Internal Medicine – Everett Policy

RESIDENT, FACULTY, AND STAFF WELL-BEING

Applies to: ESFCOM Sponsored Internal Medicine Residency Program – Everett faculty, staff, residents, and fellows

1.0 Policy Statement:
The Elson S. Floyd College of Medicine (ESFCOM) Internal Medicine Residency Program – Everett is committed to providing a safe environment and to protecting the health and welfare of patients, students, faculty, visitors, and employees as well as residents/fellows.

2.0 Definitions
Accreditation Council for Graduate Medical Education (ACGME): The ACGME is responsible for the accreditation of post-MD medical training programs within the United States.
Attending physician: The single identifiable physician ultimately responsible and accountable for an individual patient’s care, who may or may not be responsible for supervising residents or fellows.
Designated institutional official (DIO): The individual in a Sponsoring Institution who has the authority and responsibility for all of that institution’s ACGME-accredited program.
Resident: A physician in training at an ACGME-accredited graduate medical education program.

3.0 Responsibilities
GMEC through the DIO; Associate Dean for GME; Program Director; Program Faculty; Residents/Fellows

4.0 Procedures
Residents are expected to report to ESFCOM programs fit for duty, which means they are able to perform their clinical duties in a safe, appropriate and effective manner showing concern, respect, care, and cooperation with faculty, staff, patients, and visitors. ESFCOM encourages trainees to seek assistance voluntarily before clinical, educational, and professional performance is affected.

Resident Responsibility
A. Residents are responsible for reporting for clinical and educational work hours fit for duty and able to perform their clinical duties in a safe, appropriate and effective manner free from the adverse effects of physical, mental, emotional and personal problems including impairment due to fatigue. Residents have a professional responsibility to appear for duty appropriately rested and must manage their time before, during, and after clinical assignments to prevent excessive fatigue.
B. Residents are responsible for assessing and recognizing impairment, including illness and fatigue, in themselves and other health care providers. Residents can hand-off patients to faculty/attendings as needed to ensure safe and continuous care. Residents can contact their program coordinator for assistance in this process.

C. Residents experiencing problems are encouraged to voluntarily seek assistance before an adverse effect on clinical, educational, and professional performance, interpersonal relationships, or behavior. Residents who voluntarily seek assistance for physical, mental, emotional and/or personal problems, including drug and alcohol dependency, before their performance is adversely affected will not jeopardize their status as a resident by seeking assistance.

**Training Program Responsibility**

A. The program is responsible for educating all faculty members and residents to recognize signs of fatigue and sleep deprivation. In addition, the program is responsible for education on alertness management and fatigue mitigation processes. Residents should be encouraged to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

B. The program will include a thorough review as part of the Annual Program Evaluation, an assessment of resident and faculty well-being. The review of the program will also include review of minimizing non-physician obligations, and attention to scheduling, work intensity, and work compression that impacts resident well-being. The program will also evaluate workplace safety data to address safety of residents and faculty members as part of the annual review if available.

C. It is the responsibility of each program director and all faculty members to be aware of resident behavior and conduct.

D. If the program director, faculty member, or staff member observes physical, mental, or emotional problems affecting the performance of a resident, including impairment due to excessive fatigue, the faculty or staff member must take steps to verify the impairment and take appropriate actions.

E. If the program director or a faculty member determines that a resident is unable to continue care for patients due to fatigue, illness, emergency, or other - they must assume responsibility of the patient(s) and/or alert appropriate care providers to ensure safe and continuous care.

F. Chief residents should be aware of the behavior and conduct of junior residents. If a chief resident observes physical, mental, or emotional problems affecting the performance of a resident, including impairment due to excessive fatigue, the chief resident should immediately notify the program director or designee.
G. The program in coordination with the Sponsoring Institution will ensure a health and safe clinical and educational environment that provides for:

a. Access to food during clinical and educational assignments
b. Sleep/rest facilities that are safe, quiet, clean and private
c. Clean and private facilities for lactation with proximity appropriate for safe patient care, and clean and safe refrigeration resources for the storage of breast milk.
d. Accommodations for residents/fellows with disabilities consistent with Sponsoring Institution and WSU policies

H. It is the responsibility of the program to provide reasonable accommodations (i.e. duty assignments, on-call schedules) to enable the resident to participate in mandated counseling while also having a process in place to ensure coverage of patient care.

I. It is the responsibility of the program to provide opportunities for excessively fatigued residents to have access to sleep rooms and to provide safe transportation following work hours. Residents are encouraged to reference the Institutional Safe Transportation Policy as a resource when they are too fatigued to drive.

J. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during work hours. Residents will be provided by the training program with wellness half-days to help support and accommodate medical appointments.

K. The program in partnership with the Sponsoring Institution (WSU GME Office) must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions.

Resources Available to all Residents

- Residents have resources available for physician impairment and substance abuse, counseling and psychological services.

- Residents have access to tools for self-screening available on the WSU Graduate Medical Education Wellness website and are provided a confidential means of seeking and obtaining treatment for addictive disease and mental or physical impairment. This includes access to urgent and emergent care 24 hours a day, seven days a week.

- The program director must be informed that residents are undergoing treatment and will decide further action, if any. The program director will make all efforts to confirm the accuracy and the validity of the observation brought to the program director’s attention. Added consultation should be obtained with the GMEC chair and/or the associate dean for Graduate Medical Education. If further consultation
is needed, the program director, in agreement with the resident, will pursue a course of action of referral of the resident to counseling/psychiatry services.

- Noncompliance by the resident may justify relief from patient care responsibilities or may be an indication for utilizing the disciplinary process. The Program director can remove a resident from patient care duties if they feel there is a concern for patient safety, safety for the resident, or others.

- The continuing services of the resident in patient care will depend upon expert advice regarding resident capability, degree of disability and compliance with any planned treatment as determined by counseling/psychiatric evaluation and the program director. The program director has the responsibility to ensure that these guidelines are maintained.

- Any continuing treatment will be monitored by the appropriately selected counseling/psychiatric entity or person, and the program director will be required to be aware of the outcome in determining the fitness of the trainee to return to patient care responsibility.

- During all phases of the counseling and consultation process, complete privacy and confidentiality for the trainee must be maintained.

- If a serious and obvious emotional psychiatric issue exists, prompt specialized psychiatric consultation should be obtained by the program and/or resident. Names will be provided by the GME office.

- If a social or maladaptive or gender/cultural/ethnic issue exists (i.e. sexual harassment), counseling regarding these concerns may be accessed through WSU Office for Equal Opportunity (phone: 509-335-8288, email: oeo@wsu.edu).

- If the need for critical incident stress counseling occurs, trainees are encouraged to contact WSU Employee Assistance or Washington Physicians Health Program (WPHP).

Contacts:
1. WSU Employee Assistance Program (EAP)
   [https://hrs.wsu.edu/resourcences/employee-assistance-program](https://hrs.wsu.edu/resourcences/employee-assistance-program)
   phone: 877-313-4455

2. GME Office
   phone: 509-368-6767

3. Washington Physicians Health Program
   [https://wphp.org](https://wphp.org)
   phone: 206-583-0127 or 800-552-7236)
5.0 Related Policies
Supervision and Accountability Policy

6.0 Key Search Words
Well-being, Wellness, Burnout, Patient Safety

7.0 Revision History

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Responsible Office: Internal Medicine Residency Program – Everett

Policy Contact: Program Director, Program Administrator, GME Office

Supersedes: N/A