

RESIDENT LEARNING AND WORKING ENVIRONMENT

The University of Tennessee College of Medicine Chattanooga (UT College of Medicine Chattanooga) and the Graduate Medical Education Committee (GMEC), in accordance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common Program Requirements, Section VI., must cooperate with its participating hospitals (especially its primary clinical training site, Erlanger) to ensure that residency education must occur in the context of a learning and working environment that emphasizes the following principles:

- Excellence in the safety and quality of care rendered to patients by Residents* today
- Excellence in the safety and quality of care rendered to patients by today's Residents in their future practice
- Excellence in professionalism through Faculty modeling of:
 - the effacement of self-interest in a humanistic environment that supports the professional development of physicians
 - the joy of curiosity, problem-solving, intellectual rigor, and discovery
- Commitment to the well-being of the Medical Students, Residents, Faculty, and all members of the health care team

Patient Safety and Quality Improvement

All physicians share responsibility for promoting patient safety and enhancing quality of patient care. Graduate medical education must prepare Residents to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by Residents who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care.

Residents must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating Residents will apply these skills to critique their future unsupervised practice and effect quality improvement measures.

It is necessary for Residents and Faculty to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.

Culture of Safety

A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.

The program, its Faculty and Residents must actively participate in patient safety systems and contribute to a culture of safety. The program must have a structure that promotes safe, inter-professional, team-based care.

Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.

Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.

Residents, Faculty and other clinical staff members must:

- know their responsibilities in reporting patient safety events at the clinical site;
- know how to report patient safety events, including near misses, at the clinical site; and,
- be provided with summary information of their institution's patient safety reports.

Residents must participate as team members in real and/or simulated inter-professional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.

Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for Faculty physicians to model, and for Residents to develop and apply. All Residents must receive training in how to disclose adverse events to patients and families. Residents should have the opportunity to participate in the disclosure of patient safety events, real or simulated.

Quality Improvement

A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals. Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities.

Quality Metrics

Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Residents and Faculty must receive data on quality metrics and benchmarks related to their patient populations.

Engagement in Quality Improvement

Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care. Residents must have the opportunity to participate in inter-professional quality improvement activities. This should include activities aimed at reducing health care disparities.

Supervision and Accountability

Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. The Graduate Medical Education Committee (GMEC) requires that each program define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of GME provides safe and effective care to patients; ensures each Resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

Each patient must have an identifiable and appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care. This information must be available to Residents, Faculty, other members of the health care team, and patients. Residents and Faculty must inform each patient of their respective roles in that patient's care when providing direct patient care.

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced Resident. Other portions of care provided by the Resident can be adequately supervised by the immediate availability of the supervising Faculty or senior Resident, either on site or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising Faculty. In some circumstances, supervision may include post-hoc review of Resident-delivered care with feedback. The program must demonstrate that the appropriate level of supervision in place for all Residents is based on each Resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

Professionalism

The GMEC and our GME programs provide education for Residents and Faculty concerning the professional responsibilities of physicians, including their obligation to appear for duty be appropriately rested and fit to provide the services care required by their patients.

The UT College of Medicine Chattanooga and its Program Directors must provide a culture of professionalism that supports patient safety and personal responsibility. Residents and Faculty must demonstrate an understanding and acceptance of their personal role in the following:

- provision of patient- and family-centered care;
- safety and welfare of patients entrusted to their care; including the ability to report unsafe conditions and adverse events;
- assurance of their fitness for work
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, and substance abuse, in themselves, their peers, and other members of the health care team;
- commitment to lifelong learning;
- monitoring of their patient care performance improvement indicators; and,
- accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data.

All Residents and Faculty must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition 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.

Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of Medical Students, Residents, Faculty, and staff. The GMCEC requires that we provide a process for education of Residents and Faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns.

Well-Being

The GMCEC recognizes that, in the current health care environment, Residents and Faculty are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. The institution and our GME have the same responsibility to address well-being as they do to evaluate other aspects of Resident competence. This responsibility includes:

- efforts to enhance the meaning that each Resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships
- attention to scheduling, work intensity, and work compression that impacts Resident well-being
- encourage optimal Resident and Faculty well-being, and
- educate Faculty and Residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions.

Residents and Faculty must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The UT College of Medicine Chattanooga and its GME programs:

- encourage Residents and Faculty to alert the Program Director or other designated personnel or programs when they are concerned that another Resident or Faculty may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence
- provide access to confidential, affordable mental health assessment, counseling, and treatment through behavioral health services covered under the Resident health insurance plan and through a Resident Assistance Program called "ENI."

Fatigue Management

The UT College of Medicine Chattanooga and our GME programs must:

- educate all Faculty and Residents to recognize the signs of fatigue and sleep deprivation
- educate all Faculty and Residents in alertness management and fatigue mitigation processes
- encourage Residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning

- ensure continuity of patient care in the event that a Resident may be unable to perform patient care responsibilities due to excessive fatigue
- ensure adequate sleep facilities and safe transportation options for Residents who may be too fatigued to safely return home.

Clinical Responsibilities, Teamwork, and Transitions of Care

Clinical Responsibilities

The clinical responsibilities for each Resident must be based on PGY level, patient safety, Resident ability, severity and complexity of patient illness/condition, and available support services.

Teamwork

Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system.

Transitions of Care

GME programs and their clinical training sites must:

- design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure
- ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety
- ensure that Residents are competent in communicating with team members in the hand-over process
- maintain and communicate schedules of attending physicians and Residents currently responsible for care
- ensure continuity of patient care, consistent with the program's policies and procedures, in the event that a Resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency

*The term "Resident" refers to both Resident and Fellow trainees.

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