Policy Name: CPGME Resident Wellness Policy

<table>
<thead>
<tr>
<th>Application/Scope:</th>
<th>All PGME Programs</th>
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**BACKGROUND**

The University of Manitoba is committed to student wellness. This policy reflects the Max Rady College of Medicine’s commitment to safe, positive and healthy learning environment for all University of Manitoba postgraduate trainees by creating, promoting and sustaining a culture of wellness and resilience within the workplace.

The CanERA Standards of Accreditation for Institutions with Residency Programs and the CanERA Standards of Accreditation for Residency Programs require PGME policies that promote and address a positive and safe learning environment for all postgraduate trainees and for those involved in postgraduate residency education. Additionally, policies must be in place to address the physical and psychological safety of all postgraduate trainees, including specific actions to address fatigue risk management.

This policy identifies the services and supports that are available to all postgraduate trainees provided by the Rady Faculty of Health Sciences, Max Rady College of Medicine, to support resident wellness and a safe and positive learning environment. Additionally, this policy identifies key metrics to assess markers of resident wellness and a positive learning environment as well as reporting standards from sites and programs related to wellness activities and initiatives. This policy is to provide an overarching approach to wellness amongst postgraduate trainees; individual programs will have additional offerings or supports that are considered complimentary to those outlined in this policy.

**DEFINITIONS**

**CanERA** – Canadian Excellence in Residency Accreditation is the consortium of the RCPSC, CFPC and College des médecines du Québec

**CFPC** - College of Family Physicians of Canada

**Clinical Supervisor/Preceptor** – the physician to whom a trainee reports during a given interval of time, such as an on-call shift. Residents or fellows often serve in the role of Clinical Supervisors, but they do not act as the Most Responsible Provider for patient care.

**CMO** – Chief Medical Officer
CPGME – Max Rady College of Medicine Postgraduate Medical Education Office

CPSM – College of Physicians and Surgeons of Manitoba

Dismissal – is the termination of the trainee’s enrollment in the training program due to academic, professionalism and/or other reasons

Doctors Manitoba – An organization serving the physicians of Manitoba, advocating for their professional, economic and personal well-being

Fatigue Risk Management – A set of ongoing fatigue prevention practices, beliefs, and procedures integrated throughout all levels of an organization to monitor, assess, and minimize the effects of fatigue and associated risks for the health and safety of healthcare personnel and the patient population they serve

Home Residency Program – the Residency Program in which the Resident is based

Illness Days – means a periodic (less than fourteen consecutive calendar days) planned or unplanned time away from training due to medical illness

KEEP IT UP Button – an online mechanism for postgraduate trainees to recognize excellence in teaching faculty independent of the Preceptor Feedback Form/Faculty Evaluation Form

Learning Environment – The diverse physical locations, contexts, and cultures in which trainees learn

Leave of Absence (LOA) – is an approved planned or unplanned interruption of training (greater than fourteen consecutive calendar days) for any of a variety of reasons, including medical illness, bereavement, maternity, paternity, partner leave and educational leave. Vacation, Religious Observances, statutory holidays, examination days and unplanned sick days are not leaves of absence

PARIM – Professional Association of Residents and Interns of Manitoba

PGME – Postgraduate Medical Education

PGME Student Affairs and Wellness Office – serves as a liaison to many campus services such as career and personal coaching, student accessibility services and student advocacy. Work on behalf of postgraduate trainees with all levels of medical program administrators, Deans, faculty and various departments in the Max Rady College of Medicine

Postgraduate Trainee – is a resident, fellow or learner, who has been accepted into or is enrolled in a program within the Max Rady College of Medicine, Postgraduate Medical Education

Probation – is an interval/period of training during which the trainee is expected to correct areas of serious clinical or academic challenges or concerns about professional conduct that are felt to jeopardize successful completion of the Residency Program. Probation implies the possibility of Dismissal from the Residency Program if sufficient improvement in performance is not identified at the end of the Probation Period. It is comprised of a formal program/plan of individualized educational support, assessment and monitoring designed to assist the trainee in correcting identified serious performance deficiencies

Professionalism and Diversity Office – is available to all faculty and learners within the College of Medicine through a variety of proactive and reactive activities. Ensure that all faculty and
learners are held to professional standards consistent with the practice of medicine, recognizing
the responsibility and privilege that accompanies the physician role.

