

الهيئة السعودية للتخصصات الصحية  
Saudi Commission for Health Specialties



# Saudi Commission For Health Specialties Wellbeing Policy

June 2022

VERSION NUMBER.02

## Table of Contents

1. Policy objective .....	3
2. Definitions.....	3
3. Policy Statements.....	6
3.1. General Policy statements.....	6
3.1.1 Training Centers .....	6
3.1.2. Chief Wellbeing supervisor (CWS).....	9
4. Procedures.....	17
5. Appendix: .....	21

## 1. Policy objective

This policy defines the ways in which **SCFHS** trainees (Residents and fellows) are supported psychologically and supported in their efforts to become competent, caring and resilient physicians while completing their diploma/residency/fellowship program provided by the Saudi Commission for Health Specialties. This policy applies to trainees (Residents, fellows) , trainers, Program Directors, Designated institutional officers, program coordinators, Training Centers (who have mental health services) and Academic & Training department staff in the accredited training centers.

## 2. Definitions

The following terms and expressions - wherever mentioned in this policy - have the meanings shown before them, unless the context requires otherwise:

**2.1. Saudi Commission for Health Specialties (SCFHS):** It is a Saudi Arabian scientific commission that regulates healthcare-related practices, training and accreditation at all levels in Saudi Arabia. The SCFHS is responsible for supervising and evaluating training programs, as well as setting controls and standards for the practice of health professions.

**2.2. Medical and Health Programs :** Any training program whose graduates work in the health professions field: e.g. doctors, dentists, lab technicians, nurses, psychologists, etc. This includes a number of training activities for a specialty that are accredited by SCFHS.

**2.3. Designated Institutional Official (DIO):** An appointed official with SCFHS authoritative role toward training matters on behalf of an accredited training institute.

**2.4. Program Director (PD):** A competent licensed specialist supervising a given training program in a training center.

**2.5. Trainers:** A qualified and licensed health practitioner participating in the training process in one of the training programs accredited by SCFHS.

**2.6. Residents:** The candidate who is registered in one of the diploma or residency training programs accredited by SCFHS.

**2.7. Fellows:** The candidate who is registered in one of the training fellowship programs accredited by SCFHS.

2.8. **Trainees:** whenever mentioned, usually refer to both residents and fellows in the training programs accredited by SCFHS.

2.9. **Chief wellbeing supervisor :** The responsible person within the accredited training institute who will chair wellbeing services in that institute.

2.10. **Training centers:** any healthcare center with SCFHS-accredited training programs.

2.11. **Psychological Support:-** Support provided by a healthcare professional, that involves addressing the emotional and thought processes, feelings and reactions, usually through talking and or/behavioral interventions.

2.12. **Clinic coordinator:** An administrative professional specialized in managing, coordinating trainee's wellbeing clinic function and facilitating trainee's access to the clinic.

2.13. **Psychological and Psychiatric Care:** Care delivered by a mental health professionals that ranges from psychological or psychiatric assessments to psychotherapy and medication management.

2.14. **Counsellor:** Psychiatrist or psychologist who will run trainee's wellbeing clinic.

2.15. **Quality of Life :** The WHO defines Quality of Life " as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment."

2.16. **Da'em:** is a SCFHS program aiming to support trainees while ensuring the privacy and confidentiality of his/her personal information. It is led by a committee comprised of psychologists, psychiatrists and physicians with experience in wellness and counselling.

2.17. **Resilience<sup>1</sup>:** The ability to withstand and recover quickly from difficult conditions or situations. During training, trainees may face difficult patient care, educational or personal events which have the ability to negatively affect their Wellbeing. Decompressing after such situations, through conversation with peers, mentors or family, and self-care activities, can increase Resilience.

2.18. **Wellbeing<sup>2</sup>:** Refers to the state of being healthy, happy and successful. Wellbeing may be positively increased by interacting with patients and colleagues at work, being intellectually

---

<sup>1</sup> (Dartmouth-Hitchcock, 2020)

<sup>2</sup> (Dartmouth-Hitchcock, 2020)

stimulated and by feeling that one is making a difference/helping. In addition, self-care activities, including exercise, getting plenty of rest and connecting with others, is beneficial.

2.19. **Wellbeing Trigger:** is anyone who is involved in the training process, training delivery or any aspect of training who has a concern about trainees wellbeing and mental health. They could be trainees, Trainers, Program directors, program administrator, or designated institutional officers.

2.20. **Safety Trigger:** : is anyone who is involved in the training process, training delivery or any aspect of training who has a concern about trainee's safety issues which might impose danger to him/her, colleagues or to the patients. They could be trainees, Trainers, Program directors, program administrator, or designated institutional officers.

2.21. **Burnout**<sup>3</sup>: Long-term exhaustion and diminished interest in work. Dimensions of burnout include emotional exhaustion, depersonalization, and feelings of lack of competence or success in one's work. Burnout can lead to depression, anxiety and substance dependence disorders.

2.22. **Mental health disorder:** Mental health disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. Most of these disorders can be successfully treated.

