

**Wellness Guidelines for Postgraduate Trainees**

**Post MD, University of Toronto**

## Table of Contents

Introduction and Overview .....	3
(i) Definition of Health and Wellness .....	3
(ii) Why Health and Wellness Matters .....	3
(iii) Policies and Guidelines addressing Health and Wellbeing at the University of Toronto; Faculty of Medicine; PGME .....	4
Services of the PWO.....	5
Wellness Directors .....	6
Wellness Consultants.....	6
Boundaries between the PWO and other areas in PGME .....	6
(iv) Board of Medical Assessors .....	7
(v) Statement of Fatigue Risk Management and link to Resources .....	7
(vi) Developing program specific wellness guidelines .....	10
(vii) Additional Supports .....	10
Appendix 1: Guiding Questions.....	11

## Introduction and Overview

Physician health and wellness is a priority in the Faculty of Medicine at the University of Toronto (UofT), with one of the two key enablers of the new Academic Strategic Plan being, “Support Health and Wellbeing in Everything We Do”. The Postgraduate Medical Education (PGME) program within the Faculty of Medicine, has developed several guidelines that support the health, wellbeing and diverse training needs of postgraduate trainees at UofT.

### (i) Definition of Health and Wellness

According to the World Health Organization, health is *“...a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.”* (WHO Constitution, 2015).

The National Wellness Institute defines wellness as *“a conscious, self-directed and evolving process of achieving full potential.”* (NWI, date).

At UofT PGME, we acknowledge that achieving wellness for trainees involves an active process by individuals and the organization, of becoming aware of factors which affect health, and making decisions that promote health.

Further, we acknowledge that optimal health is not always achievable for individuals and, where it is not achievable, the university will seek to accommodate health needs in the work and learning environment, to support individuals to perform at their optimal potential.

### (ii) Why Health and Wellness Matters

The Canadian Medical Association states:

*“Being a physician can be deeply gratifying, but it also comes with stresses and challenges that can take a toll on...health and well-being. Heavy workloads, demanding standards of training and practice, and complex practice environments are just some of the factors that can put any physician at higher risk of personal and professional dissatisfaction, burnout and depression. The impacts of this — on (the individual) ...on patient care and on the performance of the overall health system — make supporting physician health an imperative”.*

*“...Recognizing the range of challenges physicians face, we advocate for a shared responsibility approach — targeting both individual and systemic factors that negatively affect physician health — as the pathway to meaningful, sustained improvements.”* (CMA, 2018)

(iii) [Policies and Guidelines addressing Health and Wellbeing at the University of Toronto; Faculty of Medicine; PGME](#)

Multiple policies and guidelines have been developed to support trainee and faculty navigation of various wellness needs at the UofT. These policies and guidelines govern student support for all the UofT, and are not exclusive to postgraduate trainees. PGME recognizes these policies and guidelines as the basis of student conduct, support and governance.

- [PGME Statement of General Principles for Accommodation](#)
- [Guidelines for Residency Leaves of Absence and Training Waivers](#)
- [Postgraduate Trainee Health and Safety Guidelines Intimidation and Harassment](#)
- [Report Form for Incidents of Intimidation, Harassment or Unprofessional or Disruptive Behaviour for Postgraduate Medical Education Trainees](#)
- [Sexual Harassment: Policy and Procedures](#)
- [Accommodation: Religious Observances](#)
- [Code of Student Conduct](#)

An essential aspect of becoming a physician is learning to take care of our own health, integrating and sustaining work within life and collaborating with colleagues to enable a positive work and learning environment that supports wellness.

“Wellness goes beyond the absence of distress and includes being challenged, thriving, and achieving success in various aspects of personal and professional life” (Shanafelt, 2005).

#### Postgraduate Wellness Office

The Postgraduate Wellness Office (PWO) is a champion for physician health and wellness in the Faculty of Medicine. The PWO offers support to all currently registered residents and clinical Fellows.