**Program Wellness Lead** – the Faculty member responsible for coordinating the PGME Wellness Program and supports the wellness interests of the residents

**Quadruple Aim** – an approach to enhancing patient experience, improving population health, reducing costs and improving the work life of healthcare providers

**Remediation** – is an interval of training consisting of a formal program of individualized educational support, assessment and monitoring which is designed to assist a trainee in correcting identified areas of performance deficiencies. The goal of Remediation is to maximize the chance that the trainee will successfully complete the Residency Program

**RCPSC** - Royal College of Physicians and Surgeons of Canada

**Resident** – An individual enrolled in one of the Residency Programs under the authority of the Associate Dean, PGME. The following is a listing of Resident categories within PGME at the Max Rady College of Medicine:

- A postgraduate learner who has obtained a Doctorate of Medicine (MD) and has an educational or a general license from the College of Physicians and Surgeons of Manitoba (CPSM)
- A learner enrolled in the Clinical Health Psychology Program
- A learner enrolled in one of the non-medical Residency Programs:
  - Clinical Biochemistry
  - Molecular Genetics and Cytogenetics
  - Clinical Microbiology
- A learner enrolled in one of the College of Dentistry Programs
  - Oral and Maxillofacial Surgery
  - Dental Internship
  - Pediatric Dentistry

**SAS** - Student Accessibility Services, University of Manitoba

**Shared Health** – Shared Health Inc., the employer of the Residents

**SPEAK UP Button** – an online mechanism for trainees to report urgent concern anonymously and confidentially

**Student Services at Bannatyne Campus (SS@BC)** – provides consultation, support and referral services to all undergraduate and graduate students and residents in the Rady Faculty of Health Sciences (RFHS) and are separate and distinct from any academic program and exist solely to support students’ personal and academic success

**Supervising Physician/Preceptor** – a physician who oversees, and is the Most Responsible Provider for, the clinical activities of one or more Trainees, and has the appropriate privileges at the clinical setting

**Suspension** – is the temporary removal of a resident from clinical and academic activities

**Wellness** - A state of health, including physical, mental, and social wellbeing, that goes beyond the absence of disease or infirmity
1. PURPOSE

1.1 To identify the services and supports that are available to all postgraduate trainees provided by the Max Rady College of Medicine to support resident wellness and a safe and positive learning environment

1.2 To establish key metrics to assess markers of resident wellness and a positive learning environment as well as reporting standards from sites and programs related to wellness activities and initiatives

1.3 To provide an overarching approach to wellness amongst postgraduate trainees and to ensure the safety and wellness of both trainees and patients; individual programs will have additional offerings or supports that are considered complimentary to those outlined in this policy

2. STATEMENT OF POLICY

2.1 The PGME Student Affairs and Wellness office provides a safe and confidential venue to support postgraduate trainees with any concerns that arise as part of their postgraduate training. Postgraduate trainees have access to mentorship support with respect to academic counselling, remediation and accommodation. The office is also available for postgraduate trainees experiencing difficulties in their personal lives that may affect their clinical work

2.2 The PGME Student Affairs and Wellness Office partners with other key offices and programs including Professionalism, Equity, Diversity and Inclusion, UGME Student Affairs and supports initiatives that support resident leadership, advocacy and other programs recognizing that resident wellness extends beyond personal wellness initiatives

2.3 All PGME programs will provide an annual summary of wellness-related topics and how they are addressed within their programs. Topic areas include: personal wellness, collaboration, leadership, health advocacy, patient safety, quality improvement and professionalism. The report is meant to summarize what is being done in addition to topics addressed in the core curriculum and to provide an opportunity for potential collaboration across departments

2.4 The safety and wellness of patients and residents is actively promoted throughout the learning environment. All postgraduate trainees have access to resources and supports available to them including, but not limited to, the following:

2.4.1 **Resident Safety:** Resident safety is guided by the CPGME [Resident Safety Policy](#), the concept of resident safety includes physical, psychological and professional security, including resident involvement in extraordinary circumstances. This policy ensures the safety of postgraduate trainees and ensures the safety and proper care of patients in educational settings. All residency programs must adhere to the CPGME Resident Safety Policy

2.4.2 **Resident Travel:** Residents who wish to engage in International Electives must adhere to the [CPGME International Electives Policy](#). The CPGME office, in coordination with the International Centre of the University of Manitoba, provide education and support on international travel to ensure residency education occurs in a safe learning environment
2.4.3 **Resident Supervision:** Resident Supervision is directed by the Max Rady College of Medicine [Supervision of Learners Policy](#). The policy clarifies the roles and responsibilities of learners, ensures adequate supervision and ensures the safety and proper care of patients in educational settings. All residency programs must adhere to the Supervision of Learners Policy.

