

## **Expectations for the Promotion of Trainee Well-Being**

ISMMS Resident Well-Being Subcommittee

The Graduate Medical Education Committee (GMEC) at the Icahn School of Medicine at Mount Sinai is committed to restoring and maintaining “joy in medicine” for physician trainees system-wide. By prioritizing this objective and in accordance with Section VI.C of the revised 2017 ACGME Common Program Requirements and the Well-Being Pathways of the ACGME Clinical Learning Environment Review (CLER) Pathways to Excellence Version 1.1, the GMEC aims to promote a culture supportive of the psychological, emotional, and physical well-being of all trainees within our health system through the provision of a balanced, safe, and enjoyable training experience. It is well recognized that efforts to improve trainee well-being cannot be undertaken without addressing faculty well-being and should be done so in conjunction with existing faculty-level wellness interventions. In regards to resident well-being, departments are expected to focus on resident and fellow wellness by ensuring the following:

### **Education-to-Service Balance [CPR Section VI.C.1.a)]**

Trainee education-to-service balance is respected and non-physician/clerical work is minimized.

- *Protected Time*
  - Attendance at departmental grand rounds, conferences and program-specific educational curricula should be facilitated by protecting trainee educational time. Whenever possible, disturbing trainees and their responsibilities should be eliminated or minimized during these sessions (pagers off during lecture, etc.). Supervising faculty physicians should be encouraged and feel obliged to ensure that trainee educational time is protected even if it requires being the primary point of contact during those periods. These efforts should not contribute to faculty burnout and should be organized concurrently with efforts to address faculty work demands and intensity.
- *Minimizing Non-Physician Obligations*
  - The trainee’s clinical environment should be conducive to promoting efficient clinical work that maximizes opportunity for direct patient care. Departmental leadership and program directors should engage with hospital leadership to enlist support for the appropriate hiring of ancillary staff that helps to minimize “non-physician obligations,” such as clerical work (appointment scheduling and reminders, prior authorizations, sending discharge summaries etc.) blood draws, patient transport, referrals for case management, in-home services, etcetera. The GME Resident Well-Being Subcommittee will be available to provide guidance with regards to assessing these burdens and needs.
- *Needs Assessments*
  - Program directors in conjunction with faculty wellness champions should periodically assess the adequacy of the ancillary staff supporting trainees and present these “needs assessment” findings to department chairs and hospital leadership in order to make budget provisions for appropriate hires.

### **Work Hours, Leave and Coverage [CPR Sections VI.C.1.b) and VI.C.2]**

Trainees are protected from exceeding work-hour limitations, overly burdensome work intensity and work compression.

- *Family and Medical Leave*
  - This includes appropriate balance of personal life obligations and management of “fatigue, illness, and family emergencies.” This committee recommends a cultural shift to foster an emphasis on physicians as family members and leaders in the greater community. This requires a proactive approach by programs regarding coverage for maternity leave, sick days for spouses/parents/children. Program policies should be transparent in order to foster honesty, dignity and collaborative spirit in trainees.

- Program directors are responsible for complying with institutional policies and laws regarding medical leave for family members. They are expected to be open and transparent with their trainees about policies and expectations by including information with orientation materials, providing web-based dissemination and through regular communication and presentation.
- *Maternity and Paternity Leave*
  - Program directors are responsible for complying with institutional policies and laws regarding maternity and paternity leave. They are expected to be open and transparent with their trainees about policies and expectations by including information with orientation materials, providing web-based dissemination and through regular communication and presentation.

### **Trainee Health Needs [CPR Sections VI.C.1.d).(1) and VI.C.1.e).(3)]**

Trainees are permitted to attend to medical, mental health and dental care needs during work-hours without retribution and without compromising co-resident work burden.

