

ACR Well-Being Curriculum for Radiology Residency Programs

2. Policies and programs that encourage optimal resident and faculty member well-being

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.

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.d) Policies and programs that encourage optimal resident and faculty member well-being.</p>	<ul style="list-style-type: none"> Recognize policies, practices, and behaviors that encourage or discourage resident/faculty well-being in your institution. Propose a method to cultivate a current positive well-being related program or policy or reduce a negative one at your institution.

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

Instructions:

1. Read the following article(s).
 - a. [Promotion of Wellness and Mental Health Awareness Among Physicians in Training](#), which provides a trainee’s perspective on current resources to support resident wellness and resources that need to be developed to ensure an optimal learning environment.
 - b. Optional reading: [Radiology Education in the 21st Century: Threats and Opportunities](#), which explores the impact that workload trends have had on radiology education and educators, as well as opportunities to confront these challenges.

2. Complete the following exercise.
 - a. Consider the five recommendations put forth in the first article (1a) and listed below for achieving the ideal learning environment. Which of these is your program already doing? Which of these could be improved?
 - i. Increasing awareness of the risk of depression during training and destigmatizing it
 - ii. Building systems to confidentially identify and treat depression in trainees
 - iii. Establishing a more formal system of peer and faculty mentoring
 - iv. Promoting a supportive culture during training
 - v. Fostering efforts to learn more about resident wellness

3. Read *Creating a Residency Well-Being Policy* on page 3 and review the sample *Residency Physician Well-Being Policy* on page 4 below.
4. Read the following article.
 - a. [Resident Fuel Levels: Reframing, Assessing, and Addressing Well-Being](#), in which researchers created a well-being “fuel gauge,” and assessed the feasibility of this weekly electronic communication pipeline for residents to report and discuss their well-being.
 - b. Optional exercise: Consider how you might assess the well-being of your residents and faculty. What questions do you want to ask? Would you use an existing assessment or create your own? How would you administer it? Create a brief proposal you could discuss with a peer or manager.
5. Read the following article.
 - a. [From Medical Student to Practicing Physician: Promoting Well-Being in the Learning Continuum](#), which covers how one institution makes the learning environment a place of growth that fosters resilience and nurtures empathy
6. Complete the following exercise.
 - a. Design a method to promote well-being, such as starting a mentorship program or hosting a regular social event, that could realistically be implemented at your institution.
7. Read the following article.
 - a. [Development of an Emergency Medicine Wellness Curriculum](#), which presents the results of a needs analysis among emergency medicine residents with the aim of creating a multifaceted 12-month wellness curriculum.
8. Complete the following exercise.
 - a. Plan a small group exercise at your institution, such as one described in pages 5-7 below.



CREATING A RESIDENCY WELL-BEING POLICY

To create an effective Residency Well-Being Policy, the following steps should be considered:

1. Perform a needs assessment to assess your trainees' level of wellness. Consider using a validated tool, such as the [Mayo Well-Being Index](#) or [Maslach Burnout Inventory](#), in conjunction with in-house assessment to measure burnout in every trainee. Survey trainees regarding their:
 - a. Ability to attend to personal and family care
 - b. Ability to enjoy life at and outside of work
 - c. Sense of belonging to a community
 - d. Availability and accessibility of adequate support services
 - e. Ability to prioritize tasks and manage stress
 - f. Major stressors while at work (duration and frequency of clinical shifts, complexity of clinical shifts, staffing shortages, EMR inefficiencies, departmental and institutional leadership dysfunction, interpersonal or team conflicts, etc.)
 - g. Major stressors at home (childcare, elder care, spouse, housework, etc.)
2. Draft policy to address key components identified in needs assessment (a sample DR or IR Residency Physician Well-being Policy is included on page 4).
3. Identify and meet with key stakeholders within the department and institution from whom you will need buy-in in order to ensure adoption of the well-being policy.
4. Recognize that the policy may not address all identified stressors. Think outside of the box for solutions and be inclusive by engaging both faculty and trainees in the brainstorming sessions to find effective solutions.
5. Measure impact of policy by surveying trainees after implementation of the new well-being policy. Ask trainees to answer same questions used in initial needs assessment.