2.4.4 **Learning Environment:** Regular environmental scans of Programs are conducted by the Professionalism Office to ensure residency education occurs in a safe learning environment. Concerns with the safety of the learning environment are appropriately identified and remediated; follow up on matters is planned and all documentation from matters are developed and maintained. Anonymous reports are shared with Shared Health and University Leadership. Aggregate reports are shared with Department Heads and Program Directors for follow up.

Prevention of learner mistreatment is guided by the [Max Rady College of Medicine Prevention of Learner Mistreatment Policy](#). Postgraduate trainees are encouraged to report all instances of mistreatment in the learning environment. Several reporting options are provided: Speak Up button, end of rotation evaluation with link to the mistreatment survey and via email to both the PGME Student Affairs and Wellness office or to the Professionalism Office. Postgraduate trainees, if they choose, are offered the opportunity to meet in the PGME Student Affairs and Wellness Office to further discuss any instance of mistreatment and to explore further options for support.

All mistreatment surveys and Speak Up reports are reviewed by the Professionalism Office at the end of each rotation. Quarterly summaries of mistreatment reports are collated and reviewed via the Professionalism Office. These reports are distributed to the Associate Dean, Postgraduate Student Affairs and Wellness and shared with the Associate Dean, PGME, Department Heads, Shared Health and site CMOs. Upon initial review, situations deemed urgent by the Professionalism Office are addressed more urgently. Postgraduate trainees involved are encouraged to connect with the PGME Student Affairs and Wellness Office for ongoing support.

2.4.5 **Fatigue Risk Management:** Fatigue is a hazard in medical education that impacts residency training and workplace health and safety, with potential implications for patient safety. Fatigue is an inevitable aspect of continuous healthcare service and therefore it is not realistic to eliminate risk but rather to work collectively to mitigate the risk across the system. Successful management of fatigue risk is therefore the shared responsibility among all those who have a role within medical education. In accordance with recommendations put forward in the [Fatigue Risk Management Toolkit](#), several metrics are established to address fatigue risk management and identify potential higher risk rotations/sites that may warrant more specific intervention including:

2.4.5.1 Clinical departments and all Residency Programs must have their own Fatigue Risk Management policy to prevent, mitigate and manage the hazards of fatigue during residency which will complement this PGME Resident Wellness Policy (Appendix 1 – [Fatigue Risk Management Template](#)).

2.4.5.2 Every trainee bears a responsibility to self, to their peers and to those for whom they provide care, to manage their fatigue during training and as they transition into practice.

2.4.5.3 Trainees have a responsibility to report to their immediate supervising physician/preceptor, when they have not been able to obtain sufficient sleep.
or believe they are at risk of making a fatigue-related error and must engage in appropriate risk mitigation strategies

2.4.5.4 Postgraduate trainees can anonymously report fatigue risk management concerns as part of the end of rotation evaluation which includes a question about compliance with duty hours limitations, average number of hours worked per week and working while sick. These results are summarized quarterly and shared with Department Heads, PGME, Program Directors and CMOs.

2.4.5.5 Incident or event reporting will be confidential and for the purposes of maintaining a safe learning environment; therefore postgraduate trainees will feel safe in voicing and reporting any fatigue-related risks they observe.

2.4.5.6 In support of the health and well-being of postgraduate trainees, the Max Rady College of Medicine in collaboration with PARIM, have arranged for all postgraduate trainees to have access to safe transportation home post-call.

