**BEST PRACTICES FOR PROGRAMS TO SUPPORT WELL-BEING**

The Washington University School of Medicine/Barnes-Jewish Hospital/St. Louis Children’s Hospital Consortium acknowledges that medical providers are best able to provide excellent, safe, reliable, and compassionate patient care when the psychological, emotional, and physical well-being and health of the providers themselves are maintained and promoted.  In keeping with the 2017 ACGME Common Program Requirements  Section VI.C. and the Clinical Learning Environment (CLER) Pathways to Excellence version 2.0 Pathway to Well-being, the Graduate Medical Education Committee (GMEC) of the Consortium is committed to the wellness of all participants within the clinical environment, including patients, students, residents, fellows, faculty, and staff.  To that end, the GMEC desires to partner with residency and fellowship training programs in this systematic and sustained intention toward wellness and recommends that training programs incorporate the following best practices.

**Development of Wellness Curriculum**

Program directors, with assistance of the GME Wellness leadership, are responsible for ensuring wellness curricular activities are integrated into the educational program. This should include attention to:

* Maintenance of well-being – such as, but not limited to, establishing a culture that promotes help-seeking, creating opportunities for reflection and sharing of vulnerability, attention to developing resilience, positive psychology, mindfulness, discussion groups, and team-building activities.
  + For larger programs, maintenance of well-being and initiatives maybe addressed each year at retreats where programs can review initiatives and strategies and address needed changes in their curriculum
  + For smaller programs without a retreat, this can be addressed at a meeting involving the house staff
  + Programs should be able to report on how they are integrating this into their curriculum
* *Fatigue and Burnout* – recognition and mitigation. Resources for discussions about fatigue will be provided by GME Wellness.
* *Provider in distress/ at risk for self-harm* – recognition and next steps. All trainees will receive basic education as part of onboarding. Program’s should review this topic annually, and include reminders about resources and who they can bring concerns to.
* *Substance use disorders: recognition and options for treatment*. All trainees will receive basic education as part of onboarding. Program’s should review the topic annually and include reminders about resources.

The GME Wellness staff are able to provide some educational sessions for trainees and faculty upon request. Requests should be submitted via the GME Wellness request form on the website.

