

Resident Support & Work Environment Policy

Wisconsin Northern & Central GME Consortium (WiNC)

Initial GMEC Approval:	10-15-19
Last GMEC Review Date:	

Scope

This policy pertains to all WiNC-sponsored residency/fellowship programs. The term resident/residency is used synonymously with fellow/fellowship unless otherwise specified. (GMEC approved 10/20/2022)

Purpose

To outline guidelines and responsibilities for facilitating safe and supportive educational and work environments for residents in compliance with requirements from the Accreditation Council for Graduate Medical Education (ACGME).

Overall Approach and Culture

WiNC is committed to providing residents with services and educational and work environments:

- that are supportive
- that are safe
- that are conducive for learning and providing excellent patient care
- where residents may participate in the assessment and improvement of their educational and work environment
- where residents may raise and resolve issues without fear of intimidation or retaliation

At least annually, residents will be informed about available local and WINC resources and procedures related to their educational and work environment.

Guidelines

1. Resident Support

- Resident Peer Forums:** Local and WiNC-sponsored residency forums are provided. At the local level, one forum is at monthly local GMEC meetings, when time is reserved for resident only discussions. A forum for all WiNC residents/fellows is the electronic resident-only confidential email forum where residents can discuss topics and issues. This forum is hosted by the chief residents from each program and is not accessible to faculty, staff, or others. Residents will have the option of sharing concerns that arise in the forums with their program director, DIO, and GMEC.
- Support for Resident Wellness:** Activities with peers are essential components of each residency program to support wellness. All programs are required to implement activities which will vary by location, but may include resident retreats, dinners, parties, resident support groups, and more.
- Program Personnel:** Program Directors, chief residents, education coordinators, faculty mentors, and other faculty and staff are also available to assist residents with educational, personal, or professional concerns.
- Professional Resources:** All residents are offered, and have direct access to individual confidential support and counseling through WiNC's Employee Assistance Program for work-related and personal issues in areas such as:
 - i. Alcohol and drug abuse
 - ii. Marital and family problems, separation, divorce, family violence
 - iii. Anger control

- iv. Financial problems
 - v. Stress, emotional problems, grief
- e. Zero Tolerance for Harassment: Harassment, sexual or of any kind, is not tolerated, including harassment based on gender, race, religion, cultural background, ethnicity, age, disability, and sexual orientation. For questions or more information and resources, or for assistance in reporting an incident, residents should contact WINC Administration or the DIO. Residents with concerns may contact Human Resources at HR@WinCGME.org, anonymously contact the DIO at this [link](#), or email compliance at compliance@WinCGME.org
- f. Accommodations for Disabilities: The WINC-sponsored programs and GMEC are committed to providing assistance to residents with impairments that compromise their ability to learn, to provide safe and appropriate patient care, or impact the safety of themselves or others. Actions are taken as appropriate for the best interest of the impaired resident, colleagues, patients, faculty and staff.

2. Program Resources

Residents will be provided with necessary resources for their educational and patient care work. This includes, but is not limited to:

- a. Adequate and qualified faculty and staff-to provide quality educational curriculum and learning experiences, evaluation, supervision, program improvement, and mentoring for residents
- b. Adequate space, teaching aids and resources for providing quality resident conferences
- c. Adequate work space for patient care, family meetings, group visits, counseling, and educational and scholarly work
- d. Readily-available access to specialty-specific electronic medical literature databases and other current reference material in print or electronic format
- e. Ready access to adequate communication resources and technological support
- f. Provision of health care delivery systems to minimize work that is extraneous to the residents' educational goals and objectives. Adequate resources and systems will be provided to ensure that educational experiences for residents are not compromised by non-physician service obligations
This includes:
 - i. Peripheral intravenous access placement
 - ii. Phlebotomy
 - iii. Laboratory
 - iv. Pathology and radiology services
 - v. Patient transportation services
- g. Electronic medical record and hardware to access it
- h. System and patient data for improving systems of care, reducing health disparities, improving patient outcomes, quality improvement, and scholarly activity
- i. Access to food services while on duty in hospitals or similar facilities associated with the program.
- j. Provision of safe, quiet, and private sleep/rest facilities for residents while on duty in hospitals.

