



## ACR Well-Being Curriculum for Radiology Residency Programs

### 6. Provide access to confidential, affordable mental health assessment, counseling, and treatment

In 2017, the Accreditation Council for Graduate Medical Education (ACGME) revised Section VI of its Common Program Requirements for all accredited residency and fellowship programs regardless of specialty, to address well-being more directly and comprehensively. The requirements emphasize that psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician.

The ACR joins the ACGME in prioritizing physician well-being. The curriculum for radiology residency program leaders provides resources and experiential exercises to strengthen your residency and meet the [VI.C. Well-Being requirements](#) that must be implemented by July 1, 2019.

ACGME VI.C. Well-Being Requirement	ACR Learning Objectives
<p>The responsibility of the program, in partnership with the Sponsoring Institution, to address well-being must include:</p> <p>VI.C.1.e).(3) Provide 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.</p>	<ul style="list-style-type: none"> <li>Recognize the value of resident/faculty access to mental health providers and justify the need for affordable care.</li> <li>Evaluate and promote access to available mental health resources at your institution.</li> <li>Propose additional mental health resources to administration based on offerings from other institutions.</li> </ul>

These activities are intended for program directors/coordinators and assistant/associate program directors.

Instructions:

1. Read the following articles.
  - a. [A Narrative Review on Burnout Experienced by Medical Students and Residents](#), which summarizes articles reporting on burnout among medical students and residents (trainees) in a narrative review.
  - b. [Utilization and Barriers to Mental Health Services Among Depressed Medical Interns: A Prospective Multisite Study](#), which identifies perceived barriers to mental health treatment among depressed training physicians.
  - c. [Implementing a Universal Well-Being Assessment to Mitigate Barriers to Resident Utilization of Mental Health Resources](#), which offers results of making a well-being assessment available to internal medicine residents to improve access and use of mental health services.
  - d. [Restricting Medical Licenses Based on Illness is Wrong - Reporting Makes It Worse](#), which demonstrates that boards must impose and report conditions based on impairment or behavior rather than illness and obey the ADA mandate to end discrimination against sick people.



2. Using the Providing Access to Confidential, Affordable Mental Health Resources module (below), conduct a series of group sessions in a journal club format with separate groups of residents (resident conference) and faculty (faculty meeting or faculty development session).
3. Review the ideas, challenges, and solutions that came out of these group discussions. Consider the following:
  - a. What were the similarities and differences in opinion that were discussed in the resident vs faculty groups?
  - b. What changes does the department collectively think needs to be made at a departmental vs institutional level?
  - c. What solutions can be brought to the institutional leaders?
4. Present the discussion outcomes to your department in a Grand Rounds format.

# Providing Access To Confidential, Affordable Mental Health Resources

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# Overview:

- This module is intended to be facilitated by Program Directors and Associate/Assistant Program Directors but should include participation from the entire department.
- This module should be conducted in a journal club format with separate groups of residents (resident conference) and faculty (faculty meeting or faculty development session). Presence of a neutral facilitator is encouraged.
- The discussions/solutions from each group are then presented to the department in a Grand Rounds format by the Program Leadership. Presence of a neutral facilitator is encouraged.

# Objectives:

1. Recognize the value of resident/faculty access to mental health providers and justify the need for affordable care.
2. Evaluate and promote access to available mental health resources at your institution.
3. Propose additional mental health resources to administration based on offerings from other institutions.

# Discussion: Assessing the Need for Mental Health Resources

- What are the components of burnout and what is the prevalence among trainees?
- What are some of the risk factors for burnout and depression?
  - General personal traits that can increase overall risk in individuals
  - Risk factors specific to your program
  - Risk factors specific to your institution
- What are the potential consequences of burnout/depression, i.e., why is this issue important to address?
  - Professionally
  - Personally

# Discussion: Understanding the Barriers

- It is a well-studied point that physicians are less likely to seek out mental health resources. Why do you think that is?
- Do you think that our profession has a “hidden curriculum” that stigmatizes mental health issues? If so, how is this “curriculum” taught?

# Scenario 1

(This example is from the DC Board of Health – please use the specifics from your own state’s Board, as it will vary.)