---

<sup>3</sup> (Dartmouth-Hitchcock, 2020)

### 3. Policy Statements

#### 3.1. General Policy statements

##### 3.1.1 Training Centers

3.1.1.1. There should be a chief wellbeing supervisor (CWS) to manage all wellbeing related issues.

3.1.1.2. Institutional training committee shall nominate suggested qualified names from their training center training as CWS, DIO will have the authority to appoint CWS among nominees.

3.1.1.5. There should be a formulated wellbeing committee.

3.1.1.6. Centers must exhibit efforts that enhances the meaning that each trainee finds in the experience of being a healthcare provider.

3.1.1.7. Centers must provide all trainees access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

3.1.1.8. Centers must put in place systems that boost the resilience, wellbeing, life-style and mental health of trainees, and prevent mental and physical health issues amongst them.

3.1.1.9. Centers should Encourage trainers and trainees to adopt healthy lifestyle choices through active participation in a range of initiatives that support health and wellbeing.

3.1.1.10. Centers should have policies and systems in place that emphasizes residency training occurs in an environment that is committed to the wellbeing of the trainees, trainers and all members of the healthcare team.

3.1.1.11. Training programs must follow SCFHS rules regarding duty hours, on-call and post-call regulation.

3.1.1.12. Centers must provide continuous education to all trainers and trainees to enable them to identify and recognize the signs of fatigue and sleep deprivation and its consequences.

3.1.1.13. Centers must ensure that supervision for all trainees should be appropriate to the trainee's level and in compliance with the SCFHS rules.

3.1.1.14. Centers must adapt and teach stress management strategies early on in the training as a way to help trainees through the rigors of the training period.

3.1.1.15. Training institutes and PD must encourage trainees and trainers to alert the program director or other designated personnel (safety trigger) when they are concerned that another trainee may be displaying signs of burnout, depression, substance dependence, suicidal ideation, or potential harm.

3.1.1.16. Whenever there is a safety concern, a safety trigger should be raised by a trainee, Trainer, PD, PROGRAM ADMINISTRATOR, DIO's or anyone actively involved in the training process and patient care in any of the following cases:

- 3.1.1.16.1. The trainee has problems functioning due to concentration issues and is prone to commit medical errors.
- 3.1.1.16.2. The trainee is showing signs of being aggressive or violent with colleagues or patients.
- 3.1.1.16.3. If there is a concern that the trainee might have unstable mental disorder such as bipolar disorder or psychosis or substance dependence, and his perception and judgement are not reliable.
- 3.1.1.16.4. The trainee is showing signs or expressing ideas of harming self or others.
- 3.1.1.16.5. Other situations where there is any concern with regards to trainee's ability to function safely.

3.1.1.17. In such cases, the following steps should take place as soon as possible:

- 3.1.1.17.1. The PD should be informed (through official channels) urgently about the above concern if not aware.
- 3.1.1.17.2. The training program committee should have an urgent meeting to discuss this issue and recommend some immediate recommendations keeping in mind that patient, trainee and other staff safety is a priority.
- 3.1.1.17.3. The training program committee might need to invite the trainee to the meeting if they want any clarification.
- 3.1.1.17.4. If still the concern is there, the institutional training committee/shared training committee/DIO should be informed about this matter and about training program committee recommendations in order to take the proper action.

- 3.1.1.17.5. Since such issue is out of scope of wellbeing services, The PD should work with the trainee to refer him/her formally to psychiatry clinic for full assessment and recommendations
  - 3.1.1.17.6. Full confidential report should be sent back to the PD explain the diagnosis, treatment plan and recommendations
  - 3.1.1.17.7. The PD should discuss the report with the institute training committee/shared training committee for final recommendations and actions
  - 3.1.1.17.8. The associate executive director of training should be informed via official communication with SCFHS-Training Supervision Department in the corresponding geographical sector.
  - 3.1.1.17.9. The trainee should be informed and updated officially about all steps and actions and all should be documented.
  - 3.1.1.17.10. The actions should be aligned with institute disability policy and healthcare worker impairment policy.
  - 3.1.1.17.11. Trainees consent for report in such cases where others safety is jeopardized, is not mandatory.
- 3.1.1.18. The institute disability policy and physician impairment policy must be applied to any trainee who has any compromising medical condition (whether acute or chronic diseases, complicated pregnancy, etc.....), which affect his/her function and patient care, and compromise trainee's own health, provided that an official medical report has been provided by the trainee to his/her PD.
- 3.1.1.19. As minimum requirement, each training center must have chief wellbeing supervisor, trainee's wellbeing clinic, wellbeing coordinator for the clinic, wellbeing committee, and expected to host wellbeing activities (Social activities, lectures, and other initiatives as preventive measures during the academic year). These requirements are going to be integrated within SCFHS Accreditation standards (please refer to SCFHS institutional Accreditation framework).

### 3.1.2. Chief Wellbeing supervisor (CWS)

3.1.2.1. The chief wellbeing supervisor will be in charge of all wellbeing aspects and has very clear responsibilities (see 3.2.5).

3.1.2.2. CWS Should have Wellbeing Training and experience or mental health background.

### 3.1.3. Wellbeing Committee (WBC)

3.1.3.1. Each training center will have a trainee's wellbeing Committee, which consists of a chairman, coordinator and at least 3 additional members.

