

Gynecologic Oncology Resident Rotation Wellness Plan

Purpose: It is well understood that participating in the care of gynecologic oncology patients can be very challenging to learners in an OB/GYN residency program. The acuity of the patient illness, the complexity of the advanced surgical and medical care and knowledge needed can seem intimidating to any level of learner. The additional stress of treatment complications and often anticipated disease driven poor patient outcomes (including anticipated or unanticipated deaths) can be difficult for a learner to manage and process. We acknowledge the need for wellness and stress management in order to maximize progress towards competency goals.

Orientation action items: The residents will be oriented to the service by Dr. Teresa Rutledge, the divisional resident and fellow education coordinator, before they come on service.

- ___ Rotation director to review resident performance and competency expectations appropriate for each level of learner and orient to Gyn Onc division processes, including specific to UNMCCC operations. (Dr. Rutledge)
- ___ Advanced Practitioner to review inpatient management skills necessary for safe patient centered care. (Monique Gaede)
- ___ Resident program director to outline ACGME competencies in professionalism & wellness and to review support services available through Division, Department and HSC. (Dr. Stonehocker—handouts sent)
- ___ The Residency Program Coordinator will notify the R2/R4 residents' faculty mentors (outside Gyn Onc Division) that each resident is starting the Gyn Onc rotation, one week prior to their start date. If the R2 (in the first half of the year) has not yet chosen a formal mentor, they will need to inform the Program Director and Coordinator who they would like their rotation mentor to be.
- ___ The Residency Program Coordinator will contact the R1 to determine who they would like their rotation mentor to be (given all interns participate in group mentoring their first year of residency). One week prior to their start date, the Residency Program Coordinator will notify this person that the intern is starting the Gyn Onc rotation.

Check-In/Mentoring with action items:

- ___ Each designated mentor should contact the resident to “check-in” at regular intervals to make a global assessment of sleep hygiene, stress management and overall resident well-being. The mentor should also make recommendations for improvement in stress management, address other issues and elevate concerns, if needed, to Residency Program Director.
 - ___ Check in at the end of week 1
 - ___ Check in at midpoint (week 4)
 - ___ Check in near end of rotation (week 6-7)

- ___ The Departmental Wellness Officer (Dr. Kathleen Kennedy) will conduct a focused “check-in” at the end of week 1 with each of the Oncology residents to make a global assessment of sleep hygiene, stress management and overall resident well-being. Any identified concerns will be elevated to the Residency Program Director, as needed.
- ___ At each of the designated “check-ins” the mentor will assess if the resident is in trouble, in need of formal stress management or counseling. The mentor will notify the Gyn Onc attending and Residency Program Director if the resident is felt to need immediate assessment. The resident will be removed from the rotation until that assessment is completed by a professional.

Debriefing with action items:

- ___ Group debriefing sessions with residents, students and other available team members will be planned twice during the rotation (Gyn Onc attending). The goal of these sessions is to:
 - discuss stressful encounters, manage conflict, time management, process feelings of sadness or frustration with patient outcomes or processes.
 - acknowledge the underlying stressors and impact on individual and team health and wellness, assess systems changes that may improve management and allow a safe forum to decompress.

Evaluation with action items:

- ___ A mid-point verbal self-evaluation will be completed (resident).
- ___ Midpoint evaluations: peer evaluation and then faculty evaluation will be scheduled and documented for the R2/R4 residents with the Gyn Onc faculty (Dr. Rutledge). Strengths will be identified first and then areas will be discussed that will identify skills and competencies that should be the focused target of improvement during the last half of the rotation.
- For residents with academic, personal or conflict issues:
 - ___ If a resident is significantly underperforming and on track to fail major required competencies, an individual meeting with the residency director will be requested to review the major issues of underperformance and to lay out a formal remediation plan (Dr. Rutledge and Dr. Stonehocker). The residents will also be given an opportunity to suggest what is working well in the learning environment and where improvements can be made to optimize the rotation.
 - ___ If the resident has personal or professional issues with a member of the Gyn Onc team (faculty, midlevel or extended staff) –the resident will speak with the Division Chief, their mentor, residency director or Department Ombudsman (as per the conflict resolution pathway, attached) so issues can be addressed and corrected quickly. The ethics of our Division ensures that we function under zero tolerance of any retaliation activity as our primary goal and mission is to support an effective and positive learning environment.

- ___ If a resident is identified as struggling in managing the rigors of the rotation by the Gyn Onc faculty or by a peer, member of the team or mentor, the concern will be brought to the Division Director (Dr. Muller) or Rotation Director (Dr. Rutledge) and a meeting will be scheduled (Dr. Rutledge and Dr. Stonehocker). The root issues will be discussed and a management plan set in place (e.g. time management skills, adjustment of duties or off service call, resources with CARS, etc.)
 - Weekly to bimonthly progress meetings will be held with this team to assess resident progress and wellness improvement. If serious concern is uncovered for immediate mental or physical health risk for any resident – the resident will be removed from all rotation duty and will be required to undergo professional assessment within 24-48 hours or immediately if a life or health threatening condition is identified.
 - HSC resources will be utilized either through emergency evaluation or through CARS or other identified facilities. Residents will take sick leave until the condition is monitored and will not be allowed back to the service until released by their physician or health provider. *These processes will align with the Department processes as the latter evolves.*

Outcomes: The goal of the Gyn Oncology division is to provide expert state of the art compassionate care to women in New Mexico with gynecologic cancers and to train the next generation of OB/GYNs to become caring independent surgeons and women’s health care providers. In order to successfully be a caring physician – one must make sure they engage in self-care. Part of the learning experience on this rotation is learning to manage time and complex illness and balance self-care needs as well. Our group strives to provide a rigorous but supportive learning environment in which the resident can learn to set these foundations which will be critical to achieving a successful career in OB/GYN.

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APPROVAL

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Approved by: Gynecology Oncology Division

Approval:

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Residency Director

6/27/19

Approval:

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Chair, Department of Obstetrics & Gynecology

6/26/2019

Date