**Promotion of Wellbeing by the CLE and (GME) Leadership:**

* Engage the housestaff and faculty for their input regarding how to promote well-being
  + Work with GME Wellness Champions and faculty advisors to identify program-specific wellness needs and to disseminate and implement GME wellness programs within your individual program
  + Housestaff and faculty should be surveyed at regular periods on how to better promote well-being
  + Programs should also use their program-specific Mayo Well-being index data and ACGME survey data to benchmark their state of well-being in comparison to national means. Mayo WBI data is now accessible by your training program coordinator and the Director of Wellness for GME is available to discuss.
  + Survey data should be presented to trainees and faculty annually and action plans based on those results should be provided in order to ensure closed-loop communication
  + Programs should implement some mechanism for house staff or faculty to make suggestions about potential improvements or concerns
* Ensure education-to-service balance
  + Protected educational time
    - Programs should restrict housestaff from clinical obligations as much as is feasible during planned didactic sessions
    - Programs should make use of asynchronous teaching modalities so that housestaff are still provided learning opportunities even if they cannot always attend dedicated educational sessions
  + Minimize non-physician obligations, off load administrative tasks
    - Programs should monitor their trainees’ clinical workflow to determine the amount and types of non-physician tasks that they are doing
      * When feasible and reasonable, these tasks should be designated to the proper support personnel
      * Contact information for the supervising physician should be easily available for both the trainee and other services interacting with the resident/fellow (i.e., the task of the resident/fellow serving as a gatekeeper to the attending should be removed)
* Attend to issues of bias or mistreatment in the clinical learning environment and ensure awareness about mechanisms for reporting to SAFE
  + Establish program expectations and remind housestaff and faculty of how to report concerns ([safereporting.wustl.edu)](https://safereporting.wustl.edu/)
  + Provide information on how housestaff or faculty can contact the GME office or human resources
* Monitor workload and intensity (volume and complexity) and compression and intervene to provide balance between workload and personal needs
  + Assessment of needs – program directors and trainees should work together to periodically assess workload and assess adequacy of ancillary support and present these findings to Department and Hospital leadership
    - Duty hours should be tracked
    - Housestaff workflow should be regularly monitored and assessed to better understand their workload and where interventions can be made to off load non-clinician tasks and improve ancillary support
    - Findings should be regularly reported to Division or Department leadership with any applicable action plans
    - Findings and action plans could be presented at an annual retreat or meeting to ensure transparency about efforts towards change
* Maintain equitable and transparent policies regarding leave (personal and family leave, parental leave) and personal day policy
  + Programs should develop expectations for program-level administration of the GME Leave policy. Expectations should be reviewed at orientation and annually with all trainees.
  + Program coordinators should be able to provide the policies upon the trainee’s request
  + Review the [GME pregnancy support best practice guide](https://gme.wustl.edu/wp-content/uploads/2023/03/GME-Pregnancy-Best-Practices-Guide_Final.pdf) and ensure all trainees are aware of resources for support
* Access to confidential mental health resources
  + GME provides short term confidential counseling and some psychiatric services free of charge to all housestaff
  + WUSM and BJH/SLCH offer Employee Assistance Programs also provide confidential mental health support
    - Housestaff should be made aware of these resources during orientation and receive yearly reminders regarding all resources
    - Program leadership should direct the trainee to these resources as needed
  + GME Wellness can provide additional options for counseling and psychiatric referrals outside of the GME program
* Promote anonymous screening of personal well-being using the Mayo Well-being Index provided by the GME Wellness program
* Address needs of providers involved in adverse patient events
  + Programs should establish mechanisms to identify trainees that have been involved in adverse events and provide resources for support
  + The [Clinician Support Team](https://gowustl.sharepoint.com/sites/PatientSafety/clinicianspeersupport/SitePages/About-the-Clinician-Peer-Support-Program.aspx) at Washington University offers the option of a peer conversation after challenging events in the workplace. This is an optional resource and trainees can opt-out of a meeting if contacted, so referring pro-actively is recommended.
  + Mental health resources previously noted are an additional option
* Provide regular check-ins with trainees by PD or designee to assess well-being; including this as a standard part of semi-annual reviews is recommended.
* Offer to match house staff with a faculty wellness mentor or consider a coaching program
  + Mentor/coach should be trained in recognition of distressed provider and intervention
  + Meet regularly either one-on-one or as a group
  + Review work-life balance, professional aspirations, etc.

**Monitoring/Reporting Systems:**

* Programs should regularly assess the effectiveness of the program and institution at promoting wellbeing, mitigating fatigue/burnout, and caring for those at risk for self-harm.
  + Promote regular completion and review of Mayo Wellbeing Index
  + Programs should regularly track Mayo WBI, ACGME and other defined metrics
  + Metrics should be reported at a defined time annually and evaluated by leadership
* Identify impediments to wellbeing and work with Division/Department leadership, hospital and GME to mitigate
  + All wellness-related concerns impacting GME can be brought to the GME Wellness Program at [gmewellness@wustl.edu](mailto:gmewellness@wustl.edu) or by contacting the Director of Wellness directly
    - If applicable, an action plan should be developed and the results reviewed at the program level to provide closure
* Programs should report in the APE specific wellness initiatives including:
  + Compliance with completion of curricular activities for fatigue/burnout and distressed physicians
  + Program curricula related to maintenance of well-being
  + Mechanism for tracking House staff (protected) attendance at educational sessions
  + Use of wellness mentoring/coaching
  + Dates of review/presentation of wellness surveys, Mayo WBI and ACGME data and action plans
  + Mechanism for identifying trainees involved in adverse events and referrals to the Clinician Support Team
  + Mechanism for monitoring workload and non-physician obligations, findings and action plans

GME Wellness offers Wellness Consults to programs that are interested in having an external assessment of opportunities to improve well-being for trainees and faculty in the program. These are open to all programs. We highly recommend programs consider a Wellness Consult if a high proportion (> 25%) of their trainees have high distress levels on the Mayo WBI assessment.