3.1.3.2. The Committee should be chaired by the CWS.

3.1.3.3. At least one member should be a psychiatrist or a psychologist.

3.1.3.4. Other members can include physicians, nurses, social workers, etc.

3.1.3.5. The committee members should include a trainee.

3.1.3.6. No program director or deputy should be included in this committee.

3.1.3.7. The committee meetings should be held regularly on a monthly basis to ensure its responsibilities are being carried out.

3.1.3.8. The committee chairman can invite a guest (trainee, trainer, PD, department chairman, director, etc....) whenever needed, as long as there is no conflict of interest.

3.1.3.9. WBC should review any relevant/difficult cases encountered in the wellbeing clinic with no breach of confidentiality, with the exception of cases involving imminent risk or danger.

3.1.3.10. If there is any concern about increased burnout or mental health issues in certain training programs, it is the responsibility of the committee to investigate the causes then report to the DIO to take the proper action.

3.1.3.11. The WBC should review all cases of trainees presenting to the wellbeing clinic due to disciplinary action planned or taken by his/her program director (with trainee's informed consent).

3.1.3.12. If there is a mental health issue that is relevant to the case, then a report indicating so, with recommendations is sent to the PD through clinic coordinator (with trainee's informed consent).

3.1.3.13. WBC can reach out to *Da'em* through CWS to consult on any issues if needed by sending a formal email to [trainingwellbeing@scfhs.org](mailto:trainingwellbeing@scfhs.org)

3.1.3.14. Any trainee who reaches out to a committee member asking for help or support is referred to the clinic for a full assessment (voluntarily) in a timely manner.

3.1.3.15. Any appeal (related to disciplinary action) submitted by a trainee stating that he/she has a mental health issue, he/she should be allowed to access the wellbeing clinic for assessment, where a report should be written and sent to WBC to write the proper recommendations and send it back to PD through the clinic coordinator.

3.1.3.16. It is the responsibility of the Wellbeing committee to facilitate the process of setting up of the wellbeing clinic.

3.1.3.17. WBC members should make themselves known and available to trainees and trainers through clear methods of contact.

3.1.3.18. The Wellbeing Committee is responsible with PDs for cultivating wellbeing concept within the training centers through awareness and internal lectures, wellbeing periodic reports, engaging stakeholders, etc.

3.1.3.19. Wellbeing committee should arrange and carry out at least two wellness activities per year (e.g.: wellness day, introduction of the service, focus groups, etc.).

3.1.3.20 No reports-whatever the purpose-should be written without trainee's written consent except in the case of safety triggers (refer to 3.1.1.15).

### **3.1.4. Wellbeing Clinic**

3.1.4.1 Each training center will have a trainee's Wellbeing Clinic (WC) which will provide access to confidential, affordable psychological assessment, mental health counseling and treatment.

3.1.4.2. All trainees should be aware of the clinic, how to access it, and its confidentiality, privacy, and documentation process.

3.1.4.3. The mode of access to the clinic appointment should be very clear, affordable, confidential and easy.

- 3.1.4.4. Clinic objectives, function, capacity and confidentiality boundaries should be explained to the trainees by the counsellor at the beginning of the 1<sup>st</sup> visit, then a consent to the counselling agreement should be signed.
- 3.1.4.5. A certified clinical psychologist or a board certified psychiatrist will run the Wellbeing Clinic.
- 3.1.4.6. Each Wellbeing Clinic should have a clinic coordinator.
- 3.1.4.7. Clinic coordinators should be chosen based on their skills of good communication and commitment.
- 3.1.4.8. The assignment of clinic counsellors and coordinators should be through the wellbeing committee and approved by the chief wellbeing supervisor.
- 3.1.4.9.. If the trainee needs further assessment and or management beyond the capacity of the wellbeing clinic (e.g.: unstable mental illness, acute danger, substance dependence), the trainee might be referred (voluntarily) to more specialized clinic within the institute.
- 3.1.4.10. If the trainee refuses the internal referral to more specialized clinic, he/she has the choice for self-referral to Da'em services at SCFHS, or any clinic outside the training institute provided that the center is a licensed.
- 3.1.4.11. Monthly reports (no. of requests, no. of sessions, closed requests, external referrals, diagnosis, etc.) should be sent by the clinic counsellor to the chief wellbeing supervisor with no breach of confidentiality or disclosure of trainee's personal information.
- 3.1.4.12. Wellbeing clinic counsellor should follow the code of ethics for mental health professions.
- 3.1.4.13. The wellbeing clinic counsellor can consult Da'em as needed on any issues by sending a formal email to [trainingwellbeing@scfhs.org](mailto:trainingwellbeing@scfhs.org).
- 3.1.4.14. Anonymous evaluation forms (to evaluate the wellbeing services) should be sent to all trainees after receiving the proper counselling services.
- 3.1.4.15. It is the responsibility of the trainee to receive the final clinical recommendations from the wellbeing coordinator (if requested by him/her) and follow the recommendations if there is any.

