



Policy Number:	25-09
Policy Name:	Graduate Medical Education: Faculty, Resident and Fellow Well-Being
Authority:	ACGME Institutional Requirements effective September 3, 2025, section 3.2.g, 3.2.e.2., 4.9.a
Original Policy Date:	December 3, 2025 Effective Date: 12/12/25
Supersedes:	24-01
Policy Last Revised:	N/A
Attachments:	N/A

PURPOSE

Psychological, emotional, and physical well-being are critical in the development of competent, caring, and resilient physicians. Behavioral Health and Recovery Services, San Mateo County (BHRS-SMC), and the Accreditation Council for Graduate Medical Education (ACGME) are committed to the well-being of residents, fellows, faculty, and all members of the health care team and have the responsibility to address well-being in addition to other aspects of resident/fellow competence.

BACKGROUND

BHRS –SMC as a Sponsoring Institution is responsible for ensuring that ACGME accredited programs promote residency/fellowship education that is sensitive to the quality and safety of patient care in an environment that fosters the well-being, learning, and professionalism of residents and fellows.

POLICY

BHRS-SMC has established this policy and procedures to ensure compliance with the ACGME Common Program Requirements regarding well-being. This commitment to well-being extends to trainees, faculty members, staff, and other learners.

PROCEDURE/PROTOCOL

I. Overall Well-being

- A. The programs, in partnership with BHRS-SMC must ensure healthy and safe learning and working environments that promote trainee and faculty well-being and clinical learning and provide for access to food while on duty; a safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care; safe transportation options for residents/fellows who may be too fatigued to safely return home;



and clean and private facilities for lactation that have refrigeration capabilities with proximity appropriate for safe patient care.

- B. The programs are responsible for supporting professional development by protecting time with patients, minimizing obligations that do not contribute to learning or patient care, providing administrative support, promoting progressive autonomy, and enhancing professional relationships.
- C. Residents and fellows will meet regularly with a faculty supervisor to support them in any topics of interest to them including career development and well-being. Faculty members create an effective learning environment by acting professionally and by attending to the well-being of trainees and themselves. Faculty support learners in developing strategies for personal and professional well-being and to maintain meaning in their work.
- D. Resident and fellow schedules are designed with attention to work intensity and work compression that impacts resident well-being and with the intent of ensuring adequate time for treating patients, reflection on the learning process, supervision, as well as reasonable opportunities for rest, personal well-being, and medical appointments.
- E. During regular program meetings with the Program Director and Program Coordinator, residents and fellows are encouraged to identify barriers to their learning in the clinical learning environment, including administrative or excessive care navigation roles. The Program Director and team works with the rotation leaders to address such issues.
- F. Progressive autonomy in training is intended to promote autonomy and support a sense of competence.
- G. The residency and fellowship are responsible for providing a safe workplace for learners and faculty including the evaluation of workplace safety data and continuous improvement to address workplace safety issues. Learners and faculty have the responsibility to raise concerns about their workplace environment via the program's critical incident reporting mechanism, at program meetings, anonymously through an available form, with the Designated Institutional Official (DIO), or the resident / fellow representative(s) on the Graduate Medical Education Committee (GMEC).
- H. Residents and fellows are expected to attend needed medical, mental health, and dental care appointments, including those scheduled during working hours. Learners are encouraged, whenever possible, to schedule appointments at times that are least likely to interfere with patient care when possible and are asked to alert the program (supervising faculty, program coordinator, program director) in writing or direct communication that will be documented by program team as soon as possible when they have an appointment that will require them to be off site during the clinical day. Residents/fellows unable to perform patient care responsibilities must have access to leave of absence information and support.
- I. Learners and faculty are encouraged to use their vacation time to provide time away from work. Vacation must be requested from and approved by the supervising faculty and the Program Director.



- J. Programs must have written policies and implemented procedures to ensure clinical coverage of patient care during resident/fellow absences without fear of negative consequences to the trainee.
- K. Programs must provide regular education to faculty and trainees to recognize the symptoms of burnout, depression, sleep deprivation and fatigue, and substance abuse in themselves and in others and to learn how to self-screen and seek appropriate care. Trainees and faculty are encouraged to alert program leadership when concerned about another trainee or faculty member. Programs must offer Employee Assistance Program (EAP) or similar access to confidential, affordable mental health assessment, counseling, and treatment including urgent and emergent care 24 hours a day, seven days a week.
- L. Program Directors will present at least annually to the GMEC their policies, procedures, unresolved safety issues or trends impacting trainees or faculty, and the educational plan to ensure compliance with these requirements.
 - i. Program Directors will be asked to provide this information as needed if issues related to trainee or faculty well-being are discovered before the annual review.
- M. The DIO will oversee systems of care and learning, educational programs, and working environments that facilitate fatigue mitigation for residents/fellows and faculty members and will report at least annually to GMEC.

SIGNATURES

Approved: _____ *Signature on File*
 Dr. Jei Africa, PsyD, FACHE
 BHRS Director

Approved: _____ *Signature on File*
 Dr. Tasha Souter, MD, FASAM
 BHRS Medical Director

Approved: _____ *Signature on File*
 Dr. Peter Dell, MD
 BHRS-SMC ACGME Designated Institutional Official

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description