

**UC Riverside, School of Medicine Policies and Procedures****Policy Title:** Well-Being Policy**Policy Number:** 950-09-023

<b>Responsible Officer:</b>	Associate Dean for Graduate Medical Education
<b>Responsible Office:</b>	Graduate Medical Education
<b>Origination Date:</b>	4/14/21
<b>Date of Revision:</b>	6/9/21
<b>Scope:</b>	UCR SOM Graduate Medical Education

**I. Policy Summary**

The UC Riverside School of Medicine, which includes the accredited training programs and the Graduate Medical Education Committee, endorses and adheres to the Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements, section VI.C., version effective July 1, 2019.

**II. Definitions**

**A. Resident:** Any physician in an ACGME-accredited graduate medical education program, including interns, residents, and fellows.

**B. Programs:** ACGME-accredited programs sponsored by UC Riverside School of Medicine

**III. Policy Text**

Per the ACGME Common Program Requirements: *“Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training.*

*Residents and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. For example, a culture which encourages covering for colleagues after an illness without the expectation of reciprocity reflects the ideal of professionalism. A positive culture in a clinical learning environment models constructive behaviors, and prepares residents with the skills and attitudes needed to thrive throughout their careers.”*

**A.** The delivery of safe and high quality patient care requires the maintenance of all clinical care providers’ well-being. Physician well-being is addressed

through systematic and institutional strategies and processes, as well as at the individual department and program level.

- B.** The UC Riverside School of Medicine Graduate Medical Education is committed to establishing and maintaining a clinical learning environment that promotes well-being across the clinical care team through the following ways:
1. Education of clinical care team members on the risk factors, signs and symptoms and recognition in oneself and peers of depression, substance use disorders, self-harm, and violence towards others.
  2. Education of clinical care team members on the risk factors, signs, symptoms and recognition of burnout, and fatigue in themselves and peers in the context of patient care.
  3. Education of clinical care team members on the institutional, local, state and national wellness and well-being resources for oneself and others
  4. Education of clinical care team members on the importance of timely intervention and connection of oneself or others to appropriate wellness and well-being resources.
  5. Education of residents and faculty of the impaired physician program's purpose, services and referral process.
  6. Identification of fatigue and burnout in health care providers through formal monitoring and subsequent development of corrective action plans to eliminate impediments to well-being.
  7. Provision of anonymous online mental health screening to detect physicians who are at risk, as well as resources with minimization of barriers to confidential mental health care access.
  8. Evaluation of the organizational expectations for trainee and faculty workload and monitoring of the duration and intensity of workload (patient volume and complexity) for health care providers in order to optimize patient safety, and prioritize education and well-being.
  9. Engagement of health care providers in designing and developing priorities and strategies that promote well-being.
  10. Support of curriculum, programs and activities for all health care providers that are focused on well- being and resiliency.
  11. Creation of a supportive health care community that promotes well-being, free of stigma.

#### **IV. Responsibilities**

- A. Prioritization of Education and Well-Being:** The UC Riverside School of Medicine Graduate Medical Education is committed to protecting quality time with patients, minimizing non-physician obligations, and providing adequate administrative and ancillary staff support. Metrics may include clinical experience and education work hour logs, anonymous internal program surveys, and anonymous ACGME surveys to determine the quality of the learning experience.

- B. Workplace Safety:** The UC Riverside School of Medicine Graduate Medical Education and its affiliate institutions must evaluate work place safety data and address the safety of residents and faculty.
1. The GME Office will set up a wellbeing committee which will include members from different residency programs and fellowships. This committee will be responsible for putting together programs and events towards the wellbeing of residents and fellows.
  2. The GME Office will collaborate with the Occupational Health Teams at affiliate institutions to implement corrective action for any occupational injuries to the residents and fellows.
  3. The members of the GME Office including the Associate Dean for Graduate Medical Education will serve on the Wellbeing Committee to help coordinate individual and group support to those who experienced an adverse event and/or acute occupational stressor.
- C. Self Care:** Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
- D. Education on the topics of burnout, fatigue, depression, substance use disorders, and self-harm is mandatory for all new house staff and faculty.**
1. The programs, in partnership with the UCR Riverside School of Medicine GME Office, must educate faculty members and residents in identification of the symptoms of burnout, fatigue, depression, substance use disorders, and self-harm.
  2. Programs and UC Riverside School of Medicine GME Office must continuously stress the responsibility of physicians to recognize these risk factors, signs and symptoms not only in themselves, but in others. There is an obligation and duty to intervene promptly.
  3. The programs, in partnership with the UC Riverside School of Medicine GME Office, must encourage residents and faculty members to alert the Program Director or other designated personnel when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence. Residents and faculty members must know which personnel, in addition to the Program Director, have been designated with this responsibility. These personnel are decided by the residency programs. Resident and faculty members are always welcome to contact the GME Office at [gme@medsch.ucr.edu](mailto:gme@medsch.ucr.edu) 951.827.7901.
  4. Residents and faculty should be familiar with the institution's impaired physician policy and resources both within and outside the institution. In cases of physician impairment, the Program Director or designated personnel should follow the policies of their institution for reporting (refer to the Impaired Physician Program policy for more details).
  5. The following resources must be available:

- a. Resident Impairment Communication Plan
- b. Confidential, affordable mental health assessment, counseling and treatment, including access to urgent and emergent care 24 hours a day, 7 days a week

**E. Transitions of Care:** There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work. This policy and procedure should be described in programs' Transitions of Care policy.

**F. Fatigue Mitigation**

Institution will do the following:

1. Ensure there is curriculum in place for all housestaff and faculty on the recognition of the signs of fatigue and techniques to mitigate and manage fatigue.
2. Maintain quiet and private sleep rooms.
3. Provide a transportation reimbursement program for when a resident is too fatigued to safely drive home (cost of transportation to resident's home and back to work in order to retrieve automobile will be covered).
4. Provide food and caffeinated products around the clock.
5. Audit clinical experience and educational work hour semi-annually with data presentation to the Graduate Medical Education Committee. The Committee will identify concerning trends, and require corrective action plans and demonstrated improvement by individual programs.
6. Verify that each program has a concrete process and procedure in place to safely transition care when a resident is overly fatigued or ill, has a family emergency, or is overwhelmed by patient volume, acuity and/or complexity.

Programs must perform the following:

1. Recognize the signs of fatigue and sleep deprivation.
2. Educate all faculty members and residents in alertness management and fatigue mitigation processes.
3. Encourage residents to use fatigue mitigation process to manage the potential negative effects of fatigue on patient care and learning.
4. Ensure there are no negative consequences and/or stigma for using fatigue mitigation strategies.

**V. Procedures**

**VI. Forms/Instructions**

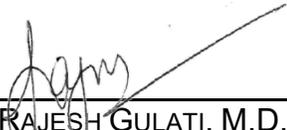
**VII. Related Information**

**VIII. Revision History**

**6/9/21**

Approvals:

GRADUATE MEDICAL EDUCATION COMMITTEE (06/09/2021)

  
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