### 3.1.5. Program Directors & Trainers

3.1.5.1. PD, trainers and trainees must cultivate environments and settings of training that are healthy and conducive to mental health and wellbeing.

3.1.5.2. PD should pay attention to scheduling, work intensity, and work pressures that impact wellbeing.

3.1.5.3. When the trainee starts to show some psychological complaints, decline in his/her performance without a clear reason, recurrent absence from work and academic activities, avoiding duties, misbehavior either with his/her colleagues, trainers or patients, he/she should be evaluated in the following sequence;

3.1.5.3.1 Should be seen initially by the PD/academic mentor.

3.1.5.3.2. If his/her PD/academic mentor thinks the trainee has psychological, family or social issues directly impacting his/her training, but is not considering disciplinary action, he/she should advise the trainee to book an appointment in The Wellbeing Clinic.

3.1.5.3.3. If his/her PD/academic mentor thinks the trainee has psychological, family or social issues directly impacting his/her training, and is considering disciplinary action, he/she should advise the trainee to go to the Wellbeing clinic (WC).

3.1.5.3.4. Trainers and program directors must go through this sequence before taking any disciplinary measures.

3.1.5.3.5 After full assessment in WC by the counsellor, a report should be written and sent to WBC to write the proper recommendations.

3.1.5.3.6. The PD/ disciplinary committee should take WBC recommendations into account when deciding on disciplinary action.

3.1.5.4. PD and trainers are highly encouraged to make use of the Training of Trainers (TOT) training programs made available by the SCFHS, to further develop their own wellbeing, social, emotional and communicating skills, thus making them even more capable of helping their trainees, and cultivating a culture of wellbeing.

3.1.5.5. PD should encourage their trainees to access a self-screening tool for burnout at least once a year.

3.1.5.6.. PDs should be advocates for trainees and have their best interest at heart.

3.1.5.7. PDs are responsible, with wellbeing committee, for raising awareness and education of trainees on importance of workplace wellbeing and identification and recognition of mental health diseases and burnout.

## **3.2. Specific Function policy statements**

### **3.2.1. Wellbeing Trigger**

Trigger can be any trainee, trainer, PD, PROGRAM ADMINISTRATOR, DIO's or anyone actively involved in the training process who might help and guide any trainee to get psychological support

3.2.1.1 Once the Wellbeing Triggers feel the need of psychological support for a trainee who shows signs of distress or burnout, they should advise him/her to self-refer to wellbeing clinic and the PD should informed too.

3.2.1.2 The trainee is still responsible for self-referral to wellbeing.

### **3.2.2. Wellbeing Coordinator**

3..2.2.1. Clinic coordinator should be oriented to the concept of TWC, scope of service and sensitivity of cases, confidentiality issues, empathy, responsiveness and nonjudgmental attitude.

3.2.2.2 It is the responsibility of the wellbeing coordinator to gather all the required information associated with the received forms (or phone call) from the trainee who applied for the service.

3.2.2.3 It is the responsibility of the wellbeing coordinator to determine if the filed wellbeing form is within the scope of services provided by the wellbeing center.

3.2.2.3.1. If the trainee case is deemed to be within the scope of service provided, it is the responsibility of the wellbeing coordinator to schedule an appointment for the trainee with the wellbeing clinic within 48 hours from receiving the form or phone call.

3.2.2.3.2. It is the Responsibility of the wellbeing coordinator to inform the trainee of his/her upcoming appointment and ensure that the clinic counsellor have received all necessary documents at least 24 hours before the scheduled appointment.

3.2.2.3.3. If the trainee case is deemed to be out of scope of services provided, it is the responsibility of the wellbeing coordinator to contact the trainee and explain alternative available and appropriate official channels within 5 working days from receiving the form/ phone call.

3.2.2.3.4 The clinic coordinator is responsible for keeping documentation of all records in an encrypted file and should be accessed only by the responsible counsellor.

3.2.2.3.5 The clinic coordinator should arrange any required referral either to Da'em or to other resources or specialized clinic and make sure that trainee reach the appropriate service efficiently.

3.2.2.3.6 Once a copy of the final recommendations is received, from the consoler, it will be determined based on the case whether there would be follow up with the trainee or not.

### **3.2.3. Wellbeing Clinic**

3.2.3.1. The trainee should be seen in the clinic within two weeks from his/her request unless he/she has an urgent mental health issue, then it is the responsibility of his/her PD to arrange for an urgent assessment either in the wellbeing clinic or by the mental health clinic in the training institute.

3.2.3.2. Follow up visits can be given as needed.

3.4.4. More than one clinic per week should be run to accommodate trainees if needed.

3.2.3.3. Once the trainee is provided with psychological counseling and support by the wellbeing counselor, and if there is a need to send a report to the wellbeing committee, it is the responsibility of the counselor to write up a full report and send it to the wellbeing committee within 5 working days.

3.2.3.4. If the trainee does not require a report to be sent to the wellbeing committee, it is the responsibility of the wellbeing counselor to recommend appropriate solutions and referrals if needed and explain it clearly to the trainee during his/her clinic visits.

3.2.3.5. It is the responsibility of the wellbeing counselor to receive the wellbeing committee final report that includes their recommendations and proposed remedies.

