UC DAVIS HEALTH

Graduate Medical Education	Subject:	Educational and Work Environment
	Date Approved:	January 2018
	Revision Date:	April 3, 2018

Educational and Work Environment

Effective:
January 2018

Purpose:
To purpose of this policy is to define policies, procedures, and resources available to residents and fellows regarding the various domains of the educational and work environment. This includes the process for raising and resolving issues and concerns about the education and work environment without fear of intimidation or retaliation; and policies, procedures, and resources to address the domains of workplace safety, quality improvement, patient safety, professionalism, team-based care, scholarship and inquiry, balance of service/education, and well-being. The policy supports a culture of accountability and individual responsibility for residents and the faculty who supervise them.

Definitions:
Work Environment—The physical location where residents learn their chosen area of medical practice. It includes patient care areas, the physical plant of the hospital and academic offices, off site rotations, and conference areas.

Scope:
This policy applies to all UC Davis Health residents and fellows throughout all PGY training levels.

Policy Statement:
Resident education is entrusted to the institution, the Graduate Medical Education (GME) programs, the teaching faculty, and the University/Medical Center. Residents and fellows have a reasonable expectation to learn and work in an environment that is professional, conducive to scientific inquiry, free from unwanted and retaliatory behavior, has established policies designed to protect them from physical risk, and has the resources, policies, and procedures in place to support the provision of safe patient care.

Graduate Medical Education	Subject:	Educational and Work Environment
	Date Approved:	January 2018
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The institution and programs monitor faculty involvement in program and resident/fellow-oriented activities at conferences and journal club, clinical assignments, mentor assignments, committee membership assignments, and faculty activity reported annually to the ACGME through ADS to ensure that faculty devote sufficient time to the educational program and fulfill their supervisory and teaching responsibilities.

The institution and programs also monitor faculty involvement to ensure that they demonstrate a strong interest in the education of residents in each of the ACGME competency areas.

Workplace Safety:

UC Davis Medical Center has several systems in place to ensure optimal work place safety for residents, fellows, faculty, staff, and patients. Among these resources are:

- Davis Police Department (DPD) officers stationed around campus
- Personal Safety Officers stationed at the main ED entrance
- Locked key-card access at hospital entry points
- DPD escorts to parked vehicles at night
- Campus Safety Corridors
- Response plans to manage violent patients or visitors
- Disaster and Emergency Operations Plans

Patient Safety:

Residents and fellows participate in patient safety processes in the course of direct patient care as well as through the Quality Improvement and Patient Safety curriculum. The institution and programs periodically evaluate work place safety data and will address concerns raised by residents/fellows.

Examples of clinically-oriented patient safety processes include:
- Fall prevention
- Wristband labeling for high-risk patients (e.g. falls, mental health, elopement risk)
- Procedure time outs and consent
- Best practice alerts

UC DAVIS HEALTH

Graduate Medical Education	Subject:	Educational and Work Environment
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- Use of Pyxis machines for medication storage and dispensing
- Medication safety best practice alerts
- Use of Clinical Pharmacists
- Lift Team
- Use of CURES/PDMP
- Use of electronic prescriptions
- Education regarding and monitoring of care transitions
- Use of MRI checklist
- Fatigue management, including backup and sick call

Curriculum-based processes may include activities such as:
- Completion of the IHI Open School modules
- Participation in team-based quality improvement projects
- Participation in root cause analyses
- Chart reviews
- Patient follow-ups
- Other patient safety processes identified by the institution/programs

Workplace Reporting:

Residents and fellows have the responsibility to report patient safety concerns and adverse events and may do so through any number of available reporting channels, including, but not limited to:

1) Program Concern Card—Residents and fellows may report confidential concerns about any aspect of the program, the work environment, another trainee, or a supervisor through MedHub using a "Program Concern" evaluation. These are viewable only by the Program Director who will refer the concern to the appropriate authority if outside his/her scope.

2) "Anonymous Note to the DIO"- Residents and fellows may report concerns about any aspect of their program, the work environment, another trainee, or a supervisor through MedHub using an "Anonymous Note to the DIO" evaluation form. These are viewable only by the DIO/Associate Dean for GME, who will investigate/address the concern expediently. The resident/fellow may choose to remain anonymous, or if seeking a direct response/communication, may include contact information.

3) <u>Incident Report through RL Solutions</u>—The medical center's centralized incident reporting system. RL Solutions can be accessed from any UCDMC computer workstation. During orientation, residents and fellows receive direct instruction about how to complete an incident report.

4) <u>Resident Reporting Hotline</u>—Residents and fellows may report a quality or safety issue concerns via a telephone hotline designated for residents and fellows. Residents/fellows may call 4-7050 from any health system phone and leave a recorded message about their concern. All reports are followed up and tracked by a quality and safety nurse specialist.

5) <u>Escalation</u>—Residents and fellows may, at any time, escalate a concern to a senior resident, fellow or attending physician. Residents/fellows may also contact the relevant chief resident on call or the Program Director 24 hours a day, 7 days a week, with any concern that cannot be addressed using available supervisor resources or if the concern is of immediate importance.