2.4.6 Leave of Absence (LOA): Trainee LOAs are guided by the CPGME Leave of Absence and Waiver of Training Policy. In some cases, LOAs might be necessary to ensure patient safety. All postgraduate trainees pursuing a Leave of Absence must connect with the PGME Student Affairs and Wellness Office prior to the start of their leave to ensure the following:

- All necessary resources, documentation and approvals are in place
- The trainee has a complete understanding of the impact of the LOA on duration of training (if applicable)

2.4.7 Remediation, Probation and Suspension: Trainee Remediation, Probation and Suspension are guided by the CPGME Resident Assessment Policies (RCPSC Time-Based, RCPSC CBME & CFPC Family Medicine Assessment, Probation & Remediation). In some cases, a suspension might be required to ensure patient safety. All postgraduate trainees beginning a Remediation, Probation or Suspension must connect with the PGME Student Affairs and Wellness Office prior to the start of their Remediation, Probation or Suspension to ensure the following:

- The trainee has appropriate services and supports to optimize success of remediation/probation/training
- The trainee is aware of implications of status regarding their Remediation, Probation or Suspension

2.4.8 Accommodation: The PGME Student Affairs and Wellness Office works collaboratively with Student Accessibility Services (SAS) and PGME programs to support postgraduate trainees with accommodation needs. The Max Rady College of Medicine is required to follow the University of Manitoba Accessibility Policy and Student Accessibility Procedure. All Trainees in PGME Programs must meet the essential skills and abilities requirements outlined in the Essential Skills and Abilities (Technical Standards) for Admission, Promotion or Graduation in the PGME Program, and Accommodation Policy.

2.4.9 Program Wellness Leads: Identified PGME Wellness Leads within PGME programs are invited to an annual meeting to provide an update and summary on the work being done in this area across all programs. This group also supports organization and planning of the annual wellness retreat and other PGME-wide
initiatives

2.4.10 **PARIM & Doctors Manitoba:** Both PARIM and Doctors Manitoba provide wellness supports and programs accessible by all postgraduate trainees. Their websites provide information, tools and resources to promote physician health and wellness.

2.4.11 **Resident Retreat:** The PGME Student Affairs and Wellness Office, in collaboration with all PGME programs and supported by the Dean's Office and Shared Health Manitoba, organizes an annual Resident Retreat, as protected time for all postgraduate trainees to participate in sessions, discussions and activities related to personal wellness, health care provider and team culture and the role of residents and physicians in pursuing the Quadruple Aim. This is also an opportunity for postgraduate trainees from all programs to learn together thus creating an environment for intraprofessional collaboration. A concurrent program is developed with distributed sites so all postgraduate trainees are able to participate.

2.5 **Confidentiality of Information:** All information regarding wellness and safety concerns disclosed by postgraduate trainees, including personal health information, shall be kept confidential in accordance with The Freedom of Information and Protection of Privacy Act (Manitoba) and The Personal Health Information Act.

2.5.1 The information will be shared with only those who need to know in order to give effect to the policy and its procedures, and to assist the resident in obtaining adequate support and resources.

3. **PROCEDURES**

3.1 Postgraduate trainees are informed of the process to access wellness supports and resources by means of the following:

- Orientation Session for New postgraduate trainees prior to the commencement of the Home Residency Program

- This policy is posted on the PGME Program website

- The PGME Student Affairs and Wellness Office maintains both a Wellness website and a Student Affairs website

- Programs are encouraged to connect with the PGME Student Affairs and Wellness Office to arrange additional presentations for their postgraduate trainees related to these topics and services

3.2 Postgraduate trainees requiring supports can be identified, as follows:

3.2.1 The PGME Student Affairs and Wellness Office and/or the Student Services at Bannatyne Offices will connect with the appropriate services as indicated

3.2.2 In the course of the Residency Program, a resident may disclose information to the Associate Dean, Postgraduate Student Affairs & Wellness, the Associate Dean, PGME, the Residency Program Director, or Shared Health, as employer, indicating that they would benefit from wellness resources and supports. The appropriate resources and supports will be arranged by the individual to whom the information was disclosed.
3.2.3 A resident requesting LOA is referred to and must connect with the PGME Student Affairs and Wellness Office prior to the start of their leave

3.2.4 A resident beginning a Remediation, Probation or Suspension is referred to and will connect with the PGME Student Affairs and Wellness Office prior to the start of their Remediation, Probation or Suspension

