

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

**POLICY ON ADEQUATE REST/WELL-BEING**

**SECTION 1. PURPOSE OF POLICY**

This policy applies to all residents in training programs at the Marshall University Joan C. Edwards School of Medicine. This policy is designed to establish standards for all residents and fellows who are enrolled in post-graduate training programs at the School of Medicine. It is also the intent of this policy to comply with the standards set by ACGME methods that will be used by the Graduate Medical Education Committee, GMEC to monitor and confirm all programs' compliance with ACGME clinical experience work hour limitations.

**SECTION 2. PROFESSIONALISM, WELL-BEING, PERSONAL RESPONSIBILITY, AND PATIENT SAFETY**

- 2.1. The School of Medicine and each program must educate and provide programs to residents and faculty members to encourage optimal resident and faculty members' well-being, including outlining professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.
- 2.2. The program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment including ensuring personal needs are met to access care.
- 2.3. The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
- 2.4. The learning objectives of the program must:
  - 2.4.1. Be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and,
  - 2.4.2. Not be compromised by excessive reliance on residents to fulfill non-physician service obligations.
  - 2.4.3. The program director and the School of Medicine must ensure a culture of professionalism that supports patient safety, well-being and personal

responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- 2.4.3.a. Assurance of the safety and welfare of patients entrusted to their care;
- 2.4.3.b. Provision of patient- and family-centered care;
- 2.4.3.c. Assurance of their fitness for duty and attention to resident and faculty member burnout, depression and substance abuse;
- 2.4.3.d. Management of their time before, during, and after clinical assignments;
- 2.4.3.e. Recognition of impairment, including illness and fatigue, in themselves and in their peers;
- 2.4.3.f. Attention to lifelong learning;
- 2.4.3.g. The monitoring of their patient care performance improvement indicators; and,
- 2.4.3.h. Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

2.5. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

### **SECTION 3. OVERSIGHT**

Program Directors are required to review their program's compliance of this policy with the Graduate Medical Education Committee on an annual basis.

**Effective Date: July 1, 2013**

**ADOPTED BY GMCC: April 16, 2013**  
**Approved by DIO May 23, 2013**