

FACT SHEET

Sleepiness Scale

How likely are you to doze off or fall asleep (in contrast to just feeling tired) in the following situations? Please refer to your **usual** way of life in **recent** times. Even if you have not done some of these things recently, try to work out how they would have affected you.

Situation	Would <i>never</i> doze	<i>Slight</i> chance of dozing	<i>Moderate</i> chance of dozing	<i>High</i> chance of dozing
1. Sitting and reading	0	1	2	3
2. Watching TV	0	1	2	3
3. Sitting and inactive in a public place (theater or meeting)	0	1	2	3
4. As a passenger in a car for an hour without a break	0	1	2	3
5. Lying down to rest in the afternoon when circumstances permit	0	1	2	3
6. Sitting and talking to someone	0	1	2	3
7. Sitting quietly after lunch (without alcohol)	0	1	2	3
8. In a car, while stopped for a few minutes in the traffic	0	1	2	3
Add up your numbers 1 to 8 and put sum here (range 0 to 24)				

Fit for Duty Scale

How can you tell if you're fit for duty—whether you are too sleepy or fatigued to perform your duties as a resident? Complete the following scale according to your **usual** state in **recent** times.

Situation	Would <i>never</i> doze	<i>Slight</i> chance of dozing	<i>Moderate</i> chance of dozing	<i>High</i> chance of dozing
1. Grand rounds or noon conferences	0	1	2	3
2. Writing up a patient history and physical	0	1	2	3
3. Talking on the telephone	0	1	2	3
4. Preparing for a presentation	0	1	2	3
Add up your numbers to 1-4 and put the sum here (range 0 to 12)				

**What do your scores mean? See the back of this page for an explanation.**

## FACTS

1. The ACGME defines moonlighting as patient care activities external to the educational program that residents engage in at sites used by the educational program (in-house moonlighting) and other clinical sites. (So, you really cannot control a resident working at Jack in the Box!)
2. No studies in any occupational setting suggest that an 80-hour work week provides adequate opportunity for rest and recovery.
3. 80 hours per week is well above the number stipulated in federal regulations for the aviation industry where much of the research on work hours and fatigue has been conducted.

## STRATEGIES

1. Prophylactic brief naps prior to 24 hours of sleep loss improve alertness during 24 hours of sustained wakefulness.
2. Frequent (every 2 to 3 hours) brief 15-minute "therapeutic" naps can significantly mitigate performance decrements during periods of prolonged sleep deprivation.
3. The time of the day most refractory to counter-measures is the circadian nadir: 2 a.m. to 9 a.m.
4. Strategically timed consumption of caffeine may help. Caffeine takes effect within 15 to 45 minutes of consumption and remains active for 3 to 5 hours. However, caffeine use may also result in more fragmented sleep and decreased total sleep time.

### **How did you score on the Sleepiness and Fit for Duty scales?**

Items 1-8 on page 1 comprise the Epworth Sleepiness Scale. The highest possible score is 24. The generally accepted value for the upper limit of "normal" is 11. Values between 11 and 13 are considered mild, 14 and 17 as moderate, and > 17 as severe.

The "Fit for Duty" scale is one means to monitor residents' sleepiness and fatigue. The upper limit of "acceptable" for items 1-4 is 6.