3.2.3.6. Once the wellbeing committee report is received by the counselor, it is the responsibility of the counselor to send a copy of the report to the trainee through wellbeing clinic coordinator within 48 hours from receiving it.

3.2.3.7. If the trainee **requests a report for any other reasons**, It is the responsibility of the wellbeing clinic counselor to write up and send a complete report to the trainee explaining the case findings, solutions and recommendations provided and commonly agreed to by the trainee within five working days.

#### 3.2.4. Wellbeing Committee

3.2.4.1. It is the responsibility of the committee coordinator to receive the wellbeing clinic referral and schedule a committee meeting within 5 working days from receiving the referral.

3.2.4.2. The committee is to meet and discuss the content of the referral and agree on an appropriate solution by the end of the meeting.

3.2.4.3. It is the responsibility of the committee coordinator to make sure that a complete report are written and sent from committee to the wellbeing clinic counselor within 48 hours from the date of the scheduled meeting.

**3.2.4.4.** Wellbeing committee should arrange and carry out at least two wellness activities per year (e.g.: wellness day, introduction of the service, focus groups, etc.).

### **3.2.5 Chief Wellbeing supervisor (CWS)**

- 3.2.5.1** It the responsibility of CWS to chair wellbeing committee
- 3.2.5.2** CWS Should represent the training institute as a member of the central wellbeing committee.
- 3.2.5.3** Ensure implementation of wellbeing policies and procedures.
- 3.2.5.4** Raises awareness and provide education (with other wellbeing committee members) about the impact of burnout on trainees and the benefit of building resilience and coping skills in trainees.
- 3.2.5.5** Implement evidence-based system-level interventions to limit or decrease trainee’s burnout.
- 3.2.5.6** To write regular reports to DIO whenever needed.
- 3.2.5.7** Ensure that the training institute meets the minimum wellbeing requirements for accreditation.
- 3.2.5.8** Connect and communicate between different stakeholders to ensure that wellbeing is prioritized and integrated into executive leadership activities.
- 3.2.5.9** Should report to Da’em consultant Advisory committee at least on annual basis.
- 3.2.5.10** The report should include number of visits to TWC, wellness activities, major decisions made by wellbeing committee, and any other related important issues.

#### 4. Procedures

#	Activity	Responsibility	Forms
1	<p>Wellbeing Trigger ( Trainee, Trainer, PD, program administrator, DIO or anyone actively involved in the training process).</p> <p>1.1. Trainees should take responsibility for their own health and wellbeing by conducting self-screen their selves once they feel or experience signs of burnout or fatigue.</p> <p>1.2. The trainees are expected to self-refer to the services provided when needed, and to decide for themselves whether to accept a recommendation or referral to see a healthcare professional.</p> <p>1.3. The trainee is to fill out the form required by the wellbeing clinic or call the wellbeing coordinator in their training institution as soon as they determine that they require help or identify a colleague who requires help.</p> <p>1.4. Once the form is completed by the trainee and all the information required by the wellbeing coordinator is completed during the phone call, an appointment confirmation within 48 hrs. if his/her case are deemed within the scope of services provided by the wellbeing clinic.</p> <p>1.5. The trainee will follow the recommendations given by the wellbeing counselor and provide regular check ins with the counselor if needed.</p>	<p>Trainee, Trainer, PD, program administrator, DIO or anyone actively involved in the training process</p>	<p>Wellbeing initiation Form</p>

#	Activity	Responsibility	Forms
2	<p><b>2. Wellbeing Coordinator</b></p> <p>2.1. Once the wellbeing coordinator is contacted by the trainee either through a filled form or a phone call, the Coordinator will gather additional information and data required to be able to assess if the case is within the scope of services provided within the wellbeing clinic or not.</p> <p>2.2. If the coordinator deemed that the trainee case is out of scope of the services provided, then the coordinator would need to contact the trainee within 72 hours and clearly explain alternatives available and the suggested appropriate official channels.</p> <p>2.3. If the coordinator determines that the trainees' case is within the scope of services provided within the wellbeing clinic, the coordinator will make sure that all the required inputs are completed and aligned.</p> <p>2.4. The wellbeing coordinator will then schedule and appointment for the trainee with the wellbeing clinic and inform the trainee of the appointment within 24 hours from scheduling it.</p> <p>2.5. The coordinator will send the request and the referral to the clinic at least 24 hours before the appointment.</p> <p>2.6. The clinic coordinator is responsible for keeping documentation of all records in an encrypted file and should be accessed only by the responsible counsellor. Each file should have unique identifiers that maintains the trainee identity confidential, unless otherwise permitted by the trainee in order to obtain a report.</p> <p>2.7. The coordinator will send a complete final recommendation to the trainee within 48 hours from receiving it from the wellbeing clinic.</p>	Wellbeing coordinator	N/A