6) <u>DIO/Associate Dean of GME Open Door Policy</u> –The DIO/Associate Dean of GME has an open door policy for confidential communication of any concerns 24/7/365. She can be reached at her office, by email, phone, or text. (contact information has been made available to all residents and fellows)

Disclosure of events to patients and families:
Disclosure of safety events and medical errors is a skill with which all physicians must attain basic competency. Each resident/fellow will receive training and assessment in this domain, through a format to be determined by their individual program. (For example, Emergency Medicine residents, during the orientation (T2R) block, participate in the I-CIRT [Interprofessional Collaborative Incident Response Training] module and are assessed by the module leader.)

UCDAVIS HEALTH

Graduate Medical Education	Subject:	Educational and Work Environment
	Date Approved:	January 2018
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Team Based Care:

Team based care and effective communications across providers and care settings are skills that are essential to the practice in any specialty, as medical practice inherently relies on team-based care and inter-professional collaboration. Residents and fellows work with nurses, social workers, discharge planners, pharmacists, child life specialists, research coordinators, as well as with other medical specialty consultants. Residents/fellows are trained in a team-based care model, and evaluated on their effectiveness and competency in team-based care, as relevant to their program/specialty, through a 360 ° evaluation process.

Scholarship and Inquiry:

The sponsoring institution and program allocate many educational resources to facilitate resident and fellow involvement in scholarly activity. Examples of resources available include (not limited to):

- Program libraries of specialty specific and specialty relevant textbooks
- Access to the University Library (physical and electronic journals and textbooks)
- Support of stipends to purchase educational resources
- Dedicated conference space
- Simulation Center for simulation-based education
- Research collaborations with faculty at the UC Davis campus at Davis
- Curriculum designed to ensure a breadth of clinical experiences
- Curriculum that includes core education in research methods and biostatistics, as relevant to program and level of training
- Research staff/mentors to assist with IRB proposal, data analysis, and manuscript preparation
- Mentorship for scholarly projects, including quality improvement and research

Quality Improvement:

Residents and fellows participate in longitudinal quality improvement and patient safety curricula, defined by each training program that may include a didactic curriculum, self-directed online modules (e.g., IHI Open School), QI project participation, and presentation of morbidity and mortality cases. Residents/fellows participate in divisional, departmental, and institutional quality committees.

UC DAVIS HEALTH

Graduate Medical Education	Subject:	Educational and Work Environment
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Residents, fellows, and faculty receive periodic feedback from the program and/or department about quality metrics and benchmarks, as well as institutional QI and Patient Safety goals.

Supervision & Accountability:

Each GME program has a responsibility to its residents/fellows to ensure that educational activities are appropriately supervised, accomplished without excessive reliance on residents/fellows to fulfill non-physician obligations, ensure manageable patient care responsibilities, provide a culture of professionalism supporting patient safety and personal responsibility, provision of patient- and family-centered care, and provide for the safety and welfare of the patients entrusted to their care. Resident/fellow schedules, supervision, and progressive responsibility policies are designed specifically to address these requirements.

Professionalism:

Each GME program educates residents/fellows, through various program-determined methods, about the professional responsibilities of physicians, including the requirement that they be rested and fit for duty to provide care for their patients. Methods may include (but are not limited to) didactic conference presentations, mentorship, program advising, assigned reading, and simulation/standardized patient activities.

Fitness for duty implies that residents/fellows shall be rested before a clinical assignment, and that they effectively manage their time before, during, and after work to ensure their own readiness to work and learn. Residents/fellows should be able recognize impairment (from fatigue, substance abuse, or a general medical condition) in themselves, their peers, and other members of the healthcare team (including a supervisor).

Supervising faculty assess resident/fellow professionalism as a part of each educational rotation/experience. Peers, patients/patient families), nurses, ancillary staff, and others (as relevant to the specialty) assess resident/fellow professionalism periodically. The program monitors resident/fellow work hours through EcoTime®. Rotation and shift assignments are established within the ACGME work hour standards.

Graduate Medical Education	Subject:	Educational and Work Environment
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Residents/fellows should demonstrate a commitment to lifelong learning by monitoring their personal performance; and accurately reporting their work hours, patient outcomes and procedures, and clinical experience data. They should demonstrate responsiveness to patient needs that supersede their own self-interest.

Anonymous Reporting:

The program supports a policy and culture of anonymous reporting of concerns about fitness for duty, supervision, and impairment. Residents/fellows may report concerns to the:

Program Director (via a Concern card in MedHub)
Chief residents
Direct supervisor
Department Chair
DIO/Associate Dean of GME (via an "Anonymous Note to the DIO" through Med Hub
Medical center Ombudsperson
Academic and Staff Assistance hotline (734-ASAP)
University of California whistleblower hotline (800) 403-4744.

Confidential reports of unprofessional or illegal behavior will be investigated and addressed appropriately.

