

Supplemental digital content for Cedfeldt AS, Bower E, Flores C, Brunett P, Choi D, Girard DE. Promoting resident wellness: Evaluation of a time-off policy to increase residents' utilization of health care services. Acad Med.

## Supplemental Digital Appendix 1

### Oregon Health & Science University (OHSU) Policy for Resident/Fellow Health, 7/1/2010

- I. **Summary of House Officers' Association (HOA) Wellness Survey Results**, November 2009 - January 2010. Response rate 311/764 = 41% of all residents and fellows
  - 51% of residents/fellows have **not established care** with a PCP
  - 77% (232) residents/fellows have **delayed or not sought care** for a medical problem
  - 90% of resident/fellows cited the **inability to get off of work during business hours** as the most important factor in prohibiting seeking care
  
- II. **HOA Consensus Proposal** to improve resident/fellow access to urgent and preventive health care:
  - **Improvements in General Access:**
    - All departments will **promote a culture of seeking health care** when needed. This should include actively encouraging their residents to establish with a PCP within the 1<sup>st</sup> quarter of their intern year, thereby facilitating access to urgent care in the clinic of their choice throughout their training.
    - The GME and HOA will provide residents/fellows with a complete clinic list, including phone numbers, hours and faculty members in each of the 4 OHSU primary care specialties (Family Medicine, Internal Medicine, Pediatrics and OB/Gyn). Information about how to find outside providers will also be briefly mentioned. This summary will be presented during intern orientation, and a list will be maintained on the HOA/GME website.
    - Most faculty from these departments would open their practices to residents/fellows (departments would have the option of capping the number of new residents each faculty would accept).
    - Residents/fellows who wish to make an appointment would call the clinics directly, but would have access to a contact person within the department in case of problems.
  
  - **Urgent Care**
    - Existing after-hours primary care clinics will be advertised on the HOA/GME website.
    - Urgent appointments cannot be guaranteed with faculty or PCP's, but availability to residents/fellows will be maximized within the clinics' open hours.
  
  - **Preventive Care:** Programs will allow a minimum of **four ½-days off per year (½-day is defined as "at least 4 consecutive hours")** to be used for residents/fellows or their children to attend preventive or non-urgent health care appointments.
    - Ideally, these half days would be scheduled at the beginning of the year so that appointments (dental, annual, etc) could be made well in advance.

- These ½ days would be taken as sick time.
  - These ½ days should not coincide with regularly scheduled days off or post-call days.
  - The process for scheduling these days should be transparent and clear to both residents/fellows and faculty.
  - Each program is responsible for ensuring that these days are available to residents/fellows.
  - Each program is responsible for determining how this is best implemented for their residents/fellows so that these ½ days do not impact eligibility for fellowship or board certification or require residents/fellows to prolong their training.
- **GME will confidentially survey residents to ensure compliance with this policy.** If concerns are raised within a particular program, GME will review that program's execution of the policy.
  - **Mental Health** needs should continue to go through the Resident/Fellow Wellness Program.

**Approved by GMEC: May 27, 2010**