

ACR Well-Being Curriculum for Radiology Residency Programs

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

The Accreditation Council for Graduate Medical Education (ACGME) regularly updates 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 updated requirements below 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.e).(1) providing 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"> Recognize the value of resident/faculty access to mental health providers and justify the need for affordable care. Evaluate and promote access to available mental health resources at your institution. Propose additional mental health resources to administration based on offerings from other institutions.

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

Instructions:

- Read the following articles.
 - [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.
 - [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.
 - [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.
 - [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.
- Watch the following video.



- a. [Make the Difference: Preventing Medical Trainee Suicide](#), developed by the Mayo Clinic and the American Foundation for Suicide Prevention, explains how everyone can help prevent suicide by being alert for the signs of depression and escaping stress and how to be most helpful.
3. Read the following article.
 - a. [Suffering in Silence: Mental Health Stigma and Physicians' Licensing Fears](#) suggests comprehensive programming that recognizes the importance of mental health to physicians and that provides them with healthy tools to overcome the demands of the profession.
4. Listen to the audio interview.
 - a. In this [audio interview, Dr. Stuart Slavin](#), associate dean for curriculum and a professor of pediatrics at Saint Louis University School of Medicine, discusses depression and suicide among physicians and trainees and how to address stigma associated with mental illness.
5. Review the following.
 - a. Annual Mental Health Awareness Program on pages 3-4 below.
 - b. ["Time to Talk About It: Physician Depression and Suicide"](#) video/discussion session, which is designed to promote an open dialogue among interns, residents, and fellows about depression and suicide within the profession of medicine.
6. Complete the following exercise.
 - a. Plan an educational mental health awareness intervention for your program using all or parts of the sample Annual Mental Health Awareness Program on pages 3-4 or create your own.
7. Read the case study.
 - a. A [Suicide Prevention and Depression Awareness Program](#) was started by the University of California, San Diego School of Medicine to address physician depression and suicide, with a focus on the mental health of medical students, residents, and faculty physicians.
8. Complete the following exercise.
 - a. The US military uses the ["Anymouse" program](#) to allow military members to anonymously report safety concerns. Based on this method, consider how you might install a comment/suggestion box at your institution for residents and faculty to anonymously report concerns about another person's well-being.
9. Read the following articles.
 - a. [A Pragmatic Approach for Organizations to Measure Health Care Professional Well-Being](#) offers considerations to guide you to select an appropriate measurement instrument for your institution.
 - b. [Valid and Reliable Survey Instruments to Measure Burnout, Well-Being, and Other Work-Related Dimensions](#) includes an overview of each validated instrument to assess work-related dimensions of well-being.

- c. [Ability of the Physician Well-Being Index to Identify Residents in Distress](#) offers information on screening instruments used to assess resident well-being.

ANNUAL MENTAL HEALTH AWARENESS PROGRAM

The below describes what one residency program did to increase awareness and open discussion about mental health issues. The program consisted of four quarterly sessions held over the course of one year, each with a different activity for faculty and residents.

1. First Session - End of July (new residents begin)
 - a. In a Grand Rounds style presentation, invite outside speakers to talk about their past personal mental health/suicide issues as residents
 - b. 2.5-hour session with 45-minute allotted for the talk and 45 minutes for Q&A
 - c. Optional incentives: refreshments, CME
 - d. Follow up 1 week later with small group discussions (separate resident and faculty discussions, facilitated by program director [PD])
 - i. Briefly review the presentation
 - ii. Open discussion about speakers and topic
 - iii. Discuss questions:
 1. How would you have dealt with a resident coming forward with this problem?
 2. Were there any early signs of a possible issue?
 3. What should you do as a resident or faculty member when you notice these early signs?
 4. What is the referral process at your institution?
 5. What is the follow-up process to make sure the resident is progressing positively?
 - iv. Review hospital policies
2. Second Session - End of October
 - a. Conduct “fishbowl” activity (can be done with residents and/or faculty)
 - i. Two participants act out a scenario while the remainder of the group observes
 - ii. Try at least three scenarios. Examples:
 1. PD is filling out a credentialing form for a graduating resident and is asked by the chair, “To your knowledge is there any information about mental or physical impairment?”
 2. Resident arrives late to work and does not respond to PD’s feedback
 3. PD approaches resident about drinking too much at outside department events
 - iii. Discuss questions
 1. Do you agree with how the participant responded in the scenario?
 2. What would you have done differently?
3. Third Session - End of January
 - a. Invite speaker (for example DIO) from outside institution to discuss their institution’s successful plan for handling significant mental health issues
 - i. Discuss the school’s response
 1. What were the faculty taught to do?
 2. What options were made available to help the students?
4. Fourth Session - End of April
 - a. Conduct a group reflective exercise



- i. Everyone in the group must give a personal example of burnout, such as:
 1. Not caring when reading films because overworked
 2. Dream about work responsibilities
 3. Fear when talking to chairperson
 4. Calling in sick
 5. Arriving late to work
 - ii. Discuss potential solutions for each example
 1. Personal solutions
 2. Department-based solutions
 3. Wellness champions
5. During the year, all PDs meet monthly to discuss any issues they have come across and collaboratively brainstorm solutions