At UofT PGME, we seek to enhance the wellness of postgraduate trainees and to contribute to a medical culture that values the well physician and the steps it takes to maintain that wellness.

We seek to:

- Grow a culture of physician health and wellness that supports professionalism and patient care;
- Support system-level approaches to address health and wellness in the work and learning environment;
- Educate postgraduate trainees about health and wellness and how to maintain their own wellbeing;

- Support postgraduate trainees in their efforts to maintain their wellbeing during training;
- Support postgraduate training programs in their efforts to address health and wellness issues that arise and to implement preventative measures; and
- Conduct scholarly work in the areas of physician health and wellbeing.

### Services of the PWO

The Postgraduate Wellness Office offers support to all currently registered residents and clinical fellows. Over the last 15 years, the office has developed and become a champion for physician wellness and education on burnout and wellness strategies. Guidelines were developed for multiple areas that PG trainees often navigate when struggling with a health issue including leaves from training, accommodations, transfers and intimidation and harassment. Wellness program initiatives have included growing the office and developing resources and education regarding physician wellness and increased support for residents and clinical fellows experiencing health issues during training.

The office has advanced beyond supporting individual and program wellness initiatives to addressing and promoting a culture of wellness within PGME. The office also works with training programs through program directors, program assistants and the Wellness Subcommittee, with broad representation to support an organizational work environment, values and behaviors that promote self-care, growth, and compassion for ourselves, our colleagues and our patients.

PWO initiatives include:

1. Advise on policy/guidelines, strategic planning regarding physician health and wellness
2. Educational workshops on wellness specific topics
3. Support and advice to wellness representatives, committees, initiatives across programs
4. Docs for Docs project- project on primary health needs and behaviours of physicians
5. Providing f/u on Voice of the Resident and Fellow survey annually
6. Advice to Postgraduate Executive committee and Postgraduate Medical Education Advisory Committee (PGMEAC)
7. related to health and wellness of trainees
8. Facilitate and support Board of Medical Assessors
9. Short term support for trainees with wellness concerns

## **PWO: Who we are and what we offer**

### Wellness Directors

- Provide support during remediation/academic difficulty
- Career and postgraduate training guidance
- Disability and accommodation support
- Advice regarding leaves, transfers, intimidation/harassment
- Administration of Board of Medical Assessor files
- Support to programs and program directors focussed on enhancing health and wellbeing

### Wellness Consultants

- Confidential short term counseling and wellness coaching, including stress and fatigue management
- Educational programming/workshops on themes related to wellness & performance
- All members of the PWO team also aim to link trainees to services in the community as appropriate.

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The PWO can be contacted by calling 416-946-3074 or by emailing [pgwellness@uroronto.ca](mailto:pgwellness@uroronto.ca).

### Boundaries between the PWO and other areas in PGME

- PWO operates at an arms-length from the other areas in Post MD Education and the Faculty of Medicine, when considering the information and service use of individual trainees.
- Health information regarding trainees obtained by counsellors/wellness consultants in the office is protected by PHIPPA.
- When trainees use the student affairs services of the office, every effort is made to preserve trainee privacy, and only in the extreme circumstances related to safety of a trainee or patient, would the office disclose a trainee's use of services without their expressed permission; in this case disclosure is in the interest of protecting the trainee or a patient.
- Data regarding operations is reported in aggregate form to Post MD Education, in order to preserve the privacy of individuals who use the services

- The PWO works with the Board of Medical Assessors (BMA) to assist residents and review needs for accommodations in the work and learning environment; medical information used in this process is disclosed to the BMA with permission of the trainee, and medical information is not shared with other arms of Post MD Education or the Faculty of Medicine.

