

NAME OF PROGRAM
Resident/Fellow and Faculty Well-Being Policy

Purpose and Intent:

The **NAME OF PROGRAM** is committed to complying with the ACGME common program requirements and specialty requirements regarding well-being policy

Summary:

The Program is aware that in the current health care environment, residents/fellows and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. The Residency Programs, in partnership with the Sponsoring Institution, has the same responsibility to address well-being as they do to evaluate other aspects of resident/fellow competence.

Resident/Fellow and Faculty Well-being Policy:

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.

1. Residents/Fellows and faculty members are at risk of burnout and depression. Both the residency program and the Sponsoring Institution have the responsibility to address well-being as other aspects of resident/fellow 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/fellows with the skills and attitudes needed to thrive throughout their careers.
2. The responsibility of the Residency Program, in partnership with the Sponsoring Institution, to address well-being includes:

- a) Efforts to enhance the meaning that each learner finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships.
- b) Attention to scheduling, work intensity, and work compression that influences learner well-being.
- c) Evaluating workplace safety data and addressing the safety of learners and faculty members.
- d) Policies and programs that encourage optimal resident/fellow and faculty well-being.
- e) Providing program and institutional resources including, but are not limited to:
 - i. Developing a basic understanding of the principles of balanced nutrition
 - ii. Developing a basic understanding of the impact environment has on health
 - iii. Developing a basic understanding of the principles of exercise and relaxation techniques
 - iv. Having a basic understanding of the principles of stress response management techniques
- f) Opportunities to schedule and attend medical, mental health, and dental appointments.
- g) Attention to resident/fellow and faculty member burnout, depression, and substance abuse.
- h) There are circumstances in which residents/fellows may be unable to attend work and these circumstances include but are not limited to family emergencies, parental leave, illness, burnout, or fatigue. The program allows an appropriate length of absence for resident/fellow unable to perform their patient care responsibilities. When a learner is unable to attending work due to these circumstances or they are unable to perform their patient care responsibilities, their patient care responsibilities are covered by the program faculty and/or peers as appropriate. This is implemented without fear of negative consequences for the resident/fellow. (Training time may be extended as appropriate.)

3. The Program, in partnership with its Sponsoring Institution, educates faculty members and residents/fellows regarding well-being. Topics include, but are not limited to:
 - a) Fatigue, sleep deprivation, burnout, depression, and substance abuse, including identification and recognition of symptoms and means to assist those who experience these conditions.
 - b) How to alert the Program Director or other GME leaders of any concerns, including suicidal ideation or potential for violence.
 - i. Residents/Fellows and faculty members are encouraged to alert the Program Director or other designated program 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.

- c) Recognition of symptoms of signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence in themselves and how to seek appropriate care.
 - d) Resources and tools available through the program and institution
4. Residents/Fellows and faculty members are provided access to tools for self-screening.
 5. UCDH provides access to confidential free or affordable mental health assessment and treatment and counseling, and access to urgent and emergency care 24 hours a day, 7 days a week.

Residents/Fellows and Faculty may avail themselves, or may be directed to, the Academic and Staff Assistance Program (ASAP). The Academic and Staff Assistance Program (ASAP) offer confidential, cost-free assessment, counseling, consultation and referral services to Residents/Fellows and Faculty and their families. Whether the problem is work-related or personal; administrative or individual; career or relationship focused; ASAP can assist in recognizing and resolving the problem. For assistance or more information, residents/fellows may call ASAP at (916) 734-2727. ASAP is in Ticon III Building, Room 2100, 2730 Stockton Blvd., 2 blocks south of the main hospital. An ASAP counselor can arrange to meet the resident/fellow elsewhere if needed.