**POLICY CONTACT:** Associate Dean, Postgraduate Student Affairs & Wellness and Associate Dean, PGME
REFERENCES

Bodenheimer, Thomas, Sinsky, Christine. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Published online November/December 2014, doi: 10.1370/afm.1713 Ann Fam Med vol. 12 no. 6 573-576. http://www.annfammed.org/content/12/6/573.full


Doctors Manitoba Physician Health and Wellness Website http://www.docsmbwellness.org/


Max Rady College of Medicine, PGME Student Affairs and Wellness Office http://umanitoba.ca/faculties/health_sciences/medicine/wellness/index.html

Max Rady College of Medicine, Professionalism Office http://umanitoba.ca/faculties/health_sciences/medicine/professionalism/index.html

PARIM Health & Wellness Services for Residents Website http://www.parim.org/resident-wellness/

Student Affairs, Student Services at Bannatyne, University of Manitoba http://umanitoba.ca/student/bannatyne/

University of Manitoba, Accessibility Policy and Student Accessibility Procedure https://umanitoba.ca/admin/governance/governing_documents/students/accessibility.html


University of Manitoba, CPGME Resident Assessment Policies (RCPSC Time-Based, RCPSC CBME & CFPC Family Medicine Assessment, Probation & Remediation) http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/policies.html

Fatigue Risk Management Policy – XXX Residency Program  
University of Manitoba Max Rady College of Medicine

<table>
<thead>
<tr>
<th>XXX Residency Training Program Policy on Fatigue Risk Management</th>
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<tbody>
<tr>
<td><strong>Approved (date)</strong></td>
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<td><strong>Review date</strong></td>
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<td><strong>Revised date</strong></td>
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**Background/Introduction**

Fatigue is a hazard in medical education that impacts residency training and workplace health and safety, with potential implications for patient safety. Fatigue is an inevitable aspect of continuous healthcare service and therefore it is not realistic to eliminate risk but rather to work collectively to mitigate the risk across the system. Successful management of fatigue risk is therefore the shared responsibility among all those who have a role within medical education. Within that shared responsibility, trainees have a key role in managing and reporting their own fatigue to their supervisors, peers and to the healthcare team. To support this, medical education leaders are accountable for ensuring practices are in place that enable and protect every trainee’s ability to fulfill their role in the management of fatigue risk.

**Objective**

The objective of this policy is to prevent, mitigate and manage the hazard of fatigue during residency in the XXX Program, and to promote health and wellbeing for physicians and for the provision of quality patient care.

**Definitions**

<table>
<thead>
<tr>
<th><strong>Continuous Quality Improvement</strong></th>
<th>Structured process to improve all aspect of care and service continually; ongoing study to improve performance. For FRM, CQI will explicitly entail the promotion and sharing of information, and communicating learnings from incidents as they occur.</th>
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<tbody>
<tr>
<td><strong>Fatigue</strong></td>
<td>A subjective feeling of tiredness that is experienced physically and mentally. It ranges from tiredness to exhaustion, creating an unrelenting overall condition that interferes with individuals’ physical and cognitive ability to function to their normal capacity. Its experience involves some combination of features: physical (e.g. sleepiness) and psychological (e.g. compassion fatigue, emotional exhaustion) (Adapted from RNAO, 2010).</td>
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<tr>
<td><strong>Fatigue Risk Management (FRM)</strong></td>
<td>A set of ongoing fatigue prevention and mitigation practices, principles, and procedures integrated throughout all levels of the clinical and academic work environment, and are designed to monitor, ameliorate and manage the effects of fatigue and associated risks for the health and safety of healthcare personnel and the patient population they serve (FRM Task Force, 2016).</td>
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<tr>
<td><strong>FRM Officer/LWG (local working group)</strong></td>
<td>Group or individual responsible for oversight of the process by which fatigue risk is managed and monitored in the clinical practice and learning environment. In the XXX program this will be the Program Director with input from the RPC.</td>
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</table>
Scope

This policy applies to all postgraduate trainees in the XXX program of the Max Rady College of Medicine for the duration of all activities associated with the performance of their trainee duties.

