

	Name of Policy: Resident and Faculty Well Being	
	Last Approval Date: June 21, 2019	Effective Date: June 21, 2019

I. PREAMBLE

The term “resident” is inclusive of all trainees at SIU School of Medicine, whether training in a residency or fellowship program. Residency education must occur in the context of a learning and work environment that emphasizes a commitment to the well-being of students, residents, faculty members, and all members of the educational and healthcare team. Psychological, emotional and physical well-being are critical to the development of a competent, caring, and resilient physician. In addition, well-being requires that physicians retain the joy in medicine while managing their own real life stresses. SIU SOM programs follow all ACGME institutional and common program requirements and are committed to providing a safe environment for patients, learners, faculty, and staff.

The creation and maintenance of a positive learning and work environment and a culture of respect and accountability for well-being is crucial to a physician’s ability to deliver the safest best possible care to patients.

In the current healthcare environment, learners and providers are at increased risk for burnout and depression. Therefore, self-care is an important component of professionalism and is a skill that must be learned and nurtured in the context of residency training.

II. INDIVIDUAL RESPONSIBILITIES

1. Residents and faculty members have a professional responsibility to appear for work appropriately rested and must manage their time before, during and after clinical assignments to prevent excessive fatigue.
2. All residents and faculty members should be aware of the behavior and conduct of other team members. If a resident or faculty member observes physical, psychological or emotional problems affecting the performance of a resident or faculty member, including impairment due to fatigue, they should immediately notify their program director or supervising faculty. Likewise, residents and faculty should alert the program director, The Office of Graduate Medical Education (OGME), or other appropriate supervisor if they are concerned that another resident or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
3. If a resident is experiencing problems, he/she is encouraged to voluntarily seek assistance before clinical, educational and professional performance, interpersonal relationships or behavior are adversely affected. Residents who voluntarily seek assistance for physical, mental, emotional and or personal problems, including drug or alcohol misuse, before their performance is adversely affected, will not jeopardize their status as a resident by seeking assistance.
4. Residents must maintain their health through routine medical and dental care and (if needed) mental health care. Non-urgent appointments should be scheduled in advance in accordance with the program

and institutional leave policies. At no time will residents be denied visits for acute care of illnesses (physical or mental) or dental emergencies during work hours.

III. PROGRAM RESPONSIBILITIES

1. Programs must promote practices that enhance the meaning that each resident finds in the experience of being a physician, including protected time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships.
2. Programs must promote practices and behaviors among faculty, staff and learners that enhance a positive learning and work environment including:
 - Clear and consistent expectations
 - Consistent and effective feedback
 - Respect for divergent opinions and positions
 - A fair and accurate system for performance assessment
 - The ability of all to express concerns or divergent opinions without fear of retaliation or intimidation.
 - Expectations for emotional self- regulation
 - Solicitation of and respect for the input, recommendations, and concerns of trainees
3. Programs must construct schedules that are not unduly burdensome with work intensity or compression.
4. Programs must provide opportunities for excessively fatigued residents to take therapeutic naps and provide sleep space or alternative transportation if a resident is too tired to drive home following clinical duties. If a resident accesses public transportation to arrive home safely, they can provide receipts for one-way or round trip fare to the Office of Graduate Medical Education for reimbursement.
5. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Programs must allow an appropriate length of absence for residents unable to perform their patient care responsibilities.
6. Each program must have policies and procedures in place that:
 - Encourage optimal resident and faculty member well-being
 - 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 was unable to provide the clinical work.
 - Ensure compliance with clinical and educational work hours
 - Ensure progressive levels of supervision that promote patient safety, autonomy, and flexibility
7. It is the responsibility of each program director and all faculty members to be aware of resident behavior and conduct. If a program director or faculty member observes manifestations of physical, mental or emotional problems affecting the performance of a resident, including impairment due to excessive fatigue, they must take steps to verify any impairment and take appropriate actions as outlined in SIU SOM GMEC Policies on Clinical and Educational Work Hours, Impairment, Academic Deficiency, and Professional Conduct and Misconduct. Likewise, faculty members should alert the

program director, The Office of Graduate Medical Education, or other appropriate supervisor if they are concerned that a resident or another faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

8. Programs must ensure that residents have the opportunity to access medical and dental care, including mental health care, at times that are appropriate to their individual circumstances. Residents must be provided with time away from the program as needed to access care, including appointments scheduled during their work hours.
9. Program directors are encouraged to:
 - Include screening tools for burnout and or depression at all semi-annual assessments.
 - Create social events in which residents, attendings and family members become better acquainted in a stress - free atmosphere – especially at the beginning of the academic year and after the winter holidays.

IV. SHARED PROGRAM/SPONSORING INSTITUTION RESPONSIBILITIES

Programs along with the Sponsoring Institution must:

- Provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner, as appropriate
- Educate faculty members and residents in the identification of symptoms of burnout, depression and substance abuse, 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.
- Provide access to confidential, affordable mental health assessment, counseling and treatment, including access to urgent or emergent care 24 hours a day, seven days a week.

IV. RESOURCES

[General Resident/Fellow Well-Being Resources](#)

[Mental Health and Addiction Resources](#)

[Self- Assessment Tools for Well-Being and Depression](#)

[ACGME Physician Well-Being Initiative](#)

[AMA STEPSforward: Professional Well-Being](#)