Additional Wellness Resources are available at:

<http://ucdmc.ucdavis.edu/medstaffwellbeing/wellnessresources.html>

Wellness Resources:

Health and wellness are established as a core value at Orientation. The GME Wellness Staff are a critical part of the orientation process, making connections and sharing the UCDH health and wellness philosophy and resources. Resources include, but are not limited to:

GME Resident/Fellow Wellness Portal

The Office of Resident and Fellow Wellness exists to provide trainees and their families with the support and resources needed to protect their well-being and mental health. The dedicated Resident/Fellow Wellness Portal provides link to many of the resources available to house staff throughout their training, including:

- Counseling Services
- Crisis Support
- Other Wellness Resources

- Safety Services
- Worklife & Wellness

[UC Davis Resident, Fellow and Family Readiness Center](#)

A one-stop resource to optimize all components of your and your family's preparedness and well-being during your time here at UC Davis.

[Academic and Staff Assistance Program \(ASAP\)](#)

The Academic and Staff Assistance Program (ASAP) offers confidential, cost-free assessment, counseling, consultation and referral services to all UC Davis/UC Davis Health System faculty, residents, fellows, staff, and their family members. Whether the problem is work-related, personal, career or relationship focused, ASAP can assist you in evaluating and resolving the problem.

[Disability Management Services \(DMS\) | Human Resources](#)

Disability Management Services provides assistance to residents, fellows, staff, faculty, supervisors, and managers on all aspects of disability management, compliance and reasonable accommodations. Disability Management Services (DMS) provides services mandated by federal and state laws; UC Policies and Procedures to faculty and staff with disabilities.

[Healthy UC Davis](#)

Healthy UC Davis is on a mission to make UC Davis the healthiest community in the nation. We're championing the groups responsible for programs impacting the health and well-being of our staff, faculty, and students.

[Faculty Development and Work-Life Balance](#)

The work-life balance resources include links to a variety of programs, policies and practices that are designed to support the UC Davis Faculty. These resources are designed to inform and support medical school faculty and fellows (at all levels) as they strive to integrate and balance their professional career, self, home, family, and community life.

[APA Psychology Help Center](#)

The Psychology Help Center is an online consumer resource featuring articles and information related to psychological issues affecting your daily physical and emotional well-being.

[Health and Psychological Resources](#)

Health and psychological resources available to UC Davis medical students, residents, fellows, and faculty.

[Physician Rehabilitation Center Resources](#)

List of assessment and/or treatment centers for physicians.

[Physician Burnout Articles / Information](#)

Informational articles and links related to physician burnout and the development of a successful physician wellness program.

[Medical Staff Well-Being Committee | UC Davis Medical Center](#)

The purpose of UC Davis Medical Center's Medical Staff Well-Being Committee is to support the health and wellness of our Medical Staff members (faculty, fellows, and residents), and in so doing, protect patient welfare, improve patient care, and improve Medical Staff functioning.

[Mindfulness-Based Stress Reduction Online Course](#)

The Center for Mindfulness in Medicine, Health Care, and Society offers Mindfulness-Based Stress Reduction programs that focus on teaching you to access and cultivate your natural capacity to actively engage in caring for yourself and find greater balance, ease, and peace of mind.

[ACGME Annual Resident/Fellow and Faculty Well-Being Survey](#)

Aggregated, confidential, anonymous tool to assist in program self-assessment

[ACGME AWARE App](#)

Introduces users to common cognitive routines that contribute to stress and burnout, and then directs users toward cognitive behavioral therapy practices that may be helpful to undoing those routines and improving well-being. Download the app to a mobile device through the Apple Store or Google Play.

[ACGME AWARE Well-Being Resources](#)

A suite of resources that focus on individual strategies for cognitive skill building, includes a video workshop, podcasts, and the ACGME AWARE app. This is available for institutions, programs, program members as an educational resource for use of integration into local curricula.

[ACGME Learn](#)

Faculty development, on-line learning portal. ACGME's Task Force on Physicians Well-Being Tools and Resources Screening tools, survey instruments, education modules, selected articles.

