



## OPERATING POLICY

**DEPARTMENT: GRADUATE MEDICAL EDUCATION**

**CATEGORY: GRADUATE MEDICAL EDUCATION**

**SUBJECT: RESIDENT WHOLENESS**

**CODE: GMEC-12**

**EFFECTIVE: 07/2017**

**REPLACES: GMEC-12 (01/2013)**

**PAGE: 1 of 3**

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1. Loma Linda University Health Education Consortium (Consortium) is committed to providing quality graduate medical education to its resident physicians that promotes the safety of current and future patients of the residents. As part of this effort, it promotes a supportive clinical learning environment that encourages wholeness on the part of residents and other members of the healthcare team. It seeks to instill in resident physicians a life-long commitment to their own wellness and responsiveness to the needs of patients that supersedes self-interest.
2. As a Seventh-day Adventist institution, the Sabbath symbolizes our commitment to enhancing each individual's wholeness and our mission to "make man whole."
  - a. Duties between the hours of sunset Friday evening and sunset Saturday evening shall be arranged to allow the maximum number of resident physicians to be free of patient care duties
  - b. Didactic sessions will not be scheduled during those hours
  - c. Reasonable accommodation is encouraged for individual days of worship.
3. Professional Responsibilities: Residents and faculty members must demonstrate an understanding of their personal role in the:
  - a. provision of patient- and family-centered care;
  - b. safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events;
  - c. assurance of their fitness for work, including:
    - management of their time before, during, and after clinical assignments; and,
    - recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team.
  - d. commitment to lifelong learning;
  - e. monitoring of their patient care performance improvement indicators; and,
  - f. accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data.
4. Mistreatment: Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff. The Consortium, its affiliates, and its individual programs maintain processes for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. These include:
  - a. Employee Assistance Program
  - b. Graduate Medical Education Office
  - c. Human Resources Department
  - d. Confidential Advisors for Residents
  - e. Physician Vitality Program

5. Physician Vitality Program & Related Resources: The Consortium maintains a Physician Vitality Program that seeks to enhance the meaning that each resident finds in the experience of being a physician. As part of this mission, it provides:
- a. Education to faculty members and residents in identification (in themselves and others) of burnout, depression, and substance abuse. This education includes how to seek assistance for these conditions for themselves and others.
    - i. Residents and faculty members are directed to alert the program director, department chair, Graduate Medical Education Office, Physician Well-Being Committee, Employee Assistance Program or other resources when they are concerned that another resident or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence;
    - ii. Appropriate tools for self-screening on these issues shall be available on the Consortium website; and,
  - b. 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.
  - c. Education to faculty members and residents on recognizing the signs of fatigue and sleep deprivation; managing alertness; mitigating fatigue; and, encouraging residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.
    - i. The Consortium will reimburse residents for rides via taxi or similar services to and from home (within a 45 mile radius of the work site) for residents who need this due to fatigue.
    - ii. The Consortium will provide one day lodging at Loma Linda Inn for residents who need this due to fatigue.
6. Clinical Experience and Education: Programs must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.
- a. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
  - b. Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80- hour and the one-day-off-in-seven requirements.
  - c. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.
  - d. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

- i. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time
  - ii. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call
  - iii. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
    - to continue to provide care to a single severely ill or unstable patient;
    - humanistic attention to the needs of a patient or family; or,
    - to attend unique educational events.
- e. These additional hours of care or education will be counted toward the 80-hour weekly limit.
- f. (4) Maximum In-House On-Call Frequency Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
- g. In-House Night Float must occur within the context of the 80-hour and one-day-off-in-seven requirements.
- h. At-Home Call Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.
  - i. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
  - ii. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit
- i. The program shall:
  - i. attend to scheduling, work intensity, and work compression that impacts resident well-being;
  - ii. evaluate workplace safety data and address the safety of residents and faculty members;
  - iii. Provide residents the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
  - iv. Provide coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities due to such events as fatigue, illness, and family emergencies. Such absences must be covered without fear of negative consequences for the resident who is unable to provide the clinical work.
- j. Moonlighting: Time spent moonlighting as a physician or in similar activity is included as being on duty. See Moonlighting policy (GMEC-26)