

### **Well-Being Policy**

**Scope:** All University of Washington (UW) residencies and fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME) and sponsored by the UW School of Medicine (UWSOM). Non-ACGME accredited programs or programs accredited by the Commission on Dental Accreditation (CODA) may choose to utilize this policy.

**Background:** Well-being of residents, fellows (inclusively referred to as “residents” hereafter), and faculty members is a key element of a positive learning and working environment. Each program, in partnership with its Sponsoring Institution (UWSOM), has the responsibility to address clinicians’ psychological, emotional, and physical well-being. All members of the health care team share responsibility for the well-being of others.

**Policy:** Each residency and fellowship program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being [*ACGME Common Program Requirements (CPR) I.D.2.*]. The program must monitor the clinical learning and working environment at all participating sites [*CPR I.B.3.*].

The program, in partnership with the Sponsoring Institution, must offer appropriate infrastructure, services, resources (including space, technology, and supplies), and leave from training when needed. The responsibility of the program, in partnership with the Sponsoring Institution, must include efforts to enhance the meaning that each resident finds in the experience of being a physician, including (1) protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships [*CPR VI.C.1.a.*]; and (2) attention to scheduling, work intensity, and work compression that impacts resident well-being [*CPR VI.C.1.b.*].

#### Sponsoring Institution’s Responsibilities

The Sponsoring Institution must (1) oversee its programs’ fulfillment of responsibility to address well-being of residents and faculty members, consistent with the Common and (sub)specialty-specific Program Requirements, addressing areas of non-compliance in a timely manner [*ACGME Institutional Requirements (IR) III.B.7.a.*]; and (2) ensure that programs provide a professional, respectful, and civil environment that is free from unprofessional behavior [*IR III.B.6.d.*].

#### Diversity, Equity, and Inclusion (DEI)

Programs must create and nurture a safe work environment for all. Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff [*CPR VI.B.6.*]. No staff, resident, or faculty member should experience discrimination or harassment. Any bias incidents--offensive remarks/actions--are subject to the [UW Medicine Policy on Professional Conduct](#) and [UW Executive Order 31](#). For support and resources, see:

- [UW GME Commitment to Diversity, Equity, and Inclusion](#)
- [UW Diversity Blueprint](#)
- [UW Medicine Healthcare Equity Toolkit](#)
- [UW SOM Center for Health Equity, Diversity, and Inclusion](#)
- [UW Network of Underrepresented Residents and Fellows \(NURF\)](#)
- [UW SOM Committee on Minority Faculty Advancement \(CMFA\)](#)
- [UW Diversity](#) (UW campus-wide resources on diversity)

### Infrastructure and Services

The program, in partnership with its Sponsoring Institution, must provide for (1) [access to food while on duty \[CPR I.D.2.a\]](#); (2) safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care [\[CPR I.D.2.b\]](#); (3) clean and private [facilities for lactation](#) that have refrigeration capabilities, with proximity appropriate for safe patient care [\[CPR I.D.2.c\]](#); (4) accommodation of clinical and non-clinical schedules to allow milk expression/pumping during the work day, in accordance with [federal law](#) (space and time required for lactation are critical for the well-being of the resident and their family); (5) safe [transportation options](#) for residents who may be too fatigued to safely return home [\[CPR VI.D.3.\]](#); (6) security and safety measures appropriate to the participating site [\[CPR I.D.2.d\]](#); and (7) [accommodations for residents with disabilities](#) consistent with the Sponsoring Institution's policy [\[CPR I.D.2.e\]](#).

In addition, each program, in partnership with its Sponsoring Institution, must provide access to appropriate tools for self-screening [\[CPR VI.C.1.e\).\(2\)\]](#), as well as confidential and affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. [\[CPR VI.C.1.e\).\(3\)\]](#). Resources at participating sites vary by location. Residents should contact the program's site director for more information about a specific site.

### Safety Monitoring

Each program shares responsibility with the Sponsoring Institution for gathering information and utilizing systems that monitor and enhance resident and faculty member safety. The responsibility of the program, in partnership with the Sponsoring Institution, must include evaluating workplace safety data and addressing the safety of residents and faculty members [\[CPR VI.C.1.c\]](#) (e.g., monitoring of workplace injuries, physical or emotional violence, and emotional well-being after adverse events.)

