



OMECO

Graduate Medical Education Policy

Approved by the GMEC (Graduate Medical Education Committee) on May 23, 2023

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Next Review Date: May 2024

Policy Title: Trainee and Faculty Well-Being Policy

Policy Type: Sponsoring Institution/Sponsored Program Policy

Purpose: Symptoms of fatigue and/or stress are normal and expected to occur periodically

With the physician population (Trainee/attending), just as it would in other professional settings. Trainees and faculty may on occasion, experience some effects of inadequate sleep and/or stress. As a Sponsoring Institution, OSU-CHS/OMECO has adopted the following policy to address Trainee/faculty fatigue and/or:

Recognition of Trainee/Faculty Excess Fatigue and/or Stress

Signs and symptoms of fatigue and/or stress may include but are not limited to the following:

- Inattentiveness to details
- Forgetfulness
- Emotional lability
- Mood swings
- Increased conflicts with others
- Lack of attention to proper attire or hygiene
- Difficulty with novel tasks and multi-tasking
- Awareness is impaired (fall back on rote memory)

Response

The demonstration of Trainee/faculty excess fatigue and/or stress may occur in patient care settings or in non-patient care settings such as lectures and conferences. In patient care settings, patient safety, as well as the personal safety and well-being of the Trainee/faculty, mandates implementation of an immediate and a proper response sequence. In non-patient care settings, responses may vary depending on the severity of and the demeanor of the Trainee/faculty's appearance and perceived condition. The following is intended as a general guideline for those recognizing or observing excessive Trainee/faculty fatigue and/or stress in either setting.

Patient Care Settings

Attending Physician:

1. In the interest of patient and Trainee safety, the recognition that a Trainee is demonstrating evidence of excess fatigue and/or stress requires the attending or supervising Trainee to consider immediate release of the individual from any further patient care responsibilities at the time of recognition.
2. The attending physician or supervising Trainee should privately discuss his/her opinion with the individual, attempt to identify the reason for excess fatigue and/or stress, and estimate the amount of rest that will be required to alleviate the situation.
3. The attending physician must attempt, in all circumstances without exception, to notify the chief/supervising Trainee on-call, Program Director or the chief medical officer, respectively, depending on the ability to contact one of these individuals, of the decision to release the resident from further patient care responsibilities at that time.
4. If excess fatigue is the issue, the attending physician must advise the individual to rest for a period that is adequate to relieve the fatigue before operating a motorized vehicle. This may mean that the Trainee should first go to the on-call room for a sleep interval of no less than 30 minutes. The individual may also be advised to consider calling someone to provide transportation home.
5. If stress is the issue, the attending upon privately counseling the Trainee, may opt to take immediate action to alleviate the stress. If, in the opinion of the attending, the individual's stress has the potential to negatively affect patient safety, the attending must immediately release the Trainee from further patient care responsibilities at that time. In the event of a decision to release the Trainee from further patient care activity; notification of program administrative personnel shall include the chief/supervising Trainee on-call, Program Director, or chief medical officer, respectively, depending on the ability to contact one of these individuals.
6. A Trainee who has been released from further immediate patient care because of excess fatigue and/or stress cannot appeal the decision to the responding attending.
7. A Trainee who has been released from patient care cannot resume patient care duties without permission of the Program Director.
8. If the attending physician recognizes that another faculty member is demonstrating signs of excessive fatigue or stress, they are instructed to notify their Program Director.
9. If the attending physician recognizes that the Program Director is showing signs of excessive fatigue or stress, they are recommended to notify the department chair. In cases where there is not a department chair, they are recommended to notify the DIO (Designated Institutional Official).
10. All programs should provide residents with time off from service for health care appointments for acute care illnesses (physical or mental) or dental emergencies during work hours.
11. All Sponsored Programs should have a procedure in place to manage appropriate coverage of patient care in case of resident absence in addition to focusing on scheduling, work intensity and work compression.

Allied Health Care Personnel

1. Allied health care professionals in patient service areas will be instructed to report observations of apparent Trainee excess fatigue and/or stress to the observer's immediate supervisor who will then be responsible for reporting the observation to the respective Program Director.