[Ginger App](#)

Ginger offers residents/fellows confidential mental healthcare through coaching via text-based chats, self-care resources, and video-based therapy and psychiatry for individuals 18 years and older. Support is available anytime, 24/7/365, anywhere, for a variety of mental health challenges you may be struggling with—all from the privacy of your smartphone.



NAME OF PROGRAM
Wellness Time Off Policy

Purpose:

The purpose of this policy is to support and encourage resident access to Preventive Health Care.

Policy:

The **NAME OF PROGRAM** will promote a culture of seeking health care when needed. This should include actively encourage residents/fellows to establish with a primary care provider within the 1st quarter of their first training year, thereby facilitating access to both preventive and urgent care in the office of their choice throughout their training. The relevant insurance company will provide the residents/fellows with links to lists of local primary care offices/clinics available through the health insurance available to them through UC Davis Health. Links to benefits are available on the GME website.

Preventive Care:

The Interventional Radiology Independent Residency Program will require scheduling of a minimum of two ½-days off per year (½-day is defined as “at least 4 consecutive hours”) to be used for residents/fellows, or their children, to attend preventive or non-urgent medical, dental, and mental health care appointments. (The program may choose to allow/require scheduling of additional time for healthcare or other personal wellness activities.)

- Ideally, these half days would be scheduled at the beginning of the year so that appointments could be made well in advance.
- Wellness ½ days must be requested a minimum of 3 months in advance of the desired date, unless otherwise specified by residency program policy.
- These ½ days should not coincide with regularly scheduled days off or post-call days.
- The process for scheduling these ½ days should be transparent and clear to both residents/fellows and faculty.
- The Program Director is responsible for ensuring that these ½ days are available to all residents/fellows in the program.

- The program is responsible for determining how this is best implemented for the residents/fellows so that these ½ days do not impact eligibility for fellowship or board certification or require residents/fellows to prolong their training.
- The program is responsible for determining how this is best implemented for their residents/fellows so that these ½ days do not impact patient care and to ensure that appropriate scheduling can be arranged.
- Wellness days may not be carried over from one academic year to the next.
- The Program Coordinator is responsible for tracking these half days in Ecotime as “Education”. (Include in the note section that this is a Wellness ½ Day).

Mental Healthcare:

Acute Mental Health needs can always be addressed through the ASAP Resident/ Fellow Wellness Program. Scheduling arrangements for mental health care will be made by each program on an individual basis, as appropriate, to meet the resident’s needs. The Ginger App is also available to help meet Resident/Fellows’ mental health care needs.



UC DAVIS HEALTH GME
FATIGUE RECOGNITION AND MITIGATION PROCESSES

FATIGUE MITIGATION PROCESS

Introduction:

The ACGME Common Program Requirements state that programs must:

VI.D.1.b) educate all faculty members and residents/fellows in alertness management and fatigue mitigation processes; and,

VI.D.1.c) encourage residents/fellows to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

Providing medical care to patients is physically and mentally demanding. Night shifts, even for those who have had enough rest, cause fatigue. Experiencing fatigue in a supervised environment during training prepares residents/fellows for managing fatigue in practice. It is expected that programs adopt fatigue mitigation processes and ensure that there are no negative consequences and/or stigma for using fatigue mitigation strategies.

Procedure:

1. It is important for residents/fellows to have Adequate Rest Before and After Clinical Responsibilities.

2. Strategies to be used for fatigue mitigation include:

- Strategic Napping
- Judicious use of Caffeine
- Availability of Other Caregivers
- Time Management to maximize sleep off duty
- Learning to Recognize the Signs of Fatigue
- Self-Monitoring performance and/or asking others to monitor performance
- Remaining Active to promote alertness

- Maintaining a Healthy Diet
- Using Relaxation Techniques to fall a sleep
- Maintaining a Consistent Sleep Routine
- Exercising Regularly
- Increasing Sleep Time before and after call
- Ensuring Sufficient Sleep Recovery periods

3. When a resident/fellow identifies themselves or a peer or a faculty member identifies a resident/fellow as being too fatigued to drive home the trainee has several options:

- Call rooms/rest areas are available for the resident/fellow to use for a nap until they are less fatigued.
- Public transportation may be utilized.
- Taxi/Uber/Lyft may be called to transport a trainee too fatigued to drive home to their residence and back to the rotation site (an original receipt must be provided for reimbursement).