### Leave

Each program must allow an appropriate length of absence for residents in circumstances in which they may be unable to perform their responsibilities or to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave [\[CPR VI.C.2.\)\]](#). In addition, residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours [\[CPR VI.C.1.d\).\(1\)\]](#).

Each program must (1) adhere to the relevant stipulations stated in [University of Washington Housestaff Association \(UWHA\) Contract \(Collective Bargaining Agreement\)](#) and [Residency and Fellowship Position Appointment \(RFPA\)](#); and (2) refer to other pertinent policies and procedures, including [UW GME Guidance on Reporting Paid and Unpaid Leave Time for Residents and Fellows](#), relevant specialty board leave policies, and program-specific leave policies.

### Coverage/Continuity of Patient Care

The program must have policies and procedures in place to ensure coverage/continuity of patient care [\[CPR VI.C.2.a\)\]](#) when residents are unable to perform their patient care responsibilities. Coverage mechanisms should be applied to situations in which resident fatigue precludes safe delivery of patient care. These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work [\[CPR VI.C.2.b\)](#).

### Schedule Release

Each program is required to release residents' clinical and non-clinical schedules to residents and faculty in a timely manner in order to accommodate their planning of professional and personal lives. See the Program Policy section for the specific requirements and recommendations.

### Concern Reporting System

The program director must provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation [CPR II.A.4.a).(10)]. The program, in partnership with its Sponsoring Institution, must encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence [CPR VI.C.1.e).(1)]. Residents and faculty are strongly encouraged to follow the mechanisms developed by the UW GME when reporting their concerns. Any bias incidents or violation of nondiscrimination and nonretaliation must be reported through the mechanisms described in [the UW Medicine Policy on Professional Conduct](#), [UW Bias Reporting Tool](#), [University Complaints Investigation and Resolution Office \(UCIRO\)](#), or [UW Executive Order 31](#). In case of physician impairment, every individual, including program directors, faculty, and residents, is responsible to (1) monitor signs of impairment; and (2) follow the [UW GME Physician Impairment Policy](#) for reporting. Remediation may take place based on [the UW GME Remediation Policy and Grievance Procedure](#).

The Sponsoring Institution with more than one program must ensure availability of an organization, council, town hall, or other platform that allows all residents from within and across the programs to communicate and exchange information with other residents relevant to their programs and their learning and working environment [IR II.C.]. The Resident and Fellow Open Forum serves as the platform for communication among residents regarding working and learning environments. This Open Forum ensures that all residents have (1) the opportunity to directly raise a concern [IR II.C.1]; (2) the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present [IR II.C.2.]; and (3) the option to present concerns that arise from discussions at the forum to the DIO and GMEC [IR II.C.3].

### Educational Requirements

The Sponsoring Institution, in partnership with its programs, must educate residents and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients [IR III.B.6.b)]. Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns [CPR VI.B.7]. The program must integrate residents' personal and professional well-being as part of professionalism into the curriculum<sup>1</sup>. Residents must demonstrate competence in ability to recognize and develop a plan for one's own personal and professional well-being as part of professionalism [CPR IV.B.1.a).(1).(f)]<sup>1</sup>.

The responsibility of the program, in partnership with the Sponsoring Institution, must include attention to resident and faculty member burnout, depression, and substance abuse [CPR VI.C.1.e)]. The program, in partnership with its Sponsoring Institution, must educate residents and faculty members to (1) identify the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions [CPR VI.C.1.e)]; and (2) recognize those symptoms in themselves and how to seek appropriate care [CPR VI.C.1.e)]. In addition, programs must educate all faculty members and residents to (1) recognize the signs of fatigue and sleep deprivation [CPR VI.D.1.a.); (2) be aware of alertness management and fatigue mitigation processes [CPR VI.D.1.b)]; and (3) use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning [CPR VI.D.1.c)].

#### Program/Faculty Assessment

Each program's Program Evaluation Committee (PEC) should consider aggregate resident and faculty well-being elements in its assessment of the program [*CPR V.C. 1.c).(5).(a)*]. Faculty members must pursue faculty development designed to enhance their skills in fostering their own and their residents' well-being at least once a year [*CPR II.B.2.g).(3)*]. See UW GME [Annual Program Evaluation policy](#).

