

**MARSHALL COMMUNITY HEALTH CONSORTIUM
GRADUATE MEDICAL EDUCATION COMMITTEE**

POLICY ON RESIDENT 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 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, emotional, and educational needs of all Residents 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 Program must develop and implement a written policy regarding working and learning environment. The Program's policy must be submitted to the Marshall Community Health Consortium Graduate Medical Education Committee (CGMEC) for approval. Once approved by the CGMEC, the policy must be annually communicated to the Program's Resident and posted on the Residency Program's website.

SECTION 2. PROCEDURE

The Marshall Community Health Consortium provides learning and working environment in which Residents have the opportunity to communicate and exchange information, raise concerns, and provide feedback to the Consortium and its respective ACGME-accredited programs without intimidation or retaliation and in a confidential manner.

The Consortium, through its Office of Graduate Medical Education, must maintain an organization, council, or other forum that allows Residents 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 Consortium 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 Consortium Designated Institutional Official

(DIO) and CGME staff 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. The Forum provides an opportunity for all Residents to discuss graduate medical education interests. The group elects a Chair to preside over the meetings and the Chair has voting membership on the CGMEC. The responsibility of the Chair includes presiding over the Forum, representing, and relaying Resident comments to the administration and to the CGMEC. All Residents will have the opportunity to raise any question/concern to the forum. The Residents attending this meeting will have the option to invite the DIO, faculty members, affiliated Consortium representatives 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 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 Consortium Office of Graduate Medical Education. Since the questions and concerns are anonymous, Residents will not have retribution as a result of a submission to the website.
- 2.2. The Consortium, its Residency programs and participating sites will provide Residents with support services and the development of health care delivery systems to minimize work that is extraneous to the Residency program's educational goals and objectives. These services and systems will ensure that the Residents' educational experience is not compromised by excessive reliance on the Residents 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 education, quality improvement activities, and, provide a resource for scholarly activities. Training on the medical records system must be provided to the Residents.
- 2.3. The Consortium, the Residency Programs and the affiliated hospitals and sites will ensure a healthy and safe working environment that provides for:
 - 2.3.1. *Food Services:* All participating sites must offer Residents 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 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 for parking facilities, sleep/rest quarters, and hospital and institutional grounds. Security must be available at the hospitals to take Residents to their cars at any time, including inclement weather and after dark. Cabell Huntington Hospital Security is also available to Residents 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 Consortium is responsible for oversight and documentation of Resident engagement in improvement processes within patient care and the learning and working environment. To ensure compliance, the Consortium Graduate Medical Education Committee will require Residency Programs to initiate Learning and Working Environment Programs and Policies to include specifically the following provisions:

- 3.1. *Patient Safety:* Residents 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 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 regarding effective transitions for care.
 - 3.3.2. Engagement of Residents 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 consistent with institutional and program-specific policies.
 - 3.4.2. Incorporation of mechanisms by which Residents 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 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.
 - 3.5.3. Incorporation of mandatory Faculty and Resident participation in the Consortium 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' 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.
 - 3.6.3. Identification of resident mistreatment.

SECTION 4. RESIDENT SERVICES

4.1. In accordance with the AGCME, the Consortium, as a Sponsoring Institution may provide Residents with the adherence and compliance with the Marshall University, Marshall Health and Marshall Community Health Consortium Committee policies and procedures on:

4.1.1. Access to confidential counseling and behavioral health services

4.1.2. Resident Impairment

4.1.3. Harassment

4.1.4. Accommodations for disabilities.

Effective Date: September 1, 2014

Approved by Marshall Community Health Consortium: August 8, 2014

Approved by BOD: August 8, 2014