Transportation FAQs

Which transportation services are reimbursable?

Trainees may use the transportation service of their choice. This includes app-based services such as Lyft, Uber, taxi services, etc.

When am I eligible to use the service?

Trainees may use the service anytime they are feeling too fatigued to drive home safely after work; Please do not get behind the wheel when you are overly fatigued!

I know that I'm going to be tired at the end of my shift. Can I use the service preemptively and travel from my home to work, and then back home?

No. The program's intended purpose is for trainees that feel overly fatigued at the end of their shift. UCDH Accounting and IRS regulations prevent employee reimbursement for transportation to work. Therefore, Trainees can NOT be reimbursed when preemptively using a transportation service to bring them to the hospital and then back home.

May I use this transportation option when I am working at affiliated training sites?

Yes, this option is available for use from affiliated training sites to a verifiable home address.

May I use the service to go sleep at the house of a friend/family member/significant other?

Sorry, no! The end location must be your verifiable home address.

I live really far from my training site. Can I still use the service?

Yes. As long as the end destination is your verifiable home address, a round-trip from the training site to your home is fully reimbursable.

May I choose to ride in style (Uber black, Lyft plus, etc.)?

On your own dime! If you choose to use Uber, Lyft or a similar app-based service, make sure to select the basic service. Reimbursement will not be approved for luxury services.

REIMBURSEMENT INSTRUCTIONS

Your receipt must contain the following information:

- Starting location
- Ending location
- Time and date
- Your name
- Total fare amount

Submit all receipts through UC Davis Aggie Travel. Please contact your Program Coordinator for instructions regarding the submission process. **IMPORTANT:** Receipts should be submitted within 30 days.

FATIGUE RECOGNITION

The Accreditation Council for Graduate Medical Education (ACGME) requires all training programs to educate faculty and Residents/Fellows to recognize the signs of fatigue.

Signs of fatigue:

- Involuntarily nodding off
- Waves of sleepiness
- Problems focusing
- Lethargy
- Irritability
- Labile mood
- Poor coordination
- Difficulty with short-term recall
- Tardiness or absences from work
- Inattentiveness to details
- Impaired awareness (falling back on rote memory)

Fatigued Residents/Fellows typically have difficulty with:

- Appreciating a complex situation

- Avoiding distraction
- Keeping track of the current situation and updating strategies
- Thinking laterally and being innovative
- Assessing risk and/ or anticipating consequence
- Maintaining interest in outcome
- Controlling mood and avoiding inappropriate behavior

High risk times for fatigue-related symptoms:

- Midnight to 6 am
- Early hours of day shift
- First night shift or call night after a series of day shifts
- Change of service
- First 2 to 3 hours of a shift or end of shift
- Early in training
- When new to the night call experience

Processes designed to limit fatigue-related problems include:

- 80-hour work week (72 hours for Emergency Medicine)
- Fellowship schedules with as little variability in work schedule or day-night cycles as possible
- Consistent scheduling templates with predictability
- Rule out physical illness out when daytime fatigue seems out of proportion to the Resident/Fellow workload
 - Consider medical evaluation and possible sleep study
- Depression and other mental health conditions may manifest as fatigue.
 - Proper diagnosis and treatment are needed

Restricting duty hours alone does not preclude fatigue.

The residency/fellowship program must identify the presence and effects of persistent fatigue and implement strategies to ameliorate the impact. Programs have a responsibility to ensure that faculty and Residents/Fellows are educated about sleep science as it applies to Resident/Fellow performance and health.