#### Well-Being Resources/Tools

- [UW GME Wellness Service](#) (this includes self-screening tools as well as confidential and free counseling for residents and their significant others)
- [The Whole U](#) (holistic wellness)
- [UW CareLink](#) (counseling, legal advice, work-life solutions, incident response services)
- [UW Childcare Resources](#)
- [Washington Physicians Health Program](#)
- [ACGME Tools and Resources](#)
- [Well-Being Index](#) (free online tool to assess medical professional's well-being)
- [Action Collaborative on Clinician Well-Being and Resilience](#) (National Academy of Medicine)
- [Now Matters Now](#) (skills and support for coping with suicidal thoughts)
- [American Foundation for Suicide Prevention](#)

#### **Program Policies:**

Each program must create a well-being policy that encourages optimal resident and faculty well-being [*CPR VI.C. 1.d)*] and share it with members of the program. The policy must address:

Diversity, Equity, and Inclusion (DEI): Each program must list and share services and resources on DEI.

Infrastructure, Services, and Resources: Each program must list and share on- and off-campus infrastructure, services, and resources on well-being. Each program, in collaboration with training sites, must create and share a procedure to adjust breastfeeding-mothers' schedules to protect adequate time for regular milk expression/pumping during the workday.

Safety Monitoring: Each program must designate (an) individual(s) who will collaborate with UW GME to collect, analyze, and evaluate workplace safety data. The designee may collaborate with the site directors at participating sites to collect data in those sites.

Leave Request and Reporting: Each program must develop a clear, transparent, and equitable leave request and reporting process and share it with residents annually. The program must use the Residency Management System to report all leave types. Unpaid time off must be recorded in Workday (UW's HR/payroll system). Leave request processes must include information on how to report leave related to fatigue, illness, and medical/dental/mental care appointments scheduled during working hours.

Coverage/Continuity of Patient Care: Each program must develop a clear system for coverage/continuity of patient care. This system must (1) include coverage plans for residents who take leave, including leave because of fatigue and medical/dental/mental health appointments scheduled during working hours; (2) outline the mechanism to ensure that residents who are unable to provide clinical work can utilize leave and request coverage for patient care without fear of negative consequences; and (3) explain how the program ensures that the coverage system is implemented equitably.

Schedule Release: Yearly block schedules, including identification of months that will have call or jeopardy responsibilities, must be distributed no later than the beginning of the academic year. Exclusive of the first block of the academic year, complete schedules, including specific shifts, call and clinic schedules, and days off, must be provided no later than 30 days in advance of the rotation start date. GME strongly encourages distribution of complete schedules 60 days prior to the rotation start date for those programs with capacity to do so. [This new schedule expectation will be developed over the remainder of AY20, with an implementation date of July 1, 2020.] Last minute changes should be communicated to residents directly and promptly after the release of the schedule, with a notification to the program director and affected faculty.

Concern Reporting System: Each program must (1) distribute the UW GME Reporting System to encourage residents to report their concerns; (2) share [the UW Medicine Policy on Professional Conduct](#), [UW Bias Reporting Tool](#), [University Complaints Investigation and Resolution Office \(UCIRO\)](#) and [Executive Order 31](#) for bias incident reporting; and (3) outline and share its own reporting system with all members of the program.

Educational Requirements: Each program must (1) ensure all incoming residents' completion of an online physician well-being module; (2) list and share fatigue mitigation and alertness management resources; and (3) incorporate well-being into the curriculum of its choice<sup>1</sup>. The program should (1) identify or create a supplemental curriculum (training/workshops/ conferences) that addresses residents' personal and professional well-being, attending to diversity and inclusion; and (2) use survey, individual/focus-group interview, or other methods of choice to evaluate residents' ability to recognize and plan for their own well-being.

Program/Faculty Assessment: Each program should analyze data collected through the Annual Program Evaluation (APE), resident evaluations of faculty, faculty evaluations of residents, and other evaluations to improve well-being of all members of the program.

## References

<sup>1</sup> Fellowship programs are exempt from this requirement.

<sup>2</sup> Faculty in fellowship programs are exempt from this requirement.