



GRADUATE MEDICAL EDUCATION COMMITTEE POLICY NO. 10

- A. SUBJECT: Learning and Working Environments for GME Trainees
- B. EFFECTIVE DATE: May 16, 2018 (R)
- C. REASONS FOR POLICY

The University of Virginia Medical Center (UVAMC) strives to provide excellence, innovation and superlative quality in the care of patients, the training of health professionals, and the creation and sharing of health knowledge within a culture that promotes equity, diversity and inclusiveness. To promote these goals, the UVAMC is committed to a safe and supportive learning and working environment for all members of its community. This policy outlines the responsibilities for Graduate Medical Education (GME) programs and the steps to be taken to ensure well-being and quality of clinical experiences and education of GME Trainees.

This policy shall apply to all GME Trainees at the UVAMC.

Definition of Terms:

One Day Off: One continuous 24-hour period free from all administrative, clinical and educational activities.

Fitness for Duty: The GME Trainee is physically and mentally capable of safely performing the functions of his/her job. Fitness for Duty includes being free of alcohol and drugs that have not been legitimately prescribed and being free from impairment that affects job functioning due to a) use of prescription or nonprescription drugs, b) medical or emotional problems while enrolled in a UVA graduate medical training program, and/or c) fatigue.

Internal Moonlighting: Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the GME Trainee is in training or at any of its related participating sites.

External Moonlighting: Voluntary, compensated, medically-related work performed outside the institution where the GME Trainee is in training or at any of its related participating sites.

- D. POLICY STATEMENT

1. GME Trainee Well-being

In the current health care environment, GME Trainees are at increased risk for burnout and depression. GME programs, in partnership with the Sponsoring Institution, are responsible to address GME trainees' well-being as they do to evaluate other aspects of GME Trainee competence. UVAMC GME programs must:

- a) Make efforts to enhance the meaning that each GME Trainee finds in the experience of being a healthcare provider, including protecting time with patients, minimizing service obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships;
- b) Give attention to scheduling, work intensity, and work compression that impacts GME Trainee well-being;
- c) Evaluate workplace safety data and addressing the safety of GME Trainees;
- d) Establish programs and practices that encourage optimal GME Trainee well-being;
- e) Give attention to GME Trainee burnout, depression, and substance abuse;
- f) Educate faculty members and GME Trainees in identification of the symptoms of burnout, depression, and substance abuse among GME Trainees, including means to assist those who experience these conditions. GME Trainees and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care;
- g) Assist a GME Trainee to receive appropriate evaluation and care when a GME Trainee's Fitness for Duty is in question by following the Fitness for Duty protocols in Appendix A, which is incorporated into this Policy;
- h) Establish policies and procedures that ensure coverage of patient care in the event that a GME Trainee may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the GME Trainee who is unable to provide the clinical work; and
- i) Promote and ensure confidentiality in the GME Trainee assessment process.

2. Fatigue Mitigation

It is expected that programs adopt fatigue mitigation processes and ensure that there are no negative consequences and/or stigma for using fatigue mitigation strategies. UVAMC GME programs, in partnership with the sponsoring institution, must:

- a) Educate all faculty members and GME Trainees to recognize the signs of fatigue and sleep deprivation;
- b) Educate all faculty members and GME Trainees in alertness management and fatigue mitigation processes;
- c) Encourage GME Trainees to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning;
- d) Ensure continuity of patient care, consistent with the program's policies and procedures in the event that a GME Trainee may be unable to perform their patient care responsibilities due to excessive fatigue; and
- e) Ensure adequate sleep facilities and safe transportation options for GME Trainees who may be too fatigued to safely return home.

