**Position Statement on Resident Wellness**

**Executive Summary**

Ahmed Taher; Skye Crawford; Josh Koczerginski; Niran Argintaru; Roxane Beaumont-Boileau; Alex Hart; Blair L. Bigham

**INTRODUCTION**

Resident wellness is an integral dimension of residency training, with significant physical and psychosocial burden associated with deficits in it.1 There are a multitude of factors beyond the current emergency residency program accreditation standards2,3 that must be addressed to support resident physician wellness. The Canadian Association of Emergency Physicians (CAEP) Resident Section represents emergency resident physicians across Canada and is committed to improving resident wellness.

This CAEP Resident Section Position Statement serves as a foundation, and practical guide for emergency medicine residency programs to ensure resident wellness is approached in a sustainable, holistic, and evidence-based manner. The full position statement as well as the French translation of the executive summary and position statement are available (Cambridge website Link).

**THE TOLL OF EMERGENCY MEDICINE RESIDENCY**

Higher than average burnout has been clearly documented in emergency resident physicians.4,5 This is linked to a multitude of psychologic6 and physiologic challenges,7 as well as a negative impact on patient care.8-10

***Recommendations***

Given the increasing evidence of the toll of emergency residency on resident wellness, we recommend that emergency residency programs:

1. Form a working group with all relevant stakeholders to address a national strategy for national wellness curriculum design and implementation.

**RESILIENCY TRAINING**

One principle method to combat burnout is to develop a system that supports resiliency training. Physician and resident resiliency curricula have been employed previously with success,11,12 including a curriculum published by the Resident Doctors of Canada (RDoC).13

***Recommendations***

Given the negative effects of burnout on emergency resident physicians and the importance of resiliency training, we recommend that emergency programs:

1. Create a formal wellness curriculum as part of the emergency medicine residency program.
2. Adopt resiliency training such as the RDoC Resiliency Curriculum, as part of the formal wellness curriculum.
3. Empower resident physicians to champion resiliency training by identifying a resident wellness position and create incentives for resident physicians to champion these efforts.

**ACCESS TO SUPPORT**

Resiliency training can be preventative, however timely access to various supports such as crisis resources are also required.14 A comprehensive crisis management strategy includes policies for faculty who will advocate on behalf of residents, for time off for personal reasons, and for bringing resident concerns to program leadership.

***Recommendations***

Given the importance of access to wellness supports, we recommend that emergency medicine residency programs:

1. Provide faculty development for faculty involved in educational activities that allow faculty to promote and support resident wellness including support for residents in crisis.
2. Establish and maintain mechanisms for resident physicians to access services to manage stress and similar issues.2
3. Make emergency resident physicians aware of the available wellness and support services. These may include local university, community health centre contacts for primary medical and mental health care, crisis lines for mental health, assistance in obtaining a family physician, post-graduate office resources for counseling, online resources for wellness and stress management, and the CAEP Resident Section Wellness Resources list.14
4. Identify mechanisms by which residents can bring forward their concerns to program leadership.
5. Identify a faculty member with expertise in resident wellness to act as a resident physician advocate within theemergency medicine program.
6. Ensure that wellness and crisis resources and supports are offered in a confidential manner without impact on resident physician education, standing in the program or future employment and educate residents on mandatory reporting requirements.
7. Maintain a policy on time off for personal reasons and resident physicians in crisis that is in line with provincial collective bargaining agreements on sick leave.

**BUILDING HEALTHY WORK ENVIRONMENTS**

Long duty hours have been consistently associated with a variety of detrimental effects on patients15-20 and trainees.21,22 Restrictions have been advocated by multiple national initiatives (Appendix 1).23-25An optimum number of maximum hours is still unclear.26,27 However, stakeholders should remain engaged as new evidence arises.

***Recommendations***

Given the continued national efforts in defining optimal duty hours, we recommend that emergency medicine residency programs:

1. Continue engaging provincial and national efforts to define optimal duty hours with a stronger focus on its implications on resident physician wellness.
2. Define a fatigue management section as part of the formal wellness curriculum.
3. Provide access to fatigue management resources, counseling and support.
4. Ensure access to safe alternatives to driving after night shift or long duty hours such as a place to rest onsite, or access to public transportation or taxi compensation.

