

OCPD FREE*

*Faculty Resource for Educational Excellence

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“Laugh and the world laughs with you. Snore and you sleep alone.”

-Anthony Burgess

Sleep for Success

Long hours with little sleep have been a time honored tradition for healthcare providers throughout the history of medicine. Worn like a badge of honor, brief and often times interrupted sleep has become the norm for faculty and learners alike. In recent years, the detrimental effects of sleep deprivation have come to light and measures have been taken to protect our trainees from spending too many hours on duty¹⁻³. Yet, we have yet to identify if these limitations in duty hours are positively impacting our trainees ability to get more and better sleep.

In April, Dr. Sujay Kansagra (Director of Pediatric Neurology and Sleep Medicine and Associate Professor of Pediatrics at Duke University Medical Center) facilitated an Education Grand Rounds series session on the topic of “[Sleep, Fatigue, and the Provider](#).” Dr. Kansagra provided an informative background on the science of sleep and outlined ways that we and our trainees can become better sleepers. Through dispelling common sleep misconceptions and sharing familiar sayings like “sleepiness is normal in medical training” Dr. Kansagra was able to outline sleep basics and ways for ourselves, our colleagues, and our learners to get better sleep.

What is the range of normal sleep?

The average adult needs 7-9 hours of sleep and unfortunately, there is no such thing as getting used to less sleep. While some individuals might be “short sleepers” they are among the vast minority and it is important that we all take responsibility for our sleep help to reduce fatigue, increase performance, and ensure safety.

What are the consequences of sleep deprivation and fatigue?

Insufficient and fragmented sleep can disrupt the circadian rhythm resulting in excessive daytime sleepiness and fatigue. In a study included in Dr. Kansagra’s presentation, residents averaging less than 5 hours of sleep at night were significantly more likely to report accidents/injuries, increased use of alcohol, conflicts with staff and co-residents, and involvement in malpractice suits among other things. Another study demonstrated that long shifts result in an increase of attentional failures, medical errors, diagnostic errors, risk of needle sticks, and car accidents during the commute.

How can we get better sleep?

1. Practice good sleep hygiene: develop a routine (set bedtime and wake time, give 30 minutes for wind down, perform routine in the same way each night) and avoid substances that disrupt sleep (caffeine, nicotine, alcohol, medications).
2. Manage your sleep time: this includes planning your day around sleep (not the other way around!), take a nap if you have the chance, and don’t treat sleep as a luxury!
3. Adjust your circadian rhythm to fit your schedule.
4. Consider screening for underlying sleep disorders if you are still struggling to get the sleep you need.

It is important that faculty engage in healthy sleep practices to support their own physical and mental well-being. Additionally, role modeling good sleep hygiene for our colleagues and learners is critical as we strive to provide the best teaching and patient care experiences. **In an effort to promote good sleep we challenge each of you to dedicate yourself to a week of better sleep by completing the following:**

- **9 hours of in-bed sleep opportunity**
- **No caffeine after 10AM**
- **No screen time for 30 minutes before sleep**
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We will email you in a week to see how well you did. Good luck and sweet dreams!

-Mariah Rudd

References:

1. Owens, J. A. (2001). Sleep loss and fatigue in medical training. *Current opinion in pulmonary medicine*, 7(6), 411-418.2.
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3. Baldwin Jr, D. C., & Daugherty, S. R. (2004). Sleep deprivation and fatigue in residency training: results of a national survey of first-and second-year residents. *Sleep*, 27(2), 217-223.