

Emergency medicine Well-being week: Rotas, Shift-work and fatigue.

Emergency medicine is, and always will be, a 24/7 specialty. Those of us working in EM need to develop systems that offer safe, high quality care around the clock in ways that are sustainable for staff. We need to make it work.

The 2016 junior doctors' contract is in place. Compliant rotas are new and, I believe, most EDs are looking for feedback on potential improvements. A guide from the BMA to the conditions of the new contract including rest and safe hours is available online:

<https://www.bma.org.uk/advice/employment/contracts/junior-doctor-contract-2016>

My suggestion: engage with your ED and your Guardian of safe working. Help make it better for those who come after you. And look after yourself too. Rota design and administration, I'm reliably informed, is a demanding and thankless task. The best rotas (subjectively) include forward cycling (shifts getting progressively later); frequent rest days and a balance of 'in hours' (better for training and assessments) and out of hours (to experience greater autonomy and responsibility).

Alternatively, self-rostering promises improved flexibility. In Brighton self-rostering, pioneered by Dr Rob Galloway (@drroballoway), is also used for the middle-grade rota tier.

<https://www.rcem.ac.uk/docs/Annual%20Conference%202016%20Speaker%20Presentations/Making%20EM%20sustainable%20-%20Can%20we%20make%20jobs%20and%20rostering%20work%20for%20us%20and%20our%20patients%20-%20Rob%20Galloway.pdf>

Further explanation of self-rostering is also available from St Emlyn's (@stemlyns) at

<http://stemlynsblog.org/self-rostering-annualised-hours-keep-everyone-happy-time-st-emlyns>

There is widespread evidence that fatigue impairs cognition, situational awareness and fine motor skills and is linked to errors. It is harmful to staff (both in terms of long-term health and accidents, e.g. driving home). Fatigue among staff also impacts on patient safety. Although caffeine and attention to hydration and diet help, adequate rest is the only cure.

In the long term, it is intuitive that staff retention would be improved by optimising rest and recovery within a rota. Rest *during* shifts is beneficial and to be encouraged. Interestingly, the Resident Doctors' Association of New Zealand also propose that adequacy of supervision is protective against the harms of fatigue: <https://www.nzrda.org.nz/wp-content/uploads/Literature-review-Best-practise-rostering-FINAL.pdf>

I strongly recommend Dr Mike Farquhar's (@DrMikeFarquhar) work on sleep and shift work.

<http://www.guysandstthomaseducation.com/projectsleep-looking-after-your-wellbeing>
<https://youtu.be/FRA0ciHVZwY>

As with much in Emergency medicine, it is necessary sometimes to be the best with what we have. There are some excellent tips for before and after night shifts, again from St. Emlyn's (@stemlyns) <http://stemlynsblog.org/not-night-shift> Do what works for you. I had planned routines around night shifts before I had children. Now I get whatever sleep I can, when I can. I do, however, recommend portable blackout blinds and judicious caffeine.

Final point: to give safe, quality care at all times of day and night sustainably we have to also look after ourselves and our teams.