Resident/Fellow stress may increase if they are concerned about missing significant learning opportunities, procedural experience, and interaction with colleagues.

Resident/Fellows/fellows may feel support is lacking from senior Residents/Fellows and faculty who have an inadequate understanding/acceptance of the rules surrounding work hour mandates.

Fatigue, similar to the effects of alcohol, slows reaction time, saps energy, diminishes attention to detail and degrades communication and decision-making skills, all of which hinder patient

and Resident/Fellow safety. Fatigue, or "excessive daytime sleepiness", may be due to a variety of factors which may exist alone or in combination and include:

- Too little sleep
- Fragmented sleep
- Disruption of the circadian rhythm (as may occur with night float work)
- Primary sleep disorders

Several conditions may masquerade as fatigue, including: Anxiety, depression, thyroid disease or other general medical conditions, or medication side effects.

Too little sleep is a common reason for sleepiness among Resident/Fellows. Although there is individual variation, most adults require an average of 8 hours of sleep each night.

Resident/Fellows may not have developed good sleep habits in college and medical school for adequate sleep even on their nights off. Sleep-deprived subjects are often unaware of the degradation of their decision making skills.

Identification of a fatigued Resident/Fellow involved in patient care

Faculty and/or other Residents/Fellows shall report concerns of sleepiness, tardiness, Resident/Fellow absences, inattentiveness, or other indicators of possible fatigue or excessive stress to the supervising attending immediately and to the Program Director by the next day. The following guidelines establish the general response expected when a Resident/Fellow is observed to be excessively fatigued or stressed:

Responsibilities of the Attending Physician:

1. If the attending physician or supervising resident/fellow believes there is sufficient evidence that a Resident/Fellow on clinical assignment is excessively fatigued and/or stressed and appears to be unfit for duty (i.e., unable to provide safe patient care), the chief Resident or Program Director shall be notified, and the Resident/Fellow should be immediately released from any further patient care responsibilities.
2. The attending physician or supervising Resident/Fellow shall privately discuss his/her assessment with the fatigued/stressed Resident/Fellow, attempt to identify the underlying reasons for impairment and discuss the amount of rest needed to alleviate the situation.
3. If, in the judgment of the attending physician or supervising resident/fellow, the Resident/Fellow is incapable of continuing to work safely, the Resident/Fellow will be relieved of clinical duties.
4. Depending on the clinical assignment and the circumstances (e.g. patient volume, acuity, assigned work area), backup may be called in to ensure the continuation of safe patient care.
5. If a Resident/Fellow is on an off-service rotation, the relevant service chief Resident, fellow, or attending physician should be notified immediately to discuss service needs.

6. The attending physician/supervising resident/fellow should direct the fatigued Resident/Fellow to rest at the hospital (e.g., call room) prior to driving home, or ensure that alternate transportation is arranged.

7. Any Resident/Fellow or attending physician has the authority and the responsibility, to raise concern about observed fatigue in a Resident/Fellow.

Responsibilities of the Resident/Fellow

1. The Resident/Fellow should rest at the hospital (e.g. call room) prior to driving home or arrange alternative transportation.

2. After resting, if they remain too fatigued to transport themselves home safely, the Resident/Fellow should initiate a ride through a commercial service or have a friend/family member pick them up and drive them home

3. A Resident/Fellow who is released from a clinical assignment due to fatigue recognition may not appeal the decision and must have permission to resume work from the Program Director.

4. The Resident/Fellow shall contact the Program Director to arrange an in-person meeting to discuss the circumstances of their release and fitness to return to duty.

5. Any Resident/Fellow who notices a co-Resident/Fellow's fatigue has the professional responsibility to notify the supervising attending, Chief Resident/Fellow, and the Program Director and shall do so without fear of reprisal or retaliation.

6. Self-Reporting: A Resident/Fellow who feels excessively fatigued has the professional responsibility to notify the supervising attending, chief Resident/Fellow, or Program Director without fear of reprisal or retaliation.