

**MARSHALL UNIVERSITY
JOAN C. EDWARDS SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION**

POLICY ON RESIDENT/FELLOW LEARNING AND WORKING ENVIRONMENT

SECTION 1. STATEMENT AND SCOPE OF POLICY

This policy is to ensure compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Standard that the Sponsoring Institution and its programs must provide a learning and working environment in which residents may confidentially communicate, exchange information, provide feedback, and raise concerns without fear of intimidation or retaliation. This policy also addresses the Institutional Standard that the working and learning environment of the Sponsoring Institution be adequate for the physical and educational needs of all Residents/Fellows and that the support services and health care delivery systems are conducive to graduate medical education and the safe care of patients.

To ensure compliance, this policy requires that each Department develop and implement a written policy regarding working and learning environment. The Departmental policy must be submitted to the Graduate Medical Education Committee (GMEC) for approval. Once approved by the GMEC, the policy must be annually communicated to the Department's Residents/ Fellows and posted on the Department's residency program website.

SECTION 2. PROCEDURE

The Marshall University Joan C. Edwards School of Medicine provides a learning and working environment in which Residents/Fellows have the opportunity to communicate and exchange information, raise concerns, and provide feedback to the School of Medicine and its respective ACGME-accredited programs without intimidation or retaliation and in a confidential manner.

To accomplish this, the School of Medicine, through the Office of Graduate Medical Education must maintain an organization, council, or other forum that allows Residents/Fellows to communicate and exchange information relevant to their ACGME-accredited programs and clinical learning environment, including their programs, and other resident issues.

2.1. To achieve this, the Office of Graduate Medical Education will sponsor the following which may include, but not be limited to:

2.1.1. *Residency Advisory Committee*- The Resident Advisory Committee membership is peer selected and there should be one representative from each year of training within a specific specialty. This group meets at least quarterly with the Senior Associate Dean for Graduate Medical

Education or DIO to discuss issues affecting graduate medical education.

2.1.2. *Resident Forum*- The quarterly forum is a *trainee only* meeting that is open to all Residents/Fellows. The Forum provides an opportunity for all Residents/Fellows to discuss graduate medical education interests. The group elects a Chair to preside over the meetings and the Chair has voting membership on the Graduate Medical Education Committee (GMEC). The responsibility of the Chair includes presiding over the Forum, representing, and relaying Resident/Fellow comments to the administration and to the GMEC. All Residents/Fellows will have the opportunity to raise any question/concern to the forum. The Residents/Fellows attending this meeting will have the option to invite the DIO, faculty members, or other administrators to participate in future meetings to address specific items of concern.

2.1.3. *Dialogue/Data with the Dean*- This monthly forum is for Chief Residents to represent their program in bringing concerns, issues, and suggestions to the Medical School Dean. This forum is also used to develop data gathering and analysis skills.

2.1.4. *CLER The Air*- An on-line forum to provide Residents/Fellows/Students and Faculty the opportunity to submit anonymous questions/concerns, reporting errors, adverse events, unsafe conditions, and near misses in a protected manner, free from reprisal to the Office of Graduate Medical Education. Since the questions and concerns are anonymous, Residents and Fellows will not have retribution as a result of a submission to the website.

2.2. The School of Medicine, its departments and participating sites will provide Residents/Fellows with support services and the development of health care delivery systems to minimize work that is extraneous to the Resident's/Fellow's program's educational goals and objectives. These services and systems will ensure that the Residents'/ Fellows' educational experience is not compromised by excessive reliance on the Residents/Fellows to fulfill non-physician service obligations. These services include providing but are not limited to:

2.2.1. *Patient Support Services*: Adequate and appropriate patient support services such as peripheral intravenous access placement, phlebotomy, laboratory, and patient transportation services must be provided in a manner appropriate to and consistent with educational objectives and quality/safe patient care.

2.2.2. *Laboratory/pathology/radiology services*: Laboratory, pathology, and radiology services must be available and in place to support timely and quality/safe patient care.

- 2.2.3. *Medical Records:* A medical records system that is available at all times and adequately supports quality/safe patient care; Resident's /Fellow's education, quality improvement activities, and, provide a resource for scholarly activities. Training on the medical records system must be provided to the Residents/ Fellows.
- 2.3. The School of Medicine and the Departments and the affiliated hospitals will ensure a healthy and safe working environment that provides for:
 - 2.3.1. *Food Services:* All participating sites must offer Residents/Fellows with 24-Hour access to food services with healthy options while on duty.
 - 2.3.2. *Sleep/Rest Quarters:* All participating sites must offer Residents/Fellows access to safe, quiet, and private sleep/rest quarters to mitigate fatigue and to support education and safe patient care.
 - 2.3.3. *Security/safety:* All participating sites must provide security and personal safety measures to resident/fellow for parking facilities, sleep/rest quarters, and hospital and institutional grounds. Security must be available at the hospitals to take Residents/Fellows to their cars at any time, including inclement weather and after dark. Cabell Huntington Hospital Security is also available to Residents/Fellows for limited roadside assistance such as lockout services (opening locked cars) and a battery boost (jump-start).

SECTION 3. PATIENT CARE IN THE LEARNING AND WORKING ENVIRONMENT

The School of Medicine is responsible for oversight and documentation of Resident/Fellow engagement in improvement processes within patient care and the learning and working environment. To ensure compliance, the Graduate Medical Education Committee will require Departments to initiate Learning and Working Environment Programs and Policies to include specifically the following provisions:

- 3.1. *Patient Safety:* Residents/Fellows must:
 - 3.1.1. Report errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal.
 - 3.1.2. Contribute to inter-professional root cause analysis or other similar risk reduction teams.
- 3.2. *Quality Improvement:* Residents/Fellows must have:
 - 3.2.1. Access to systems data to improve systems of care, reduce health care disparities and improve patient outcomes.

- 3.2.2. Opportunities to participate in inter-professional quality improvement initiatives.
- 3.3. *Transitions of Care:* The policy must provide for the
 - 3.3.1. Facilitation of professional development for faculty members and Residents/ Fellows regarding effective transitions for care.
 - 3.3.2. Engagement of Residents/Fellows in standardized transitions of care consistent with the setting and type of patient care.
- 3.4. *Supervision:* The policy must provide for the
 - 3.4.1. Supervision of Residents/Fellows consistent with institutional and program-specific policies.
 - 3.4.2. Incorporation of mechanisms by which Residents/Fellows can report inadequate supervision in a protected manner that is free from reprisal.
- 3.5. *Duty Hours, Fatigue Management, and Mitigation:* The policy must provide for the
 - 3.5.1. Implementation of Resident/Fellow duty hour stipulations consistent with the Common and specialty/ subspecialty-specific requirements. The policy must also provide means to address areas of non-compliance in a timely manner.
 - 3.5.2. Incorporation of systems of care and learning and working environments that facilitate fatigue management and mitigation for Residents/Fellows.
 - 3.5.3. Incorporation of mandatory Faculty and Resident/Fellow participation in the Office of Graduate Medicine Education's educational program on fatigue management and mitigation.
- 3.6. *Professionalism:* The Policy must provide systems to educate and monitor:
 - 3.6.1. Residents'/Fellows' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits.
 - 3.6.2. Accurate and honest reporting of duty hours information by Residents/ Fellows.
 - 3.6.3. Identification of resident mistreatment.

Effective Date: July 1, 2013

Approved by Graduate Medical Education Committee: April 16, 2013

Approved by DIO: May 23, 2013