- *Wellness Day Policy (excludes CIR institutions)*
  - Program directors are responsible for instituting this policy in accordance with their program's individual board requirements. Program directors must ensure that trainees are not under undue pressure from site supervisors or peers to take their wellness days should they not desire.
  - Program Directors will preemptively schedule coverage systems such as resident jeopardy or attending coverage when jeopardy systems are not feasible.
- *Access to Mental Health Resources*
  - In addition to making trainees aware of the planned expanded availability of onsite trainee mental health options, we recommend that each training program maintain a current list of "independent" (not on hospital faculty, and do not use hospital EMR) mental health providers who will provide treatment if accepting insurance. The Resident Well-Being Subcommittee will update this list on an annual basis. This will be an effort to address previously identified trainee concerns regarding confidentiality and/or retribution from programs. These services should be made available to both trainees and attendings if feasible. The Office of GME can provide a list of participating "independent" providers to program directors on request and will provide information regarding how to access these resources online
  - Faculty wellness champions and program directors will make sure to be familiar with existing resources to provide them to trainees in need.

### **Faculty Mentorship Program [CPR Sections VI.C.1.e), VI.C.1.e).(1) and VI.C.1.e).(2)]**

Each program should establish a wellness mentorship model whereby individual trainees are matched with a faculty mentor/coach with whom they can meet consistently throughout the academic year. Trainee participation in this program should be optional.

- *Meetings*
  - Meetings may cover a range of topics, including but not limited to, professional development, future career prospects and concerns, work-life balance, education, resiliency, wellness/burnout, etc. The content of these meeting will remain confidential unless the trainee is in crisis or has an emergency. These mentorship meetings may occur as mentor-trainee pairs or in groups depending on program availability.
- *Mentors*
  - *These mentors may be referred to as coaches or wellness mentors if need be in order to differentiate them from other existing mentors (research mentors, etc.)*
  - The ISMMS Resident Well-Being Subcommittee will provide training and resources to mentors on how to recognize and intervene with at-risk trainees (those displaying signs of depression, burnout, anxiety, substance abuse, and particularly those at risk for self-harm). Where possible, faculty wellness champions can assist in training mentors/coaches and ensuring they are aware of mental health resources when referral seems appropriate.
  - The ISMMS Resident Well-Being Subcommittee will also be available to provide mentors with information about third party treatment referrals for trainees.

- Mentors shall not discuss information gathered from mentees with program leadership unless there are emergency concerns about the well-being of a trainee.
- *Program Director Responsibilities*
  - Program directors and wellness champions can assist with the pairing of trainees with wellness mentors/coaches.
  - Program directors may be asked about the utilization of the mentorship program in the annual Program Evaluation Committee (PEC) documentation.
  - Program directors should educate trainees on the purpose and processes of the Mentorship Program. The Annual Program Evaluation (APE) will ask about trainees' awareness of the mentorship program to ensure program implementation and awareness.
  - Individual programs will be asked to formulate a structure for the wellness mentor program in keeping with numbers of trainees in respective programs and the availability of mentors. The Office of GME will welcome feedback from programs regarding challenges with implementation

**Development of a Wellness Curriculum [CPR Sections VI.C.1.e) and VI.C.1.e).(2)]**

- Program directors, in conjunction with faculty wellness champions, are responsible for developing and integrating wellness curricular activities within the existing educational program that focus on well-being.
  - Examples of such curricula might include but are not limited to: Mindfulness training, emotional intelligence, facilitated reflection-based discussion debriefs sessions, positive psychology resilience training, and team-building activities.
  - The GME Office, GME Wellness Subcommittee and faculty wellness champions will provide assistance in developing and running these wellness curricular offerings

**Mandate Enforcement, Evaluation and Monitoring**

- The Annual Program Evaluation (APE) will ask program directors and faculty wellness champions to report on their adherence with the policies mentioned above including the following:
  - Resident attendance at educational sessions
  - Utilization of wellness days
  - Utilization of FMLA leave
  - Assessment of accessibility of mental health resources
  - Establishment and utilization of wellness mentor/coaching program
  - Implementation and integration of wellness-related curricula into existing educational programs