Policy on Wellness Activities and Expenses

Resident and faculty wellness is a critically important element in the clinical and educational environment. Wellness is an institutional priority. Maintaining wellness among residents and faculty improves the learning environment, contributes to professional satisfaction, and reduces the risk of burnout. However, wellness is best recognized and managed on a program level, not by the institution. The institutional responsibility is oversight and support of the programs' wellness initiatives and activities. This policy describes that oversight and support, outlines the process required to support program activities, and delineates the support provided.

I. Oversight and Monitoring of Resident and Faculty Wellness

a. Program Directors are charged with oversight of resident wellness and are most optimally placed to recognize wellness in their faculty and residents. However, the responsibility for formal evaluation of resident and faculty wellness lies with the institution and will be measured and monitored by the Office of Medical Education and reported to the GMEC. Monitoring will take place through the following measures:

    i. Monitoring of resident and faculty wellness will occur though a dual reporting structure that originates in the program. Wellness concerns and recommendations may originate with the program through a reporting structure that culminates in a report to the DIO, who will then report to the GMEC.

        1. Resident wellness will be a standing agenda item at the Monthly Housestaff Organization meeting to which all residents are invited. Any resident may raise a concern or suggest an initiative in that forum. One or both Co-Chairs will report those concerns or recommendations to the DIO or his designee.

2. Program Directors will represent resident and/or faculty concerns related to wellness at the monthly Program Directors meeting.

3. Any resident, faculty physician, or Program Director can raise a concern or make a recommendation regarding wellness to the DIO or designee at any time. Concerns are not limited to the scheduled meetings described above.

4. The DIO will report wellness concerns or recommended initiatives to the GMEC, whose membership includes senior members of the hospital administration. This update will be a standing agenda item for the GMEC.

ii. The Office of Medical Education will coordinate confidential, on-line wellness surveys at least twice yearly. The results will be reported in a summarized, de-identified fashion to the program director(s) and the GMEC for review and action as needed.

iii. The Office of Medical Education will review the Annual ACGME Survey in detail, including the Wellness survey, analyze the results, and share the analysis with the program directors, GMEC, and with the institutional leadership through the Annual Institutional review (AIR).

II. Wellness Initiatives and Activities

a. Wellness initiatives and activities should originate in the programs. Each program is responsible for developing its own plan for wellness activities, activities that may include, but not necessarily limited to, social activities, community engagement activities, sports and recreational activities, and holiday activities.

i. Activities must be approved in advance, ideally as part of the annual budgeting process. However, recognizing that activities may be suggested during the year at any time, if budgeted funds are available, an activity may be requested and approved at any

time during the fiscal year. Every program will be expected to develop a schedule of wellness activities and financial support provided through the Office of Medical Education or designated Foundation funds.

1. Excluded activities are any that include a risk of substantial harm, even if unlikely.

ii. All activities must be budgeted if financial support of the activity is expected. No unbudgeted expenses will be reimbursed.

iii. Allowed expenses for wellness activities include, but are not limited to, registration expenses, facility rental, materials and supplies for wellness activities, food, and alcohol with the restrictions described below.

1. Reimbursement will be limited to beer, hard seltzers, ciders and wine.

2. Programs that plan to include alcoholic beverages as part of a wellness activity must request specific approval in advance by the DIO as part of a separate approval process. The request must include the type of beverages and amount requested.

3. Inclusion of alcoholic beverages as part of an institutionally supported wellness activity presumes moderation and legal use.

4. The DIO reserves the right to exclude the inclusion of alcohol at a wellness activity.

iv. Reimbursement will be dependent upon the submission of receipts according to organizational procedure in effect. Request for financial support of a wellness activity must include a specific and itemized list of anticipated expenses at least thirty (30) days in advance of the scheduled activity. Exceptions may be considered

on a case-by-case basis. Ideally, each program will develop a schedule of proposed wellness activities during the budgeting season each year and allow approval well in advance.

1. Reimbursement will occur through the usual institutional process after payment has been made and receipts submitted as part of the process.

2. Institutional policies must be observed in terms of contracts, vendors, and the reimbursement process itself.

3. UPHDM is a tax-exempt institution. Remember that local, state, and federal taxes generally should not be applied.

Approved by Graduate Medical Education Committee on October 14, 2025.