3. Clinical Experience and Education

Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide GME Trainees with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

a) Maximum hours of clinical and educational work per week

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all inhouse clinical and required educational activities, clinical work done from home, and all moonlighting.

b) Mandatory time free of clinical work and education

The program must design an effective program structure that is configured to provide GME Trainees with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

- GME Trainees should have eight hours off between scheduled work hours. There may be circumstances when GME Trainees choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements
- GME Trainees must have at least 14 hours free of clinical work and/or required educational activities after 24 hours of inhouse call.
- GME Trainees must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

c) Maximum clinical work and education period length

Clinical and educational work periods for GME Trainees must not exceed 24 hours of continuous scheduled clinical assignments.

- Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or GME Trainee education.
- Additional patient care responsibilities must not be assigned to a GME Trainee during this time.

d) Clinical and educational work hour exceptions

- In rare circumstances, after handing off all other responsibilities, a GME Trainee may elect to remain or return to the clinical site, on their own initiative, in the following circumstances: 1) to continue to provide care to a single severely ill or unstable patient; 2) humanistic attention to the needs of a patient or family; or 3) to attend unique educational events.
- These additional hours of care or education will be counted toward the 80-hour weekly limit.
- UVAMC GMEC does not grant any exceptions beyond 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and required educational activities, clinical work done from home, and all moonlighting.

e) Moonlighting

- Moonlighting must not interfere with the ability of the GME Trainee or other Trainees in the program to achieve the goals and objectives of the educational program, and must not interfere with the GME Trainee's fitness for duty nor compromise patient safety.
- Time spent by GME Trainees in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit.
- All ACGME-accredited GME Trainees in PGY-1 year are not permitted to moonlight.

- A GME Trainee who wishes to moonlight must follow the Moonlighting protocols outlined in Appendix B which is incorporated into this Policy.
- f) Inhouse night float
- Night float must occur within the context of the 80-hour and one-day-off in-seven requirements.
- g) Maximum inhouse on-call frequency
- GME Trainees must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
- h) At-home call
- Time spent on patient care activities by GME Trainees on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.
 - GME Trainees are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

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GMEC Review and Approved: November 18, 2009

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Appendix A: FITNESS FOR DUTY PROTOCOLS

1. Physical Impairment
 - a) If a GME Trainee is suspected to have an infectious/communicable disease, he/she will be evaluated for infectious processes and/or referred to his/her medical provider for further evaluation. If indicated, the trainee must be placed off duty until cleared to return to work by Employee Health (See also Medical Center Policy No. 0091 "Infection Prevention and Control").
 - b) If a GME Trainee suffers a physical impairment including, but not limited to, injury, illness, or fatigue that precludes effective patient care or the ability to perform his/her job, the trainee will be placed on medical ("sick") leave until able to return to work. For details on sick leave, see Graduate Medical Education Policy No. 3, Absence from Graduate Medical Training, "Sick Leave."
2. Mental Impairment and/or Impairment related to use of alcohol or drugs (See also Medical Center Policy No. 702 "Fitness for Duty")
 - a) No GME Trainee may unlawfully manufacture, distribute, dispense, use, possess, sell, or be under the influence of alcohol, illegal drugs or any medications that impair performance while on Medical Center premises and while conducting business-related activities off Medical Center premises.
 - b) The following applies when addressing concerns with GME Trainees whose performance and/or behavior brings into question their fitness for duty, necessary follow up, and return to duty.
 - i. GME Trainees must comply with all aspects of the Fitness for Duty evaluation (which may include drug and alcohol testing) or be subject to disciplinary action, up to and including termination. GME Trainees must also comply with all treatment recommendations resulting from a Fitness for Duty evaluation in order to be cleared to return to work.
 - ii. The GME Trainee's work performance is the basis for continued employment. When a program suspects impairment, whether due to emotional difficulty and/or drug/alcohol impairment, as the underlying cause for a trainee's poor performance, referral must be made immediately to the Faculty and Employee Assistance Program (FEAP). Participation in a treatment or rehabilitation program does not guarantee continued employment and will not necessarily prevent disciplinary action for violation of the GME and Medical Center policies.
 - iii. GME Trainees taking prescription medications or over-the-counter medications that impair their ability to work safely are subject to the conditions of this policy.
 - iv. GME Trainees who have the responsibility for on-call shifts must meet the Fitness for Duty standard during the entire on-call period.
 - c) When there is concern that the GME trainee is not Fit for Duty, the trainee's supervisor, Program Director, Chairman, or the administrative representative on duty must follow the recommended steps outlined below:
 - i. Meet with the trainee and perform the following actions:
 - Remove the trainee from direct job duties and inform the trainee that he/she is relieved from duty at this time.
 - In private, state your concerns for the safety and well-being of the trainee. Obtain a witness for a confidential interaction with the trainee.