#### (iv) [Board of Medical Assessors](#)

*The Board of Medical Assessors (BMA) functions as a confidential process that provides recommendations to support and advocate for accommodations that enable a trainee's success during training and remediation.*

The BMA is a group of faculty with representation across programs that considers and determines whether there is a medical condition that affects or may affect the ability of a student or trainee to participate, perform or continue in the Health Professional Educational Programs (Program) of the Faculty. The BMA makes recommendations regarding such matters to the Associate Dean, Vice Dean and Dean.

The purpose of the Board is to consider and determine whether there is a medical condition that affects or may affect the ability of a student or trainee to participate, perform or continue in the Health Professions training programs of the Faculty of Medicine. The BMA also makes recommendations regarding such matters to the Dean. The BMA is advisory to the Dean.

The BMA meets on the second Friday afternoon of every month, when required. A referral letter addressed to the Chair of the BMA (PGME) must be received at least three weeks prior to the next scheduled meeting of the BMA. All supporting medical documentation is to be received in the PWO at least one week prior to the meeting to give members time to review.

Program Directors are strongly advised to discuss referrals with the Directors of the PWO, regarding need for referral and specific questions the referral is intended to answer prior to completing a referral.

#### [Board of Medical Assessors - Terms of Reference](#)

#### (v) [Statement of Fatigue Risk Management and link to Resources](#)

Fatigue is defined as:

A subjective feeling of tiredness that is experienced physically and mentally. It ranges from tiredness to exhaustion, creating an unrelenting overall condition that interferes with individuals' physical and cognitive ability to function to their normal capacity. Its experience

involves some combination of features: physical (e.g. sleepiness) and psychological (e.g. compassion fatigue, emotional exhaustion) (FRM Toolkit, 2018).

Fatigue in postgraduate training is an occupational risk that has been identified by the Royal College of Physicians and Surgeons of Canada (FRM toolkit, 2018). Fatigue increases the risk of medical error and increases the risk to personal safety and wellbeing. (FRM toolkit, 2019). While fatigue is an individual experience, the factors that impact on it are both individual and systemic, making the management of fatigue related risks a shared responsibility between training sites, programs, faculty and postgraduate trainees.

Fatigue Risk management is defined as a set of ongoing fatigue prevention and mitigation practices, principles, and procedures integrated throughout all levels of the clinical and academic work environment, and are designed to monitor, ameliorate and manage the effects of fatigue and associated risks for the health and safety of healthcare personnel and the patient population they serve (FRM Toolkit, 2018).

### **Causes of fatigue are physical, emotional, and socio-cultural.**

Physical:

- Circadian rhythm
- Amount and quality of sleep
- Shift length/rotation
- Overuse of countermeasures- caffeine/naps

Emotional:

- Stress

Social/Cultural:

- Some physicians object to sleeping during shifts
- Pressure for physicians to work when fatigued

(FRM Toolkit, 2018)

### **Consequences of fatigue are physical, emotional, social and psychological.**

**Physical:** fatigue linked with occupational accidents, obesity and weight gain

**Emotional:** lack of sleep leads to increased stress and decreased tolerance for stress

**Social/Cultural:** fatigue leads to impatience, agitation, increased irritability and difficulty getting along with others leading to strained personal and professional relationships

**Psychological:** reduced ability to recognize specific emotions, lower levels of empathy, strains social connectedness and interactions with colleagues and patients and families



Reduced cognitive function

May impact patient safety and occupational health and safety

(FRM Toolkit, 2018)

### **Exemplary Action for Fatigue Risk Management**

UofT and PGME will follow these to develop initiatives and guidelines for a Fatigue Risk Management plan.

Guiding principles for Fatigue Risk Management:

1. Leaders

Leaders of both educational institutions and clinical learning environments are responsible for ensuring that FRM is a priority and that healthcare providers and trainees can effectively contribute to the creation of a management plan.

2. Trainees:

Every trainee bears a responsibility to self, to their peers, and to those they provide care for, to manage their own fatigue during training and as they transition into practice.

