



Department of Family Medicine Policy

Policy Name:	Wellness
Application/Scope:	All Family Medicine and Master of Physician Assistant Studies (MPAS) Learners enrolled in the Program
Approved Date & Approved By:	January 11, 2023: Executive Management Committee, Department of Family Medicine (DFM) December 21, 2022: Residency Program Committee, Postgraduate Medical Education (PGME)
Review Date:	Five years from the approved date
Revised (Date):	

1. BACKGROUND, PURPOSES AND DEFINITIONS

1.1 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.

1.2 Purposes

The objective of this policy is to augment the PGME Resident Wellness Policy by identifying the services and supports that are available during residency in the Family Medicine Residency and MPAS programs, to promote the health and wellbeing for physicians and physician assistants, and for the provision of quality patient care.

1.3 Definitions

1.3.1 Continuous Quality Improvement:

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.

1.3.2 Program Wellness Lead:

The Faculty member responsible for coordinating the PGME Wellness Program and supports the wellness interests of the learners

1.3.3 Wellness:

A state of health, including physical, mental, and social wellbeing, that goes beyond the absence of disease or infirmity



2. SCOPE

- 2.1 This policy applies to all postgraduate trainees in the Family Medicine Residency program and students of the MPAS of the Max Rady College of Medicine for the duration of all activities associated with the performance of their trainee duties.

3. KEY ROLES AND RESPONSIBILITIES

3.1 For Learners

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

- 3.1.1 Proactive self-care
- 3.1.2 Effective time management around clinical and academic assignments
- 3.1.3 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
- 3.1.4 Response to suggestion of accessing and seeking help when needed/suggested by program director, other mentors and/or lead residents

3.2 For Programs:

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

- 3.2.1 Ensure a safe and sustainable work schedule (this includes supporting and scheduling recognized holidays and vacations, abiding by provincial resident association contracts, supporting and encouraging back-up mechanisms for urgent call replacements)
- 3.2.2 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
- 3.2.3 Assign a Program Wellness Lead to coordinate the PGME Wellness Program and support the wellness interests of the learners
- 3.2.4 Support teamwork and social connection opportunities such as resident retreats, faculty and department wide events with professional colleagues and mentorship activities
 - Provide protected time for learners to pursue wellness activities, including group activities and individual activities as described in the DFM Guideline: Academic Days & Dedicated Wellness Time.
- 3.2.5 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 lead residents when they have concerns



- 3.2.6 Provide access to appropriate tools for self-screening and follow-up with distressed learners
 - Provide structured opportunities for learners to provide feedback regarding wellness concerns/recommendations for improvement

4. **PROCEDURE**

4.1 **Process for communication:**

Learners 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 PGME Resident Wellness Policy.

4.1.1 For residents: Monthly Touch Base forms will be completed for all residents on off service rotations in an effort to screen for wellness concerns identified when the resident is not in regular contact with their home program.

4.2 **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 will also include a summary of new initiatives, as well as policy and curricular changes in response to learning environment concerns raised via the Curriculum Quality Improvement Subcommittee (CQIS). 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

5. **REVIEW AND EFFECT ON PREVIOUS STATEMENTS**

- 5.1 The Review Date for this Policy and Procedure is five (5) years from the date it is approved by the Executive Management Committee, Department of Family Medicine.
- 5.2 If this document is revised or repealed, any related documents shall be reviewed as soon as possible to ensure that they comply with the revised document, or are in term revised or repealed.
- 5.3 This Policy supersedes all previous governing documents dealing with the subject matter addressed in this document.

6. **POLICY CONTACT**

Please contact the Family Medicine Wellness Faculty Lead with questions regarding this document.

7. **REFERENCES**

[PGME Resident Wellness Policy](#)
[DFM Policies](#)