Key Roles and Responsibilities

Program Director

- Work with Postgraduate Dean to develop a FRM policy and ensure its implementation
- Monitor faculty, staff, and learners to guarantee participation in FRM training and education
- Participate in FRM training of residents and faculty
- Incorporate educational resources and information on fatigue prevention, mitigation, and recognition strategies in program
- Ensure FRM measures are appropriate
- Prioritize allocation of resources to reduce highest levels of fatigue risk
- Monitor compliance with the FRM Policy
- Advise postgraduate deans of barriers preventing the effective management of fatigue-related risks
- Ensure suitable processes are in place to respond to reports of fatigue-related incidents, errors, and/or behaviours in an appropriate manner via the FRM Local Working Group and/or appropriate risk management committee
- Participate in the continuous evaluation, monitoring, and improvement of residency programs and address issues affecting residence program quality

Resident

- Arrive at shift in a state fit to safely conduct duties
- Use time outside of work to obtain adequate rest and to ensure fitness for work
- Report when they have not been able obtain sufficient sleep or believe they are at risk of making a fatigue-related error and identify and engage in appropriate risk mitigation strategies
- Collectively identify and report context-specific fatigue related risks to the Fatigue Risk Management Local Working Group (Program Director)
- Individually report specific errors and fatigue-related behaviours or situations that may present a fatigue-related risk
- Complete all training required by the UM PGME FRM strategy
- Employ appropriate Fatigue Risk Mitigation Strategies
- Participate in the continuous evaluation, monitoring, and improvement of the residency program and address issues affecting residence program quality

Procedure
Process for communication

Residents will be expected to meet the above noted responsibilities for attending to their training program duties in a non-fatigued state. When the resident recognizes, for any reason, that they are in a fatigued state they will be expected to notify the Program Director and clinical supervisor by completing the Fatigued State Reporting Form (available from the PA and provided to residents during orientation in electronic format).

Practices around service hours and scheduling/rostering

Practices around safe vehicle travel for clinical or academic purposes

If residents find themselves in a state of fatigue they will opt to utilize alternative forms of transportation in order to avoid the risks associated with driving while fatigued. The University of Manitoba offers a post-call taxi reimbursement program to provide safe transportation home after on-call. Alternatively, XXX Residency program has access to a post-call room to allow a resident to sleep for a period of time to allow them to return to a state of restfulness to allow them to safely drive themselves home in their own vehicle.

Reporting practices to ensure fatigue is effectively monitored

The Program Director will report of summary of Fatigue State Reporting to the RPC on an annual basis.

Protocols to ensure staff and trainees are educated and trained on the effects of fatigue and how to manage fatigue in their context

This policy, including associated procedures and expectations will be reviewed with residents at their orientation to the program. An electronic copy of the documents will be provided to residents for their use and review as necessary.

A session will be included in the academic half day of the training program related to fatigue risk and its management. This session will include a comprehensive review of the risks associated with fatigue in the health care professional, the consequences of ongoing fatigue and methods to mitigate those risks.
Fatigue Risk Management Reporting Form
xxx Residency Program
University of Manitoba Max Rady College of Medicine

Background

Fatigue is a hazard in medical education that impacts residency training and workplace health and safety, with potential implications for patient safety. Fatigue is an inevitable aspect of 24/7 healthcare service and therefore it is not realistic to eliminate risk but rather to work collectively to mitigate the risk across the system. Successful management of fatigue risk is therefore the shared responsibility among all those who have a role within medical education. Within that shared responsibility, trainees have a key role in managing and reporting their own fatigue to their supervisors, peers and to the healthcare team. To support this, medical education leaders are accountable for ensuring practices are in place that enable and protect every trainee’s ability to fulfill their role in the management of fatigue risk.

Purpose

The purpose of this reporting form is to collect information related to the occurrence of fatigue and the strategies utilized to mitigate the risk associated with these occurrences. The intent of this reporting form is to approach Fatigue Risk Management from a supportive, safety-focused and non-punitive (synonym?) perspective.