- ii. Consult with a representative of FEAP at 924-0000. Discuss any concerns about safety and ensure a plan is in place to provide support for the trainee.
 - iii. GME Trainees who are required to go to FEAP or Employee Health as directed by FEAP must be escorted by the trainee's supervisor, Program Director, or representative to the destination, and must remain for disposition. The trainee must be informed that failure to comply with this directive shall result in suspension and disciplinary action.
 - iv. Identify means for transporting the trainee safely home in collaboration with FEAP. Should the trainee become uncooperative contact Security or University Police, as appropriate.
 - v. The trainee's program director or his/her representative must document the incident with the trainee.
- d) The results of Fitness for Duty evaluations performed by qualified, licensed health care professionals shall be presumed to be valid. Results of the evaluation will be received by FEAP. The trainee shall be notified of the results of the evaluation by the evaluator and/or FEAP. Only necessary information shall be shared with the Coordinating Party.

After an evaluation, information given to the Program Director, Chairman, GME Office, shall be limited to whether the trainee may:

- i. Return to full duty;
 - ii. Not return to full duty, pending required follow-up action; or
 - iii. Return to modified duty that meets the evaluator's recommendations.
- e) Continued employment will be contingent upon compliance with conditions established by FEAP such as periodic testing, participation in professional counseling and treatment programs, re-assignment of duties for a specific period of time and/or continued performance of specified functions under more immediate supervision. Failure to comply may result in disciplinary action up to and including termination from employment. FEAP will coordinate with the Program Director and GME Office regarding return to work status.
- f) Acts or Threats of Violence and the Threat Assessment Team:
The University has established a Threat Assessment Team ("TAT") with responsibility for implementing the University's assessment, intervention and action protocol in cases suggesting a potential risk of violence. All acts of violence, threats of violence or other seriously disruptive behaviors must be reported immediately to University Police and/or to the TAT.
- g) Confidentiality/Privacy of Fitness for Duty Evaluations:
Under the Health Insurance Portability and Accountability Act (HIPAA), any document containing medical information about a trainee is considered a medical record and is regarded as confidential. Records of fitness for duty evaluations shall be treated as confidential medical records and maintained by FEAP or Employee Health, as appropriate. This information may be shared only when necessary to support treatment, business operations, and upon the execution of appropriate release by the individual trainee or as otherwise permitted or required by law. Trainees may obtain a copy of the medical report upon written request to FEAP or Employee Health.
- h) Suspension of Clinical Duties:
The trainee's assignment of clinical duties may be suspended for suspicion of any impairment as outlined in this policy or for the following: refusal to undergo an evaluation, failure or refusal to stop practice after a recommendation has been made for treatment, refusal to comply with treatment recommendations, or non-compliance with required monitoring.