[DR OR IR] RESIDENCY PHYSICIAN WELL-BEING POLICY

The [DR or IR] Residency recognizes the importance of physician well-being, particularly as it relates to mitigating burnout, depression, and substance abuse, as well as patient safety and optimal patient care. As part of this program, the [DR or IR] Residency will:

1. Monitor burnout and resiliency in all trainees at least annually. If a resident is discovered to be "at-risk," the program leadership will meet with the resident to discuss possible interventions;
2. Sponsor regular social gatherings at work and on off-hours to promote a sense of community;
3. Facilitate the creation of peer support groups (e.g., women in radiology);
4. Offer targeted didactic programs to develop key skill sets including those related to stress and time management, nutrition, exercise, etc.;
5. Support trainees to attend to their own and family's well-being by allowing time off for appointments, even if they conflict with work duties. With regard to this personal time, trainees will be expected to inform the program leadership and the appropriate Section Chief and Section educational liaison at least two weeks in advance of the appointment, or as soon as possible if an emergency;
6. Ensure continuity of patient care in support of patient and physician safety when residents are unable to work, whether it is due to fatigue, illness, or emergency;
7. Work with departmental and hospital administration to minimize non-physician obligations and to provide appropriate administrative support to residents and physicians while on-service;
8. Implement a resident clinical schedule that ensures appropriate workload and supervision and adheres to duty hours;
9. Provide access to 24-hour confidential mental health counseling and treatment.



APPRECIATIVE INQUIRY EXERCISES

1. Appreciative Meditation
 - a. Typically performed prior to the start of a meeting, this exercise asks participants to pause for a minute to focus on their internal feelings. This can be achieved through such things as deep breathing and breath control or maintaining an external focal point.
 - b. This practice can also be encouraged to do at the workstation before starting the day.
2. Problem to Opportunity Exercise
 - a. Participants identify something that is lacking in the program/department.
 - b. Next, they define what they feel has led to the challenge and what they think can solve it, effectively turning the deficit into an opportunity to be replaced with the scope of new possibilities.
 - c. See [further details on how to run this exercise and an example of execution.](#)
3. Appreciative Acknowledgement
 - a. One or more participants are asked to share one positive thing that they like or appreciate about everyone present.
 - b. This can be done quickly at the beginning of a meeting on a routine basis or during a longer session in which everyone has a chance to participate.
 - c. This helps to foster positivity and build mutually beneficial relationships between participants.
4. AMA's Appreciative Inquiry (AI) STEPS Forward Module
 - a. This module contains [resources for conducting AI exercises](#), such as appreciative interviews and adopting AI into team meetings.

EMPATHY EXERCISES

1. Cards Against Burnout

- a. This exercise presents a way to exhibit and practice empathy leading by example, while helping to instill empathy in participants.
- b. Participants anonymously write on note cards something about their work that gives them anxiety or causes concern, or something they wouldn't typically feel comfortable sharing.
- c. Shuffle the cards and redistribute them to the participants, with everyone ideally receiving someone else's card and reading the anonymous contribution.
- d. The participants will then realize that they are not alone and everyone else has fears/concerns that are similar to their own.
- e. Having the participants read the cards aloud so everyone can see that others agree and that they are all in the same boat can help to generate even more empathy.
- f. To avoid identification through handwriting, this activity could also be done via anonymous online survey, with the leader reading out the responses.

2. Emotional Check-ins

- a. It can be difficult to empathize with others if we are not in tune with our own emotions.
- b. This is similar to Appreciative Meditation (see Appreciative Inquiry Exercises above) but can be expounded upon to include a set period of time in which participants are directed with questions (i.e., "What's your mood today and why?").
- c. This can be a simple thought exercise or something that is written and kept in a spreadsheet or journal.
- d. Participants can also be given the opportunity to share their check-ins with others as desired, further enhancing the empathy experience.

3. Wellness Rounds

- a. Have participants share one high and low point of their week.
- b. Allow time for brief discussion after each participant shares.



HELPING PROGRAM DIRECTORS TEACH WORK-LIFE INTEGRATION TO THEIR TRAINEES

One of the challenges for all of us is to figure out how to effectively integrate work and family demands. Identifying your values and priorities takes time and is based primarily in reflection. The small group, team-based exercise as outlined below provides one possible venue by which you can encourage reflection and discussion on work-life integration. The goal of the session is to help trainees and faculty reflect and learn how to prioritize life at and outside of work.

Small Group Exercise to Help Program Directors, Faculty and Trainees Recognize Their Own Priorities

1. Divide trainees and/or faculty into three teams of 3-10 members.
2. Have each team line up in a row.
 - a. The person at the front of each line will have the following roles: the person on the left advocates for WORK and the person on the right will advocate for LIFE.
 - b. The person in the middle row judges who provides the strongest argument. The team member that has the strongest argument receives one point.
 - c. Next, those three people move to the end of the line and a new group of three individuals tackle the next topic. This rotation of team members continues until all of the scenarios have been presented and discussed. The team with the greatest number of votes at the end of the session is deemed the “winner.”
3. The facilitator projects the two choices about work-life integration on a screen (see Work-Life Integration Exercise slides below for an example of possible scenarios). After each trio has finished, the facilitator advances to the next dilemma until all 12 scenarios have been presented.
4. At the end of the session, participants debrief as a large group to identify themes of work-life integration and to share their own personal challenges making these types of decisions.