

UCSF Pulmonary & Critical Care Medicine Fellowship Training Program

Well-being Policy

General Considerations:

Well-being of fellows is extremely important to our fellowship program. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of fellowship training.

Each program, in partnership with the UCSF School of Medicine and Office of GME, has the same responsibility to address well-being as it does to evaluate other aspects of resident and fellow competence. This responsibility must include:

- Efforts to enhance the meaning that each fellow 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;
- Attention to scheduling, work intensity, and work compression that impacts resident and fellow well-being;
- Evaluating workplace safety data and addressing the safety of fellows and faculty;
- Policies and programs that encourage optimal fellow and faculty member well-being; and
- Attention to fellow and faculty member burnout, depression, and substance abuse. Our Fellowship program, in partnership with the UCSF School of Medicine and Office of GME, must educate faculty and fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Fellows and faculty must also be educated to recognize those symptoms in themselves and how to seek appropriate care.

Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.

The program, in partnership with the UCSF School of Medicine and Office of GME, must:

- Encourage fellows and faculty to alert the program director or other designated personnel or programs when they are concerned that another fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence;
- Provide access to appropriate tools for self-screening; and,
- 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.

There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, and family emergencies.

Please see our separate attached document on Leave and Vacation Policies, which ensure coverage of patient care in the event that a fellow is unable to perform his/her patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident or fellow who is unable to provide the clinical work

Program-Specific Considerations:

In accordance with recommendations from the ACGME and consistent with UCSF policy, the Fellowship Program in Pulmonary & Critical Care Medicine has an explicit policy regarding the Well-Being/Impairment of Fellows.

The UCSF Division of Pulmonary and Critical Care Medicine is a large and collegial Division, whose Faculty are committed to the education and nurturing of Fellows. Faculty are intimately involved in all of the clinical activities of the Division, and routinely cover the clinical services so that Fellows can attend scientific meetings, etc. Thus, Faculty are always available to step in should there be a need.

Training: At a staff meeting, Faculty are instructed in issues related to physician impairment, and Fellows receive instruction as part of the UCSF GME Orientation. Issues addressed are the recognition of, intervention in, and management of impairment related not only to sleep deprivation and long work hours, but also to issues such as alcohol and other substance abuse; depression; dementia; and other mental, emotional, and physical disorders in their peers, as well as in the principles and methods of active intervention. All Fellows are required to complete the UCSF educational module, "*Sleep, Alertness, and Fatigue Education (SAFER)*" annually, <http://medschool.ucsf.edu/gme/ProgResources/SAFER.html>.

Monitoring: Fellows work closely with Attendings, who spend 4-8 hours per day in face-to-face interactions. Any evidence of impairment is therefore appreciated by Faculty who are reminded of the issues and who are sensitive and observant.

Moreover, the UCSF Pulmonary & Critical Care Fellowship Coaching Program pairs fellows with one-on-one coaches for longitudinal mentorship, coaching, and oversight of fellows. Coaches meet one-on-one with fellows at least monthly throughout the three years of ACGME time in fellowship. Each monthly coaching meeting starts off with open-ended questions by coaches about fellow well-being and fatigue.

A Fellow who is too tired or otherwise unable to perform his/her duties safely and effectively should be sent home (by taxi if necessary) and the Attending will assume responsibility for the Fellow's clinical duties.

The Program Director should be notified and he/she will follow up with the fellow to determine if there is a systemic problem that led to the event. In addition, both the Program Director and the Associate Program Director have "open door policies" and are available at any time to sit down with Fellows to discuss any issues. In addition the Program Director solicits an assessment of Fellows' well-being at virtually every Faculty Meeting, and at the monthly meeting with the 3 Division Chiefs from Parnassus, ZSFG, and the SF-VAH..

Resources: The UCSF Faculty & Staff Assistance Program (FSAP) provides confidential assessment, counseling, crisis intervention and referral services to faculty, staff, and

healthcare professionals of the campus community. They provide consultation and organizational counseling interventions with skill and compassion that honors the dignity of all. The Program Director will consult with the FSAP anytime there is a question regarding possible physician impairment.

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Approved by Pulmonary & Critical Care PEC XX, XX, 2018

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