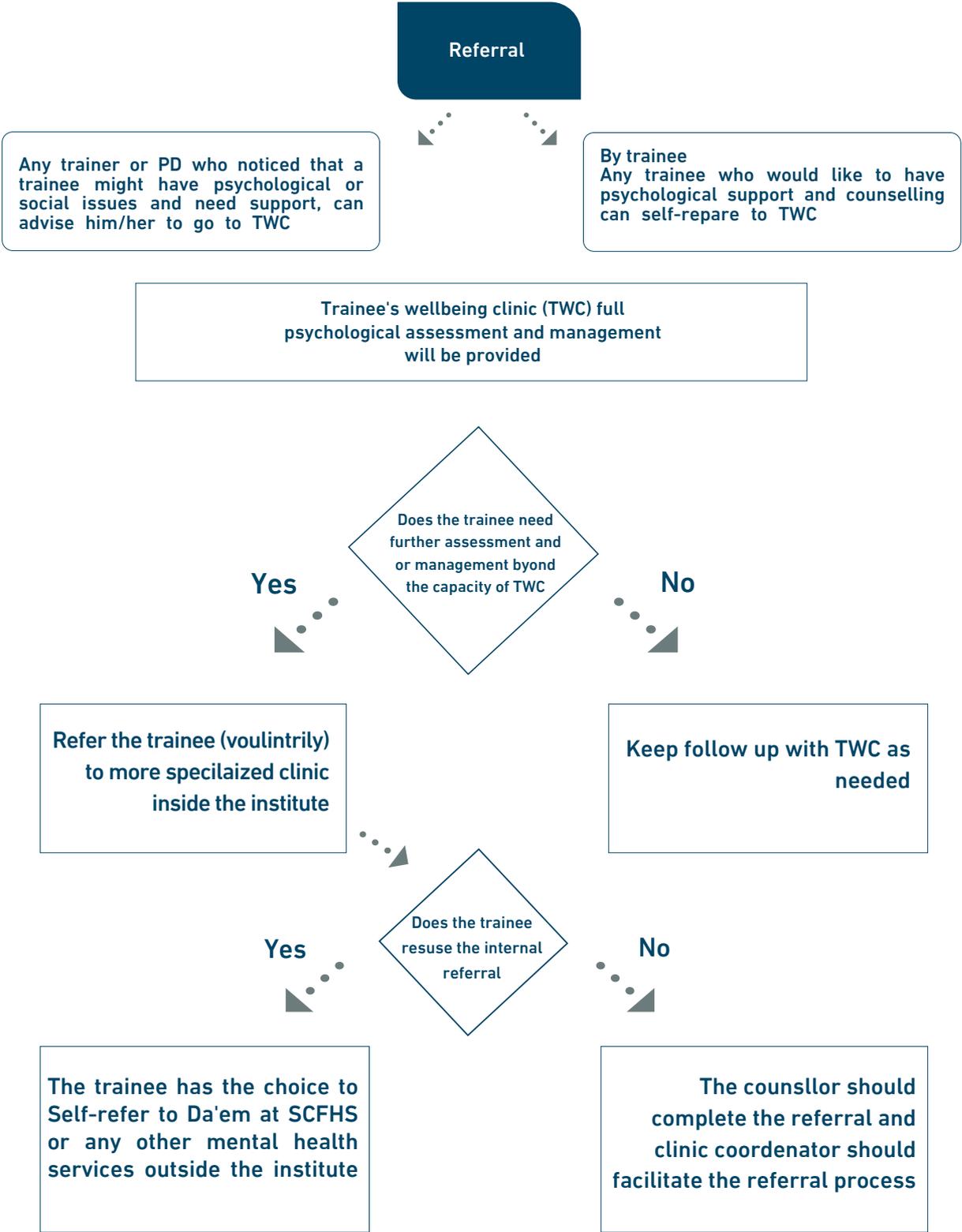
#	Activity	Responsibility	Forms
3	<p><b>3. Wellbeing Clinic</b></p> <p>3.1. Once the wellbeing clinic coordinator receives the referral, he should ensure that all required information is completed as required and book an appointment for the trainee within 48 hours from receiving the referral.</p> <p>3.2. The counselor will ensure that the trainee is seen in the clinic within two weeks from receiving the referral form given that the trainee case is not an urgent case.</p> <p>3.4. Once the trainee requires that his/her case should be reviewed and presented to the wellbeing committee, the clinic counselor will write up a full report and send it to the wellbeing committee coordinator within 72 hours from the time the trainee request was initiated.</p> <p>3.5. In the case that the trainee does not want the involvement of the wellbeing committee the counselor will sit with the trainee and recommend appropriate solutions that would help in minimizing the feeling of stress that he/she may feel.</p> <p>3.6. Once the counselor receives that wellbeing committee report and recommendations about a trainee case, he/she would need to review the content and send a copy to the wellbeing clinic coordinator within 48 hours from receiving it from the committee coordinator.</p>	<p>Clinic Coordinator</p> <p>Clinic counselor</p>	<p>N/A</p>