Shift workconstitutes the majority of emergency residency program rotations, which has inherent deleterious health effects.28-30 Strategies to mitigate this are not formally instructed and autonomy with regards to scheduling are variable, which may hinder wellness planning and activities.

***Recommendations***

Given the inherent health risks of shift work and the life style associated with it, we recommend that emergency medicine residency programs:

1. Instruct resident physicians on the principles of proper shiftwork structure, and adapting a healthy lifestyle associated with shift work as part of a formal wellness curriculum.
2. Permit residents to self-schedule emergency shifts where possible. If programs are scheduling residents, they should adhere to best practices for scheduling shift workers including ample notice, and flexibility of shift trades.

Physical hazards during training and emergency medicine residency program standards towards them are delineated (Appendix 2).2,3 Moreover, patient behaviorhazards are a common occurrence highlighted by resident physicians as an area of concern.31 Resident instruction and preparedness towards these hazards is variable nationally.

***Recommendations***

Given that aggressive patients pose a physical risk to residents, emergency medicine residency programs should:

1. Educate residents on personal safety with aggressive patients, including de-escalation techniques, safe egress, and situational control as part of a formal wellness curriculum.
2. Ensure access to support and counseling resources in the event of personal safety concerns.
3. Ensure training of emergency medicine faculty to debrief with resident physicians post safety related incidents.
4. Ensure that educational sites have adequate resources (such as security personnel) to respond to aggressive patient threats.

Hazardous exposuresincluding needlestick injuries are under reported,32 with high rates of improper personal protective equipment use.33 It is an area that needs continued attention and creation of an environment where reporting is supported and non-punitive.

***Recommendations***

Given the risks of exposure to hazardous material in acute care settings, emergency medicine residency programs should:

1. Educate, routinely assess and refresh resident physicians on proper personal protective equipment donning, use, and removal as part of a formal wellness curriculum, along with policies and protocols associated with body fluid exposure.
2. Take pragmatic steps to create a non-punitive culture to reporting needlestick injuries and exposures with a clear process for follow up.

Medical training contributes to physicians ignoring signs of stress, fatigue, burnout and delayed access to mental health support.34 These environments include yelling, shaming, condescending behavior or bullying.1 Residents also may not speak up when they have differing opinions of ethical dilemmas35 due to perceived power differentials. These are skills that can be effectively taught to residents.36

***Recommendations***

Given the psychosocial challenges that emergency medicine residents face, emergency medicine residency programs should:

1. Educate resident physicians on effective methods of personal and professional conflict resolution as part of a formal wellness curriculum.
2. Create a just culture that is open and responsive to reporting adverse interactions, and implement a safety management system to investigate root causes and promote system-level changes.
3. Create effective mechanisms to manage issues of perceived lack of resident physician safety, intimidation, harassment and abuse in a timely and efficient manner2.
4. Educate resident physicians on effective means of addressing power differentials with more senior residents and staff physicians, especially in critical scenarios as part of a formal wellness curriculum.
5. Ensure continuing professional education for faculty to raise awareness of power differentials and conflict resolution, especially in critical scenarios.

**TRANSITION TO PRACTICE**

The transition from residency to practice is a period of significant stress. This is heterogeneously taught in Canadian emergency medicine programs.37 The development and implementation of the new competency-based emergency medicine curriculum is an opportunity to enhance transition to practice training.

***Recommendations***

Given the inherent challenges of transition to practice, emergency medicine residency programs should:

1. Provide access to career and financial counseling and support services.
2. Educate resident physicians on the non-medical aspects of transition to practice as part of a formal wellness curriculum.
3. Provide formal mentorship opportunities to facilitate the transition to practice process.

**NEXT STEPS**

This position statement is intended to drive forward a national emergency resident physician wellness agenda. Moreover, it represents a minimum standard of wellness attributes that emergency residency programs should work towards beyond accreditation standards. A wide collective of national stakeholders from residency programs and accreditation bodies should create a working group to address current program structures and curricula to meet the identified deficits and to create a formal national wellness curriculum.

**CONCLUSION**

Emergency medicine residency training has a high toll on resident physician wellness. Key attributes of training programs have been identified to mitigate these risks. Training programs must enable sustainable methods to advance towards meeting these benchmarks.

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