3. Responsibilities:

- a) A GME trainee is responsible for:
 - i. Coming to work Fit for Duty and performing job responsibilities in a safe, secure, productive, and effective manner during the entire time at work;
 - ii. Notifying the Program Director or attending physician when not Fit for Duty;
 - iii. Notifying the Program Director or attending physician when a co-worker is observed acting in a manner that indicates the co-worker may not be Fit for Duty;
 - iv. Informing the Chairman or Designated Institutional Officer for further guidance, if the supervisor's behavior is the focus of concern. Threats or acts of violence should be reported immediately to the University Police Department by calling 911;

- b) A supervisor, Program Director, or attending physician is responsible for:
 - i. Monitoring the attendance, performance, and behavior of the trainees under his/her supervision;
 - ii. Notifying FEAP and the Graduate Medical Education Office (or DIO) when a trainee is exhibiting behavior that suggests he/she may not be Fit for Duty;
 - iii. Following this policy's procedures for documentation when presented with circumstances or knowledge that indicate that a trainee may be unfit for duty;
 - iv. Maintaining the confidentiality of a trainee's medical record. (See Section 2.g above)

Appendix B: MOONLIGHTING PROTOCOLS

1. Programs and departments may have policies which are more restrictive than the institutional policy. Programs must not require GME Trainees to engage in moonlighting activities. Each department's policy regarding moonlighting activities must be well-publicized to its GME Trainees (e.g., handout materials; intranet).
2. Should a GME Trainee be approved by his/her program director for moonlighting, then an application to moonlight must be submitted to the Graduate Medical Education Office (GMEO) no less than 60 days prior to the intended start date of the moonlighting activity. Applications will be referred to the DIO for review and approval. GME Trainees shall not begin moonlighting prior to receiving DIO approval.
3. Approval of moonlighting by DIO is subject to the program director's attestation that the proposed moonlighting does not interfere with the ability of the GME Trainee to achieve the goals and objectives of the required educational program, and that the GME Trainee is in good standing in his/her training program.
4. Approval for moonlighting may be valid for an academic year. Any granted moonlighting shall expire on the proposed ending date or June 30th each year, whichever comes first. A new application must be submitted at the beginning of each academic year.
5. The program director has primary responsibility to monitor fatigue levels of all GME Trainees participating in all moonlighting activities. Additionally, faculty members and GME Trainees must be educated to recognize the signs of fatigue and sleep deprivation and in alertness management and fatigue mitigation processes. Each GME programs must adopt policies to prevent and counteract potential negative effects of fatigue on patient care and learning.
6. Approval for moonlighting can be revoked at any point by the program director or DIO in any of the following cases. Reinstating the revoked approval for moonlighting is at the program director's discretion.
 - a) When it is determined that a GME Trainee's moonlighting activities negatively impact his/her ability to fulfill their clinical duties and patient care; or
 - b) When it is determined that a GME Trainee's moonlighting activities negatively impact the learning and working environment for other trainees in the program; or
 - c) When the GME Trainee is deemed unfit for clinical and/or non-clinical duties due to mental or physical impairment including injury, illness, and fatigue; or
 - d) When the program director or the program's Clinical Competency Committee issued a Letter of Deficiency to a GME Trainee; or
 - e) When the GME Trainee is suspended from his/her training program activities or clinical activities; or
 - f) When the GME Trainee is found to be non-compliant with the Medical Center and GME policies and regulations including, but not limited to, non-compliance with the mandatory NetLearning courses, flu-shot, TB-testing, and respiratory mask-fit deadlines; or
 - g) When the GME Trainee is found to be in Clinical and Educational Work Hours violation.
7. Time spent by trainees in any moonlighting activity must be counted towards the 80 hour Maximum Weekly Clinical and Educational Work Hours Limit. All moonlighting hours must be recorded in New Innovations as moonlighting hours in addition to the Clinical and Educational Work Hours for the regular educational activities.
8. In consideration of Clinical and Educational Work Hours restrictions, no GME Trainees assigned to inpatient service requiring in-house call shall engage in any moonlighting activity during that rotation.

9. Audits of moonlighting hours logged will be performed by the GMEO and the GME trainee's program director.
10. In view of the serious legal implications of GME Trainees engaging in unauthorized moonlighting activities, noncompliance with this policy may result in certain disciplinary or adverse actions, including dismissal from the residency or fellowship training program. Specific disciplinary or adverse actions will be determined by the program director, department chair, or DIO.