#	Activity	Responsibility	Forms
4	<p><b>4. Wellbeing Committee (WBC)</b></p> <p>4.1. The WBC coordinator will receive the referral request from the counselor based on the trainee request.</p> <p>4.2. The WBC coordinator will review the content of the referral and ensure that there is sufficient information for the committee members to make an informed decision and recommendations.</p> <p>4.3. WBC coordinator will schedule a meeting and inform the committee members within 48 hours from receiving the referral.</p> <p>4.4. The WBC coordinator will ensure that all meeting logistics are addressed, and meeting minutes are written and sent to the clinic coordinator within 72 hours from the scheduled meeting.</p>	<p>Committee coordinator</p> <p>Committee members</p>	<p>Meeting</p> <p>Minutes</p>

## a- Consent form

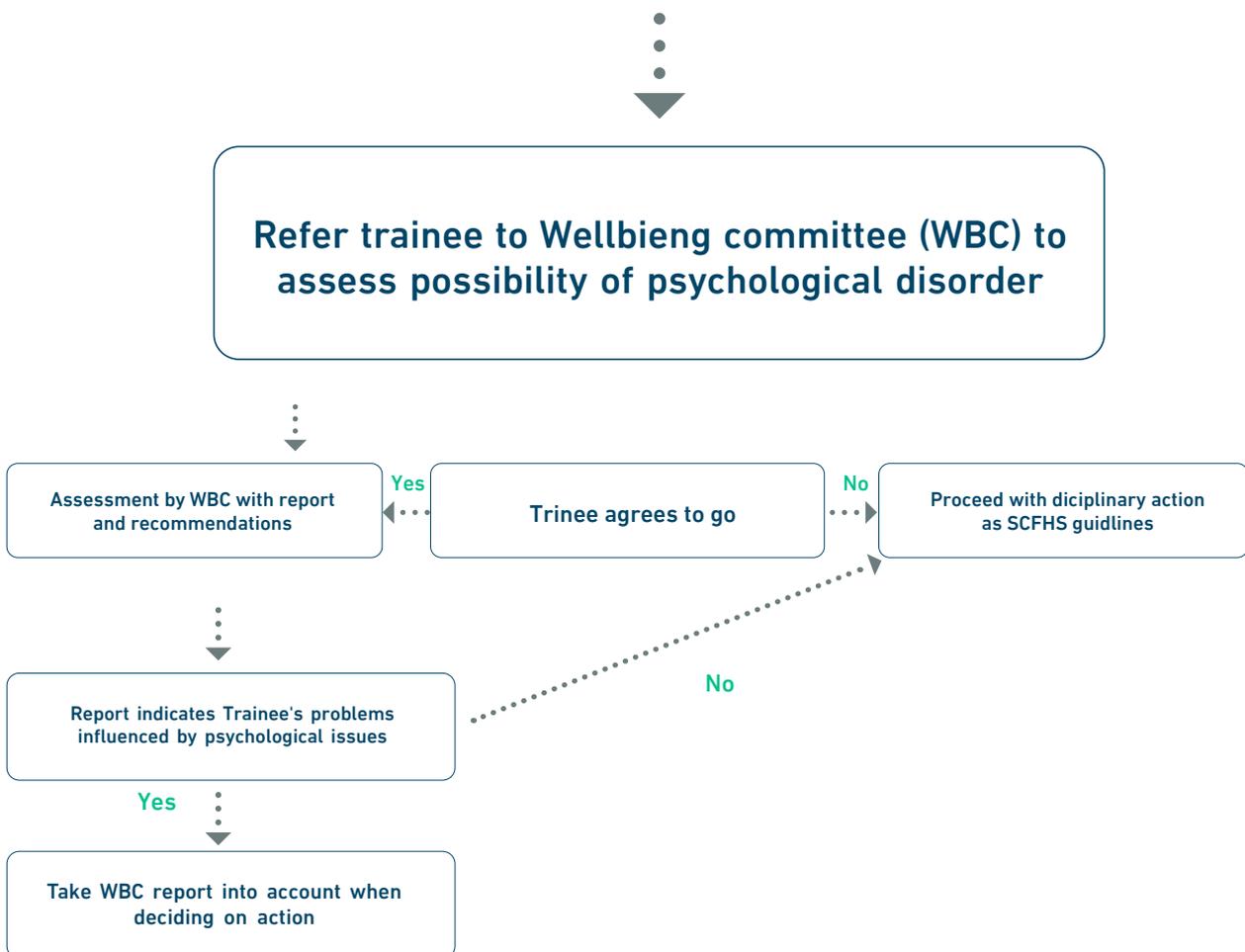
نموذج موافقة لحضور جلسة برنامج الإرشاد الاستشارية Trainee's Counselling Session Consent Form		
Name:		الاسم:
Training Program:		التخصص:
Training Level:		المستوى التدريبي:
Date of Session:		تاريخ الجلسة:
Site of Session:		مكان الجلسة:
<p>أقر أنا _____ الموقع أدناه بموافقتي على حضور جلسة الإرشاد وفق سياسات الهيئة السعودية للتخصصات الصحية المنظمة لبرنامج "داعم" والتي تضمن تطبيق السياسات العامة التالية:</p> <ol style="list-style-type: none"><li>1. هدف الجلسة العام والمرتكز على مساعدتي وتقويتي.</li><li>2. مراعاة الخصوصية والسرية.</li><li>3. عدم تأثير ما يدور في الجلسة على مساري في التدريب.</li></ol> <p>مع علمي بعدم إجباري على حضور هذه الجلسة.</p> <p>I _____ hereby give my consent to have a counselling session that complies with SCFHS "Da'em" wellbeing policies and procedures that ensure the following:</p> <ol style="list-style-type: none"><li>1. Aim of session to support and guide me to be better.</li><li>2. Compliance with confidentiality standards.</li><li>3. Session details will not primarily affect my training.</li></ol> <p>With my full understanding that this session is not mandatotry.</p>		
اسم المستشار:	التاريخ:	اسم المتدرب:
Counselor Name:	Date:	Trainee's Name:

