



ACR Well-Being Curriculum for Radiology Residency Programs

3. Attention to resident and faculty member burnout, depression, and substance abuse

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.e) Attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care.</p>	<ul style="list-style-type: none"> • Identify internal and external causes of burnout and describe their impact. • Implement actions, practices, and tools that can increase personal and/or professional resiliency. • Apply conflict resolution techniques and constructive behaviors that promote a culture of respect and well-being. • Distinguish burnout symptoms in others and respond appropriately.

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

Instructions:

1. Read the following articles with special attention to the signs and symptoms of burnout, depression, and substance abuse.
 - a. [The Emotional Wellness of Radiology Trainees: Prevalence and Predictors of Burnout](#), which discusses the prevalence of burnout among radiology trainees and explores the factors influencing its development.
 - b. [Beyond Substance Abuse: Stress, Burnout, and Depression as Causes of Physician Impairment and Disruptive Behavior](#), which illustrates how the lack of awareness of the impact of mental health disorders may leave radiology managers and coworkers ill prepared to recognize and respond effectively to an important source of workplace disruption.



- c. [The Struggling Radiology Resident](#), which covers the need for early remediation to help prevent the further downward spiral of a struggling resident that could lead to probation, suspension, or even worse, job loss.
 - d. [Burnout in Chairs of Academic Radiology Departments in the United States](#), which estimates the self-reported prevalence of burnout in chairs of academic radiology departments in the United States and identifies factors associated with high burnout in chairs.
2. Complete the following exercise.
 - a. Conduct a training session in which residents, faculty, and departmental staff are educated on the signs of burnout and the potential consequences of untreated/unrecognized burnout such as depression and substance abuse.
 3. Read pages 3-4 below, which describe a Well-Being for Radiologists and Departmental Staff (WELL-RADS) program, and answer the following questions.
 - a. How might you implement such a program in your organization?
 - b. Who would you include in a discussion panel?
 - c. How will you ensure confidentiality?



WELL-BEING FOR RADIOLOGISTS AND DEPARTMENTAL STAFF (WELL-RADS)

PURPOSE: The purpose of this program is to aid residency programs in evaluating potential human factors issues in residents related to burnout in order to avoid medical error and other potential adverse outcomes (e.g., suicide). Human factors are any number of personal and/or professional traits that enable an individual to effectively perform their job. For radiology residents, these potentially include physiological, psychological, social, and professional factors including such things as communication skills, medical knowledge, fatigue, available resources, support structure, and fatigue. This model could potentially be used in radiology departments and private practices.

BACKGROUND: Medical error is quite complex and in-depth analysis of the topic has resulted in a shift from a culture of blame to a culture of safety that promotes a blame-free environment. Along these lines, the concept of quality improvement has gained momentum, in which organizations implement systems that prevent errors from happening using a continuous process that is constantly assessing for potential problems and coming up with new ways to ensure the issues are corrected. Creating multiple layers of system controls makes failures/errors less likely to occur, but no system is foolproof. Although research has found that a vast majority of medical errors result from systemic problems rather than individual factors, human factors continue to be implicated in medical error. [The “Swiss Cheese” model of human error trapping](#) was proposed by James Reason and likens human error to holes in Swiss cheese. The model explains that although many layers of defense are in place between hazards and accidents, there are flaws (holes) in each layer that, when aligned, can allow an accident to occur.

Physician burnout has become more prevalent over recent years, and its consequences if left untreated can lead to medical error and other adverse outcomes. As physician burnout has become more of an issue, it seems natural that additional safeguards should be put into place that not only help prevent burnout, but also help protect systems from experiencing error due to burnout. When suffering from burnout, individuals may not be cognizant of or willing to accept that they are displaying troublesome signs/symptoms. Therefore, it can be critical for others working with such individuals to recognize warning signs and behavior that can signal that something is going wrong.

This program is based on the [US Navy’s Human Factors Councils/Boards](#), a program that flight squadrons around the world utilize to identify and address human factors issues in flight crew personnel in order to help fill the holes in the Swiss cheese and avoid aircraft mishaps. Although not part of a team controlling multi-million dollar military aircraft, radiology residents and departmental personnel are both directly and indirectly tasked with the care of human life. Inattention to a physician struggling with burnout can lead to the loss of human life, be it that of a patient caused by medical error or a struggling physician to suicide. This program is meant to help identify problem signs in individuals and step in to offer help and/or take preventive action(s) so as to avoid any adverse outcome.

PRACTICE: A panel of key participants meets periodically (e.g., quarterly), to discuss each resident. The program director runs the meeting with other key members of the residency program and department participating. This may occur to some degree in many programs on an informal basis and could be adapted, as desired, to include other key members of the department and/or residency program. Examples of other important members to include are the program coordinator, key technologists in the department (e.g., lead sonographer/MRI tech/CT tech), administrative staff that regularly interact with residents, the chief resident(s),

and selected faculty members. Each resident is discussed, in turn, regarding their individual well-being and if there are any perceived issues that might be affecting their ability to perform their job. The discussion would not necessarily include analysis on performance as a resident (i.e., progress, medical knowledge), unless it was in regards to a perceived issue, and should focus on well-being and any potential human factors that could be affecting the individual. The purpose of having various key members from different areas/levels of the department would be to come together to identify problematic behavior in an individual that might not be out of the ordinary on its own, but when pieced together with behavior or pieces of information from other individuals that wasn't before known, might be of more concern.

For example, the chief resident might know that a certain second year resident is having some marital problems, but he has told the chief that everything is fine, they are handling the situation and all is well. The chief has no reason to believe otherwise as he shows up to work every day and hasn't heard anything in regards to performance. In this panel meeting, the lead ultrasound tech might share that the resident has been uncharacteristically short with multiple sonographers while on the ultrasound rotation. The informatics and quality manager might report overhearing the resident having a heated discussion in the hallway outside of her office while on his cell phone, after which he was crying. Perhaps a faculty member has noticed the resident taking frequent bathroom breaks and hasn't been as productive as usual. This is all news to the program director, who was unaware of any of this and thought everything was fine, as they recently had a meeting to discuss how he had performed well on the in-service exam. So, although no single piece of information is overly concerning, when added together with other information shared by different people, it can paint a very different picture.

The key is to identify any potential issue before it leads to an unintended or adverse consequence, if left unchecked. When problematic or at-risk behavior is identified, corrective action can be taken and proper support given. In this example, there are many small things that could be done to help decompress the situation. For example, offering the second year resident time off, rearranging the schedule to avoid an upcoming call block, or even simply ensuring that the resident knows of available resources are just a few corrective steps that can be taken in order to help.

As each resident is discussed, the program director jots down notes, as necessary, to keep an informal record of any problem identified or corrective action discussed by the group. It is important to note that this should be a non-punitive forum and not meant to bring up disciplinary issues. This is meant to serve as a way to identify burnout and potential human factors issues that, if left unaddressed, could lead to adverse outcomes. The members of the panel should keep confidential any sensitive issues brought up or notes that are taken. Although designed to address every member on a periodic basis, the group could also convene to discuss any individual at any time, if the situation arises. It is important to note that even members of the group need to be discussed (e.g., chief resident), as no one is immune to burnout. So, when it is time to discuss any individual that might be on the panel, they should leave the room for a short time so the group can consider them and not feel limited by their presence.