Residents/Fellows

1. Residents/fellows who perceive that they are manifesting excess fatigue and/or stress have the professional responsibility to immediately notify the attending clinician, the chief resident, and the Program Director without fear of reprisal.
2. Residents/fellows recognizing resident fatigue and/or stress in fellow residents/fellows should report their observations and concerns immediately to the attending physician, the chief resident (if appropriate), and/or the Program Director.
3. Residents/fellows who perceive that a faculty member is demonstrating signs of excessive fatigue or stress, they are instructed to notify their Program Director
4. Residents/fellows who perceive that the Program Director is showing signs of excessive fatigue or stress, are recommended to notify the department chair. In cases where there is not a department chair, they are recommended to notify the DIO.

Program Director

1. Following removal of a Trainee from duty, in association with the chief resident (if appropriate), determine the need for an immediate adjustment in duty assignments for remaining residents/fellows in the program.
2. Subsequently, the Program Director will review the Trainee's call schedules, work hour time reports, extent of patient care responsibilities, any known personal problems, and stresses contributing to this for the Trainee.
3. The Program Director will notify the director (attending physician) of the rotation in question to discuss methods to reduce Trainee fatigue.
4. In matters of resident stress, the Program Director will meet with the Trainee personally as soon as can be arranged. If counseling by the Program Director is judged to be insufficient, the Program Director will refer the Trainee to the Employee Assistance Program (EAP) at the sponsored program or to the EAP program at OSU-CHS/OMECCO.
5. If the problem is recurrent or not resolved in a timely manner, the Program Director will have the authority to release the Trainee indefinitely from patient care duties pending evaluation from an individual designated by the EAP. (This will represent academic probation or dismissal and will follow House Staff Policy as outlined in the Academic standards.)
6. The Program Director will release the Trainee to resume patient care duties only after advisement from the EAP and will be responsible for informing the Trainee as well as the attending physician of the individual's current rotation.
7. If the Employee Assistance Program feels the Trainee should undergo continued counseling, the Program Director will be notified and should receive periodic updates from the EAP's representative.
8. Extended periods of release from duty assignments that exceed requirements for completion of training must be made up to meet training guidelines.
9. If the Program Director recognizes that another faculty member is suffering from excessive fatigue/stress, the Program Director should relieve that faculty member from trainee education temporarily until the faculty member is able to receive the services that they may need to resume teaching abilities in safe manner.
10. The Program Director must approve faculty resumption of teaching duties in order to provide a safe environment for the trainee.

Non-Patient Care Settings

If residents/fellows/faculty are observed to show signs of fatigue and/or stress in non-patient care settings, the Program Director should follow the Program Director procedure outline above for the patient care setting.

If there are discrepancies between Sponsored Program and Sponsoring Institution policies, in general the stricter of the two policies will apply; however, the Sponsoring Institution and the Sponsored Programs will work collaboratively to come to consensus in areas of debate.

References

ACGME (Accreditation Council for Graduate Medical Education) Sponsoring Institution Requirements

III.B.7.a) The Sponsoring Institution must oversee its ACGME-accredited program's(s') fulfillment of responsibility to address well-being of residents/fellows and faculty members, consistent with the Common and specialty-/subspecialty-specific Program Requirements, addressing areas of non-compliance in a timely manner. (Core)

III.B.7.b) The Sponsoring Institution, in partnership with its ACGME accredited program(s), must educate faculty members and residents/fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. This responsibility includes educating residents/fellows and faculty members in how to recognize those symptoms in themselves, and how to seek appropriate care. (Core)

III.B.7.c) The Sponsoring Institution, in partnership with its ACGME accredited program(s), must: (Core)

III.B.7.c). (1) encourage residents/fellows and faculty members to alert their Program Director, DIO, or other designated personnel or programs when they are concerned that another Trainee or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence; (Core)

III.B.7.c). (2) provide access to appropriate tools for self-screening; and (Core)

III.B.7.c). (3) provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)

ACGME Common Program Requirements

VI.C.1. The responsibility of the program, in partnership with the Sponsoring Institution, to address well-being must include:

VI.C.1.a) efforts to enhance the meaning that each resident 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; (Core)

VI.C.1.b) attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)

VI.C.1.c) evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)

VI.C.1.d). (1) Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)

VI.C.1.e) attention to resident and faculty member burnout, depression, and substance use disorders. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance use disorders, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must: (Core)

VI.C.1.e). (1) encourage residents and faculty members to alert the Program Director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, a substance use disorder, suicidal ideation, or potential for violence; (Core)

VI.C.1.e). (2) provide access to appropriate tools for self-screening; and (Core)

VI.C.1.e). (3) provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)

VI.C.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities. (Core)

VI.C.2.a) The program must have policies and procedures in place to ensure coverage of patient care. (Core)

VI.C.2.b) These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work. (Core)