**b. Algorithm for Trainee’s Wellbeing Clinic referral flow chart in case of disciplinary action:**



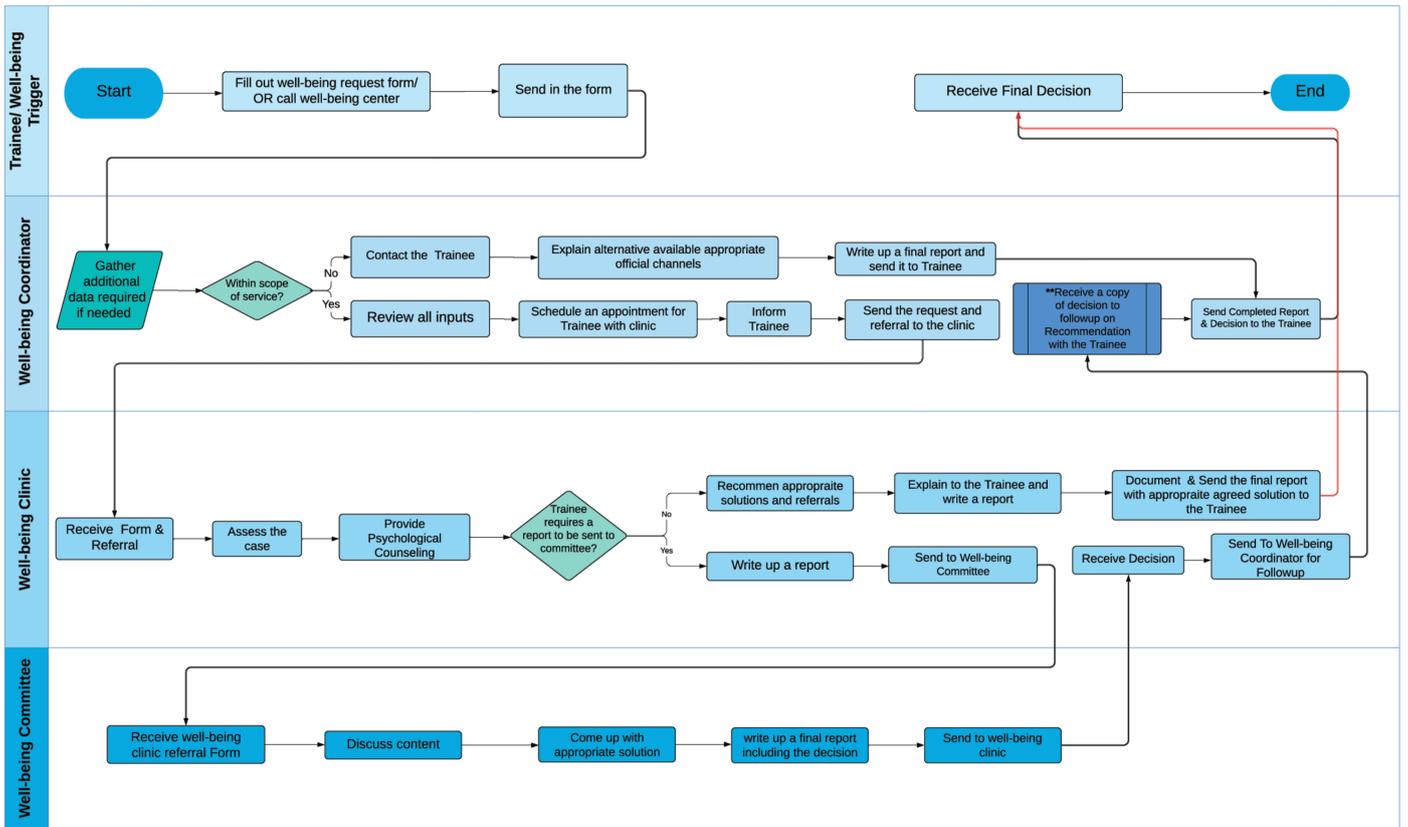
c. Algorithm for Trainee's Wellbeing Clinic referral flow chart in case of disciplinary action:

When Program Director, DIO or disciplinary committee is considering taking disciplinary action with trainee due to performance or behavioral problems



### Trainee Well-being Process Map

Amal AlAmoudi, Ph. D.



\*\*Predefined Process

الهيئة السعودية للتخصصات الصحية  
Saudi Commission for Health Specialties



    @SchsOrg

 [www.scfhs.org.sa](http://www.scfhs.org.sa)

مجتمع صحي بكفاءة