3. Clinical Training Facility:

All clinical training facilities must develop and implement an institution-wide FRM approach and enable the trainees and other healthcare providers to effectively contribute

4. Duty to uphold reporting practices and policies:

All clinical institutions involved in clinical training must create a just culture learning environment that enables the reporting of fatigue related incidents.

5. Shared Role to Support Deployment and Implementation:

All clinical institutions involved in training must support faculty and trainee development in FRM policies, practices, and procedures

(Fatigue Risk Management Toolkit, 2018)

Post MD will endeavor to maintain a duty to contribute to the dissemination of good practices related to FRM. Clinical institutions participating in clinical training will actively identify, collect, and disseminate good practices and innovative research in FRM to the medical education community.

(Fatigue Risk Management Toolkit, 2018)

[\*\*Fatigue Risk Management Toolkit\*\*](#)

(vi) Developing program specific wellness guidelines

Guiding questions for programs to assist them in considering wellness issues that are specific to their programs and areas of training.

- Link to guiding questions

(vii) Additional Supports

**Find provider and support in the community**

- PARO:
  - 416-979-1182
  - 24-hour crisis helpline: 1-866-HELPOC
  - [www.paro.org](http://www.paro.org)
- To find a family physician:
  - Health Care Connect (must have OHIP)
  - [www.health.gov.on.ca/en/ms/healthcareconnect/public/](http://www.health.gov.on.ca/en/ms/healthcareconnect/public/)
- Physician Health Program (OMA):
  - Confidential, access to therapists, psychiatrists, healthcare
  - 1 800 851-6606
  - [www.phpoma.org](http://www.phpoma.org)

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5. Fatigue Risk Management Toolkit, Fatigue Risk Management Task Force, 2018.

## Appendix 1: Guiding Questions

### **University of Toronto, Postgraduate Training Program Wellness Guideline Development**

The PGME central Wellness Guidelines will be applicable to all programs. In addition, many programs have their own thoughtful approaches, systems and processes in place to support resident wellness concerns specific to their trainees. Each program will need to explicitly review their wellness structure and determine if they need to either a) develop their own policy aligned with the central policy to cover specialty-specific issues or b) adopt the central wellness policy as their only need.

In order to determine which option best suits your program and to help you think about and explore what your program may be doing locally, the PGME Office of Wellness has developed this document of guiding questions and examples of wellness processes.

These questions and sample responses have been created based on feedback from program directors to highlight some of the activities your program may already be engaged in that would be considered part of your wellness program. The questions and responses below are quite detailed and by no means are programs expected to have all of these activities and initiatives in place. This document is meant to be a useful resource, available for programs that would like to use it as you determine your program's wellness policy needs.

#### **Guiding questions for wellness programs with examples**

1. What are the wellness needs of your trainees?
  - Fatigue and call duties, sleep deprivation
  - Exam preparation stress, MCCQE, Surgical Foundations, Royal College
  - Competing demands of life outside medicine (children, elderly dependents, etc.)
  - Financial pressures
  - Finding time to address self-care – exercise, nutrition, attending healthcare appts
  - Excessive EMR demands, documentation demands
  - Recognition of and mobilization around necessary culture change in medicine (impact of “the hidden curriculum”, experience of visible minorities in medicine)
  - Career planning, job search, preparation for independent practice
  