Procedures

- Trainees will routinely reflect upon their wellbeing, including their level of fatigue
- If trainees recognize that significant levels of fatigue are present they will complete the accompanying Fatigue Reporting Form and submit it to the Residency Program office
- The Fatigue Reporting Form include a section on Fatigue Risk Mitigation Strategies to be implemented by the trainee. A discussion of the strategies selected by the trainee will occur between the trainee and the trainee’s supervisor
- A summary of all FRM reporting information will be presented by the Program Director to the Residency Program Committee on an annual basis
Fatigue Risk Management Reporting Form  
xxx Residency Program  
University of Manitoba Max Rady College of Medicine

<table>
<thead>
<tr>
<th>Trainee Name</th>
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<tbody>
<tr>
<td>Current Clinical Rotation</td>
<td></td>
</tr>
<tr>
<td>Clinical Supervisor</td>
<td></td>
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<tr>
<td>Today’s Date</td>
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Narrative of current fatigue related situation:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Severity of Fatigue (Epworth Sleepiness Scale - modified)

Answer the following questions based on how you are feeling today. How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? Even if you won’t be doing some of these things today try to work out how they would affect you.

Use the following scale to choose the **most appropriate number** for each situation

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

*It is important that you answer each question as best you can*

<table>
<thead>
<tr>
<th>Situation</th>
<th>Chance of dozing (0-3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Sitting and reading</td>
<td></td>
</tr>
<tr>
<td>b) Watching TV</td>
<td></td>
</tr>
<tr>
<td>c) Sitting, inactive in a public place (e.g. a theatre or a meeting)</td>
<td></td>
</tr>
<tr>
<td>d) As a passenger in a car for an hour without a break</td>
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<tr>
<td>e) Lying down to rest in the afternoon when circumstances permit</td>
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<tr>
<td>f) Sitting and talking to someone</td>
<td></td>
</tr>
<tr>
<td>g) Sitting quietly after a lunch without alcohol</td>
<td></td>
</tr>
<tr>
<td>h) In a car, while stopped for a few minutes in the traffic</td>
<td></td>
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</tbody>
</table>

Total
Based on your current level of fatigue, please indicate which Individual and Team based Fatigue Risk Management Strategies you wish to utilize today.

<table>
<thead>
<tr>
<th>Individual Fatigue Mitigation Strategies</th>
<th>✓</th>
<th>Team-based Fatigue Mitigation Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance of self-assessment prior to and during a work shift to ensure fitness for duty</td>
<td></td>
<td>Communicate fatigue risk declaration to team</td>
</tr>
<tr>
<td>Ensure adequate recovery time prior to each shift</td>
<td></td>
<td>Communicate/document fatigue status in ‘fatigue diary’ or logbook</td>
</tr>
<tr>
<td>Attend and be engaged during fatigue risk management education and training sessions</td>
<td></td>
<td>Communicate fatigue status on daily team notice board</td>
</tr>
<tr>
<td>Judicious use of caffeine</td>
<td></td>
<td>Work in pairs or teams</td>
</tr>
<tr>
<td>Work break/work break with no pager/phone</td>
<td></td>
<td>Reallocate tasks</td>
</tr>
<tr>
<td>Quiet rest</td>
<td></td>
<td>Increase team cross-checking</td>
</tr>
<tr>
<td>Napping/Sleep</td>
<td></td>
<td>Increase supervision</td>
</tr>
<tr>
<td>Increased physical activity/light exercise</td>
<td></td>
<td>Use of video conferencing/telemedicine</td>
</tr>
<tr>
<td>Ensure adequate hydration and nutrition</td>
<td></td>
<td>Base shift schedules on sleep science</td>
</tr>
<tr>
<td>Task rotation</td>
<td></td>
<td>Seek second opinion on critical clinical decisions</td>
</tr>
<tr>
<td>Double-checking calculations and instructions</td>
<td></td>
<td>Ensure fatigued individual avoids acting as primary operator in procedural work whenever feasible</td>
</tr>
<tr>
<td>Defer non-urgent cases</td>
<td></td>
<td>Scheduling less complex or less safety-critical tasks at times of highest fatigue risk, when possible</td>
</tr>
<tr>
<td>Limit overtime hours</td>
<td></td>
<td>Ensure fatigued individual has priority access to on-call room/napping facility where available</td>
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<tr>
<td>Avoid repetitive or monotonous tasks during periods of higher fatigue risk</td>
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<td>Access to taxi vouchers or transportation for safe commute</td>
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<tr>
<td>When possible avoid highly complex tasks during periods of higher fatigue risk</td>
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<td>All clinicians, educators, and learners take responsibility for identifying and reporting unsafe conditions, in accordance with professional standards and hospital policy, without fear of reprisal</td>
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<tr>
<td>Work in pairs or teams</td>
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<td>All clinicians, educators, and learners take responsibility for maintaining optimal personal health and well-being outside of work, including maintaining physical fitness, nutrition, and sleep</td>
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<tr>
<td>Declaration of fatigue risk to team</td>
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<tr>
<td>Employ self-assessment checklists for signs and symptoms of fatigue</td>
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<tr>
<td>When necessary, stand down</td>
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Wellness Policy – XXX Residency Program  
University of Manitoba Max Rady College of Medicine

