



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.

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"> • 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:

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.