2. What wellness issues may be specific to your speciality or clinical setting?

- Long work hours
  - Multiple training sites
  - Exposure to physical, emotional, traumatic clinical content
  - Team practice and learning
  - Stigmatized clients
  - EMR problems
  - Physical demands of OR
  - Emotional demands of client care
3. How do you teach trainees about these potential wellness issues and ways to mitigate their negative impact on wellness?
- Orientation sessions
  - Safety and wellness reviews/audits of sites/programs
  - Wellness days
  - Wellness speaker/workshop series on physician health, managing stress and burnout, fatigue management, exam preparation, financial planning
  - Debriefing opportunities after a traumatic clinical exposure, loss, adverse event
  - Peer support, mentorship opportunities
  - Involving trainees in residency planning committees that address residency policies affecting wellness (waivers of training, accommodations process)
  - Role modelling of wellness attitudes and behaviours by faculty
  - Implicitly via supportive culture of division
4. How do you monitor the wellness of trainees in your program?
- Needs Assessment of trainees
  - Burnout scale survey
  - Annual meetings with trainees/focus groups
  - Site meetings with trainees to review work and learning environment
  - Wellness team meets with each resident – 1-2 x per year – separate from PD meetings
  - Annual Resident Retreat includes a program evaluation moderated/submitted by residents which includes wellness issues on agenda
  - Creating safe, available , responsive space – PD and faculty
5. What aspects of your training program, clinical practice and work and learning environments support trainee wellness?
- Program and site directors
  - Balint support groups for trainees
  - Trainees advisors, Wellness leads in your program
  - Leisure activities to acknowledge trainees, promote team development
  - Mentoring program linking trainees with senior trainees or staff supports/mentors
  - Attention to innovative on-call scheduling with input from our 'On-Call' committee
  - Ensuring residents are able to find time to attend healthcare appts (working with chief residents and site supervisors to ensure such appts are prioritized in planning work flow)
  - Culture of program and division

**Central PGME:** PG Wellness office, Wellness workshops, Support sessions/groups, Coaching and learner support

6. What aspects of your training programs, clinical practice and learning environments constrain trainee wellness?
  - Large programs,
  - On call experiences,
  - Increasing autonomy/responsibility,
  - Variation in support from staff,
  - High clinical demands- on call shifts with high ED presentations,
  - Long work hours,
  - Research and scholarly projects,
  - EMR/admin work
  - #1 is long hours
  - Increasingly complex patient populations
  
7. How would your trainees access guidance if they need a work or training accommodation as the result of a health issue (for example, reduction of hours or duties to manage health issue), or time off for a health issue?
  - Refer to PG Wellness
  - Refer to Board of Medical Assessors
  - Work with PG Wellness for Accommodations regarding specific needs for the learning environment to optimize success in the training and work environment
  - Occupational health office in the hospital
  - Work with PD and wellness leads in own department
  - PD to “quarterback” and guide process
  
8. Intimidation and harassment in the work and learning environment is linked to poorer health.
  - a. The university has intimidation and harassment policies and procedures. How do you verify that your trainees are aware of these policies?
    - i. Discussed at new resident orientation
    - ii. Discussed at biannual PD/wellness meetings if need arises
    - iii. Posted on our own departmental Intranet pages
  
  - b. Do you have any internal faculty/staff members who trainees can approach if they have a concern about intimidation/harassment?
    - i. Trainees advisors
    - ii. Wellness leads for the program/sites
    - iii. Central PGME, PG Wellness Directors
  
  - c. How do you track and monitor professionalism issues within your program?
    - i. Site meetings and reviews, POWER site evaluations, Program evaluations
  
  - d. What does your program do to promote professional values?
    - i. Education of trainees and faculty on incivility, intimidation and harassment

- ii. Education and awareness of UofT PGME Policy on Intimidation and Harassment Policy and enforcement
- iii. Voice of the Trainees Survey and data on trainees experiences, TAHSN survey on the work and learning environment
- iv. Work with faculty to ensure professional behaviour is modeled (Fac Dev)
- v. Role modelling within the program and division

9. Do you have a trainee or faculty lead for physician wellness?

- If so what is their role/job description?
  - What are the deliverables of those roles?
  - How do these individuals champion physician health in your program?
  - How are these roles supported? (financial, admin, protected time)

10. What physician wellness initiatives/programs are currently offered to your trainees and faculty in your program?

- Wellness Committee
- Wellness programming- social events, workshops, educational session, Visits from PARO
- Wellness lead/advisor for residents to see/meet
- Peer support
- Mentorship
- Exercise programs
- Annual Resident retreat (part social / part program evaluation)
- Book club
- Balint groups