3. Safety

- a. Each WINC-sponsored program will be aware of, and make accommodations as necessary, to support safe educational/working environments and parking arrangements for residents when in clinic, the hospital(s), nursing home(s), and on rotation at other facilities.
- b. For any lodging arranged by the program, steps will be taken to provide safe and appropriate accommodations. This includes, but is not limited to, apartments rented by the program, homes in the community, and hotels arranged by the program.
- c. For any resident/fellow who may be too fatigued to return safely home following work hours, adequate sleep facilities and safe transportation options such as a sleep room or cab ride home must be provided.
- d. For the safety and well-being of residents and patients, residents and faculty will be instructed on alertness management/fatigue mitigation at least annually. Refer to the Resident Clinical Experience and Education Work Hours Policy.

- e. For educational and safety purposes, residents will be provided with supervision during all patient care activities. Refer to WINC Supervision of Residents Policy.
4. Program Improvement
- a. Annually, residents in all WINC-sponsored residency programs will be provided a formal opportunity by the GMEC to provide feedback on their local program. The survey tool includes resident feedback on their educational and work environment, in a way that maintains confidentiality of individual responses.
 - b. Additionally, residents will be provided opportunities to suggest and participate in improvements in their educational and work environment. This may include:
 - i. Active participation and votes in local program committees, including the Program Evaluation Committee
 - ii. Local program surveys
 - iii. Informal or formal suggestion programs and/or practices
 - iv. Focus groups
 - v. Participation in quality improvement initiatives

Responsibilities

The GMEC is responsible for:

1. Providing a forum for residents to communicate and exchange information on their educational and work environment, and other resident issues.
2. Providing education to residents about local program, Graduate Medical Education Committee, and employer resources at least annually, to assist them with any concerns about their educational and work environment.
3. Ensuring that each WINC-sponsored program has systems and practices in place to facilitate a safe and supportive educational and work environments at all training sites. This will be accomplished by, but not limited to:
 - a. Review of results from the annual resident and faculty surveys administered by WINC GME Office
 - b. Review of resident/faculty survey results administered by the ACGME
 - c. Review of information gathered during Special Reviews
 - d. Periodic review of program systems at GMEC meetings
 - e. Review of program reports as requested including Annual Program Evaluation reports

The local Program Director is responsible for:

1. Ensuring an educational and work environment consistent with this policy in all participating sites where residents train.
2. Ensuring and role-modeling a culture of professionalism
3. Providing residents a safe environment to raise and resolve issues with confidentiality, and without fear of intimidation or retaliation.
4. Ensuring a supportive educational and work environment conducive for learning and good patient care, with resident support systems, adequate resources, qualified faculty to provide supervision, and attention to resident and patient safety needs.
5. Providing activities to facilitate resident wellness, such as local program resident forums and meetings, and social activities.
6. Providing opportunities for residents to suggest and participate in initiatives to improve the educational and work environment.
7. Providing information to residents about local program, Graduate Medical Education Committee, and employer resources at least annually, to assist them with any concerns about their educational and work environment.
8. Ensuring that the presence of other learners does not interfere with resident education.
9. Informing faculty and preceptors about the provisions in this policy.
10. Responding to CLER report suggestions for improving the educational and work environment.

Each resident is responsible for:

1. Discussing any area(s) of concern about the educational and work environment with appropriate individuals

such as the Program Director, faculty member, hospital leadership, Education Coordinator, Chief Resident(s), Designated Institutional Official, and/or Chair of the GMEC. Residents with concerns may contact Human Resources at HR@Wincgme.org, anonymously contact the DIO at this [link](#), or email compliance at compliance@Wincgme.org

2. Participating in program activities to further improve resident services and the program's educational and work environment such as surveys and evaluations.

References

Employee Assistance Program section in the Resident Employee Information Manual

- ACGME website – <http://www.acgme.org>
- Commission on Osteopathic Accreditation Complaint Form - [COCA-Complaint-Form.pdf \(osteopathic.org\)](#)
- WINC Clinical Experience and Education Work Hours Policy
- WINC Resident Impairment Policy
- WINC Supervision of Residents Policy

GMEC ACGME Reference

ACGME Institutional Requirements (2022)

