic days.

4.3. **Safe Transportation Policy**

4.3.1. Residents who feel too fatigued to drive home post-call are encouraged to rest in a designated call room before leaving the hospital.

4.3.2. Alternative transport arrangements (e.g., taxi vouchers) may be considered if needed.

4.4. **Reporting and Monitoring**

4.4.1. Residents are provided with an annual confidential fatigue survey through which they may report excessive fatigue, unsafe work conditions, concerns related to duty-hour compliance, and suggestions for fatigue risk mitigation.

4.4.2. The Residency Program Committee (RPC) reviews fatigue-related reports annually and adjusts policies as needed.

5. **Resident and Faculty Responsibilities**

5.1. **Resident Responsibilities**

- 5.1.1. Arrive at work well-rested and fit for duty.
 - 5.1.2. Use time outside of work for adequate sleep and recovery.
 - 5.1.3. Report fatigue-related concerns without fear of punishment.
 - 5.1.4. Utilize fatigue mitigation strategies, including strategic napping, appropriate workload management, and seeking support when needed.
 - 5.1.5. If experiencing excessive fatigue, notify the on-call senior or supervisor and step back from patient care if necessary.
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6. Faculty and Program Director Responsibilities

- 6.1. Ensure resident work hours remain within safe limits.
 - 6.2. Foster an environment where residents can report fatigue concerns safely.
 - 6.3. Support residents in implementing fatigue mitigation strategies.
 - 6.4. Incorporate fatigue risk education into the curriculum.
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7. Implementation and Continuous Monitoring

- 7.1. The Residency Program Committee (RPC) will oversee policy implementation and compliance.
 - 7.2. Residents will be surveyed **annually** to assess fatigue risk and effectiveness of mitigation strategies.
 - 7.3. Adjustments to scheduling and policies will be made based on data from fatigue reports and resident feedback.
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8. Conclusion

The Kuwait Board of Internal Medicine recognizes that fatigue is an unavoidable aspect of residency training. Through structured scheduling practices, education, monitoring, and a culture that prioritizes resident wellness and patient safety, the program aims to minimize fatigue-related risks while maintaining high standards of clinical training and patient care.