Any form of retaliation against a resident who, in good faith, reports themselves, a colleague, or a safety or performance concern (e.g. fitness for duty, concern about impairment, competence, or supervision, workplace safety) will not be tolerated.

Resident Well-Being:

The programs/institution have established/are establishing wellness curricula that support efforts to enhance the meaning that each resident/fellow finds in the experience of being a physician, and faculty participate in this curriculum as well. Resident/fellow schedules, work intensity, clinical assignments, and work compression are regularly scrutinized to minimize negative effects on physician well being.

UCDAVIS HEALTH

Graduate Medical Education	Subject:	Educational and Work Environment
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The policies and programs established by each residency/fellowship program are designed to optimize the balance between resident/fellow and faculty well being and the educational and patient care demands necessary to ensure optimal clinical training, progress towards independence for unsupervised practice, and safe patient care.

Residents/fellows may attend medical, mental health, and dental appointments during work hours. For non-urgent appointments, schedule arrangements must be discussed/planned in advance with the Program Director or their delegate (as defined by each program).

There are circumstances in which residents/fellows may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program has procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These must be implemented without fear of negative consequences for the resident/fellow who is unable to provide the clinical work.

The institution and programs educate residents and fellows about the signs of and impact of physician burnout. This may occur during (not limited to) orientation, didactic conferences, and mentor/mentee meetings. Residents/fellows are educated on how to recognize the signs of burnout in themselves and a colleague. Residents/fellows have access to self-screening tools

The University has several resources in place for residents who identify or are identified as struggling with burnout, depression, or anxiety.

All residents, fellows, and faculty members are encouraged to complete a brief, online confidential Wellness Survey to find out how stress and depression may be affecting them. After a resident/fellow completes the questionnaire, one of UC Davis Health's experienced program counselors will send directly to the resident/fellow (and only to the resident/fellow) an assessment with any recommendations for further evaluation or follow-up. This service is completely **confidential**. The survey may be accessed at https://www.ucdhswellbeing.org/welcome.cfm

The University also provides access to confidential free or affordable mental health assessment and treatment and counseling, and access to urgent and emergency care 24 hours a day, 7 days a week.

UCDAVIS
HEALTH

Graduate Medical Education	Subject:	Educational and Work Environment
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Residents/fellows may avail themselves, or may be directed to, the Academic and Staff Assistance Program (ASAP). The Academic and Staff Assistance Program (ASAP) offer confidential, cost-free assessment, counseling, consultation and referral services to residents/fellows and their families. Whether the problem is work-related or personal; administrative or individual; career or relationship focused; ASAP can assist in recognizing and resolving the problem. For assistance or more information, residents/fellows may call ASAP at (916) 734-2727. ASAP is located in Ticon III, room 2100, 2730 Stockton Blvd., 2 blocks south of the main hospital. An ASAP counselor can arrange to meet the resident/fellow elsewhere if needed.

Additional Wellness Resources are available at
http://ucdmc.ucdavis.edu/medstaffwellbeing/wellnessresources.html

Open Door Policy:
The Program Directors and the DIO/Associate Dean of GME have an open door policy for residents/fellows who have concerns about the work and learning environment, the curriculum, their wellness, a colleague, or any other aspect of the program. Residents/fellows may, at any time, contact the DIO or Program Director in confidence if they have concerns about themselves, a peer, or a faculty members showing signs of burnout, depression, impairment, substance abuse, or potential for violence.

Clinical Experience and Education:
The institution and GME programs have policies in place that describe expectations and limitations regarding duty hours, moonlighting, call, duty period length, and rest intervals.

Resident Medical Staff Committee:
UCDMC's Medical Staff has created a Resident Medical Staff Committee (RMSC). The RMSC provides a formal mechanism for resident and fellow participation in the development, review, and evaluation of resident/fellow patient care responsibilities and functions in the University of California, Davis Medical Center, including: professional performance, performance improvement, risk management, and patient satisfaction. The RMSC is advisory to the Medical Staff Executive

Graduate Medical Education

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Committee. Through this committee, residents/fellows are actively engaged in the enhancement of both the performance of patient care and the patient experience in a supportive academic learning environment.

Other Health System Resources for Residents:

UCOP Policy on Sexual Violence and Sexual Harassment:
http://policy.ucop.edu/doc/4000385/SVSH

UC Davis Sexual Violence Prevention and Response:
http://sexualviolence.ucdavis.edu

UC Davis Administrative Policy Manuals:
http://manuals.ucdavis.edu/PPM/400/400-20.pdf
(see Chapter 400, Campus Climate Section 20, Sexual Violence and Sexual Harassment)

UC Davis Harassment and Discrimination Assistance and Prevention Program:
https://hdapp.ucdavis.edu/

Center for Advocacy, Resources & Education (CARE):
(530) 752-3299 or email ucdcare@ucdavis.edu

UC Davis Health Confidential Sexual Harassment Hotline: (916) 734-2255