## **3-1205.14. Revocation, Suspension, or Denial of License or Privilege; Civil Penalty; Reprimand.**

If an applicant is professionally or mentally incompetent or physically incapable;

(b)(1) A board may require a health professional to submit to a mental or physical examination whenever it has probable cause to believe the health professional is impaired due to the reasons specified in subsection (a)(5), (6), and (7) of this section. The examination shall be conducted by 1 or more health professionals designated by the board, and he, she, or they shall report their findings concerning the nature and extent of the impairment, if any, to the board and to the health professional who was examined.

## **3–1201.01. General definitions.**

(9) “Impaired health professional” means a health professional who is unable to perform his or her professional responsibilities reliably due to a mental or physical disorder, excessive use of alcohol, or habitual use of any narcotic or controlled substance or any other drug in excess of therapeutic amounts or without valid medical indication.

- Do you think this policy is reasonable?
- Under this policy, would you hesitate to report mental health issues to the board due to fears of any unforeseen repercussions?



## Scenario 2

A physician from a Midwest state suffers a depressive illness which causes him distress but in no way impairs his ability to practice medicine. He seeks psychiatric care and is successfully treated with a combination of psychotherapy and antidepressant medication.

He moves to a Southern state, applies for a license, and passes the examination. In response to a question on the Southern state's application, he discloses his treatment for depression. The board of the Southern state requires he join the impaired physician program. The board concedes his illness does not now, nor did it ever, adversely affect his ability to practice medicine with skill and safety, but imposes periodic "monitoring" as a condition to practice. He accepts the restricted license in the Southern state because, while it is a nuisance, his ability to practice with skill and safety is not compromised.

This license restriction is reported to data banks or revealed during the Midwest state's renewal process. Based on the Southern state's restriction, his renewal application is denied, and his license to practice medicine in the Midwest state is suspended.

## Scenario 2 (cont'd)

The Americans with Disabilities Act (ADA) prohibits treating persons with disabilities, or even those "regarded as" disabled, differently solely because of their illness. In imposing and reporting illness-based restrictions without evidence of impairment, boards violate the ADA by discriminating against people based on their illness.

- Did the Southern and Midwest states' boards violate the ADA?
- Do you think a doctor's "professional competence or professional conduct" is compromised if they suffer from a disorder which requires medication or battle an addiction? Is there evidence for this?

# Scenario 3

An R2 resident has a pattern of behavior of being late to service and conference. They are noted to be gone from the reading room more often than their peers.

They are not the strongest resident, with a below average fund of knowledge.

The department has a fatigue mitigation policy that allows residents who are too tired for work duty to call a chief resident to find coverage their service/call.

Two hours before their night call shift starts, they call the chief resident and say that their flight was delayed and as a result is too tired to report for call.

- How do you think the PD and chief residents should deal with this situation?
- How would this scenario contribute to the burnout discussion?

# Discussion: Breaking Down Barriers

- What are the current mental health resources that your department/institution offers?
- What are some solutions to providing mental health resources that are accessible and widely used (both realistic and aspirational)?
  - What obstacles would you need to solve?
  - What resources would you need?
  - Who are the stakeholders that you need to get buy-in from?
  - How would you be able to make an opt-out model work in your department?

# Putting It All Together

- What were the similarities and differences in opinion that were discussed in the resident vs faculty groups?
- What changes does the department collectively think needs to be made at a departmental vs institutional level?
- What solutions can be brought to the institutional leaders?

# References

1. [Dyrbye L, Shanafelt T.](#) A narrative review on burnout experienced by medical students and residents. *Med Educ.* 2016;50(1):132-49.
2. [Guille C, Speller H, Laff R, Epperson CN, Sen S.](#) Utilization and barriers to mental health services among depressed medical interns: a prospective multisite study. *J Grad Med Educ.* 2010;2(2):210-4.
3. [Sofka S, Grey C, Lurfald N, Davisson L, Howsare J.](#) Implementing a universal well-being assessment to mitigate barriers to resident utilization of mental health resources. *J Grad Med Educ.* 2018;10(1):63-66.
4. [Coleman P and Shellow RA.](#) Restricting medical licenses based on illness is wrong – reporting makes it worse. *Journal of Law and Health.* 1995;9(2):273-30.