- I.A.1. Residency and fellowship programs accredited by the ACGME must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites. ^(Core)*
- I.A.4. The Sponsoring Institution and each of its ACGME-accredited programs must only assign residents/fellows to learning and working environments that facilitate patient safety and health care quality. ^(Outcome)
- I.B.4. Responsibilities: GMEC responsibilities must include:
- I.B.4.a) Oversight of:
- I.B.4.a).(2) the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites; ^(Outcome)
- I.B.4.a).(3) the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements; ^(Outcome)
- I.B.4.a).(4) the ACGME-accredited program(s)' annual evaluation(s) and Self Study(ies); ^(Core) and,
- I.B.4.b) review and approval of:
- I.B.4.b).(10) responses to Clinical Learning Environment Review (CLER) reports; ^(Core)
- I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. ^(Core)
- I.B.6.a) The Special Review process must include a protocol that: ^(Core)
- I.B.6.a).(1) establishes criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and, ^(Core)
- I.B.6.a).(2) results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines. ^(Core)
- II.C. Resident/Fellow Forum: The Sponsoring Institution with more than one program must ensure availability of an organization, council, town hall, or other platform that allows residents/fellows from within and across the Sponsoring Institution's ACGME-accredited programs to communicate and exchange information with other residents/fellows relevant to their ACGME-accredited programs and their learning and working environment. ^(Core)
- II.C.1. Any resident/fellow from one of the Sponsoring Institution's ACGME-accredited programs must have the opportunity to raise a concern to the forum. ^(Core)
- II.C.2. Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present. ^(Core)

II.C.3. Residents/fellows must have the option to present concerns that arise from discussions at the forum to the DIO and GMEC. ^(Core)

II.F. Support Services and Systems:

II.F.1. The Sponsoring Institution must provide support services and develop health care delivery systems to minimize residents'/fellows' work that is extraneous to their ACGME-accredited program(s)' educational goals and objectives, and to ensure that residents'/fellows' educational experience is not compromised by excessive reliance on residents'/fellows to fulfill non-physician service obligations. These support services and systems must include: ^(Core)

II.F.1.a) peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services and patient transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care; and, ^(Core)

II.F.1.b) medical records available at all participating sites to support high quality and safe patient care, residents'/fellows' education, quality improvement and scholarly activities; and, ^(Core)

II.F.1.c) institutional processes for ensuring the availability of resources to support residents'/fellows' well-being and education by minimizing impact to clinical assignments resulting from leaves of absence. ^(Core)

III. The Learning and Working Environment:

III.A. The Sponsoring Institution and each of its ACGME-accredited programs must provide a learning and working environment in which residents/fellows have the opportunity to raise concerns and provide feedback without intimidation or retaliation and in a confidential manner as appropriate. ^(Core)

III.B. The Sponsoring Institution is responsible for oversight and documentation of resident/fellow engagement in the following: ^(Core)

III.B.2. Quality Improvement: The Sponsoring Institution must ensure that residents/fellows have:

III.B.2.a) access to data to improve systems of care, reduce health care disparities, and improve patient outcomes; and, ^(Core)

III.B.2.b) opportunities to participate in quality improvement initiatives. ^(Core)

III.B.5. Clinical Experience and Education: III.B.5.a) The Sponsoring Institution must oversee:

III.B.5.a).(1) resident/fellow clinical and educational work hours, consistent with the Common and specialty-/subspecialty specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner;

III.B.5.a).(2) systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows; and,

III.B.5.a).(3) an educational program for residents/fellows and core faculty members in fatigue mitigation. ^(Core)

III.B.7.d) The Sponsoring Institution must ensure a healthy and safe clinical and educational environment that provides for: ^(Core)

III.B.7.d).(1) access to food during clinical and educational assignments; ^(Core)

III.B.7.d).(2) sleep/rest facilities that are safe, quiet, clean, and private, and that must be available and accessible for residents/fellows, with proximity appropriate for safe patient care; ^(Core)

III.B.7.d).(3) safe transportation options for residents/fellows who may be too fatigued to safely return home on their own; ^(Core)

III.B.7.d).(4) clean and private facilities for lactation with proximity appropriate for safe patient care, and clean and safe refrigeration resources for the storage of breast milk; ^(Core)

III.B.7.d).(5) safety and security measures appropriate to the clinical learning environment site; and, ^(Core)

III.B.7.d).(6) accommodations for residents/fellows with disabilities, consistent with the Sponsoring Institution's policy. ^(Core)

IV.I. Resident Services

- IV.I.1. Behavioral Health: The Sponsoring Institution must ensure that residents/fellows are provided with access to confidential counseling and behavioral health services ^(Core)
- IV.H.2. Physician Impairment: The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. ^(Core)
- IV.H.3. Harassment: The Sponsoring Institution must have a policy, not necessarily GME-specific, covering sexual and other forms of harassment that allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment and in a timely manner, consistent with applicable laws and regulations. ^(Core)
- IV.H.4. Accommodation for Disabilities: The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations. ^(Core)