<table>
<thead>
<tr>
<th>XXX Residency Program Policy on Wellness</th>
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<tr>
<td><strong>Approved (date)</strong></td>
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<td><strong>Review date</strong></td>
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**Background**

Wellness during residency is the state of physical, mental, emotional and financial well-being such that residency is not only a period of surviving but a period of thriving. Stress is a reality and complex for each individual but there are opportunities for personal growth and the ability to recognize negative emotions are essential skills to build capacity for resilient careers in medicine.

**Purposes of This Policy**

The objective of this policy is to augment the CPGME Resident Wellness Policy by identifying the services and supports that are available during residency in the XXX Program, and to promote the health and wellbeing for physicians and for the provision of quality patient care.

**Definitions**

<table>
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<th>Continuous Quality Improvement</th>
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<tr>
<td>Structured process to improve all aspect of care and service continually; ongoing study to improve performance. For FRM, CQI will explicitly entail the promotion and sharing of information, and communicating learnings from incidents as they occur.</td>
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<th>Program Wellness Lead</th>
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<td>The Faculty member responsible for coordinating the PGME Wellness Program and supports the wellness interests of the residents</td>
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<th>Wellness</th>
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<td>A state of health, including physical, mental, and social wellbeing, that goes beyond the absence of disease or infirmity</td>
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**Scope**

This policy applies to all postgraduate trainees in the XXX program of the Max Rady College of Medicine for the duration of all activities associated with the performance of their trainee duties.

**Key Roles and Responsibilities**

**For Residents:**

Residents have a responsibility to themselves, their patients and the program to display:

- Proactive self-care
- Effective time management around clinical and academic assignments
Impairment recognition and notification whether due to illness, fatigue, distress or substance use in themselves or in their peers; trainees have a key role in managing and reporting their own fatigue.

Response to suggestion of accessing and seeking help when needed/suggested by program director, other mentors and/or chief residents.

For Programs:

Programs have a responsibility to their trainees, the University, and the public to:

- Ensure a safe and sustainable work schedule (this includes supporting and scheduling days and breaks, abiding by provincial resident association contracts, supporting and encouraging back-up mechanisms for urgent call replacements).
- Encourage a safe and supportive learning environment through advocacy and identification of institutional or occupational factors affecting resident wellbeing.
  - Ongoing incorporation of meaningful, actionable steps that improve the safety of the clinical learning environment and promote fatigue risk management.
- Assign a Program Wellness Lead to coordinate the PGME Wellness Program and support the wellness interests of the residents.
- Support teamwork and social connection opportunities such as resident retreats, faculty and department wide events with professional colleagues and mentorship activities.
- Ensure opportunities to learn about wellness, self-care skills, resources for reflection and debriefing after adverse or stressful events (including but not limited to patient deaths, medical errors, distressing events).
  - Provide resident education to recognize the symptoms of burnout, depression, and substance abuse in themselves as well as in their colleagues, and to alert the Program Director, a faculty mentor or Chief Residents when they have concerns.
- Provide access to appropriate tools for self-screening and follow-up with distressed residents.

Procedure

Process for communication

Residents will be expected to meet the above noted responsibilities for attending to their health and well-being. When the resident recognizes, for any reason, that they are in a distressed state they will be expected to notify the Program Director and/or access the resources available to them as outlined in the CPGME Resident Wellness Policy.

Reporting practices to ensure Wellness initiatives are in place

The Program Director will provide an annual summary of wellness-related topics and how they are addressed within their programs. Topic areas include: personal wellness, collaboration, leadership, health advocacy, patient safety, quality improvement and professionalism. The report is meant to summarize what is being done in addition to topics addressed in the core curriculum and to provide an opportunity for potential collaboration across departments.