**ACGME Symposium on Physician Well-Being**  
**November 17-18, 2015 – Chicago, Illinois**  
**SUMMARY**  
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The ACGME convened a Symposium on Physician Well-Being November 17-18, 2015 in Chicago. The impetus for this symposium followed a collation of data concerning burnout and depression in residents and also the unfortunate death by suicide of two residents in New York City within a week of each other in 2014.

The goals of the ACGME symposium were to:

1.) **UNDERSTAND** the problem across the educational continuum.
2.) **ADVISE** the ACGME Board of Directors on how it can be an effective agent of positive, transformational change for resident/fellow well-being and the creation of more humane training environments.
3.) **BEGIN** a national dialogue on physician well-being that leads to positive, transformational change in the learning environment culture for medical students, residents/fellows, faculty members and practicing physicians.
4.) **BEGIN** ongoing collaborations and relationships with other organizations inside and outside of the house of medicine to effect positive transformational change for the well-being of residents, fellows, medical students, practicing physicians and other health care professionals and to the culture of medicine/medical education.

The symposium brought together experts in the field, ACGME leadership and approximately 100 invited attendees who represented multiple stakeholders involved in medical education training.

Multiple experts in the field presented research is available on rates of burnout, depression and potential interventions, although research is limited. Data were presented that demonstrate the high rates of burnout in medical student and resident trainees along with rates of depression. Concerns were outlined about the impact from burnout and the importance of addressing and potentially modifying its development because of its impact on limiting effectiveness of health care providers, distancing behavior from patients, increase in errors and higher rates of motor vehicle accidents in medical providers. Of note, current rates of burnout in residents are comparable to those prior to 2003 duty hour changes. Other powerful data included that medical students matriculate to medical school at levels of better well-being than age group peers, but this reverses early in medical school and persists through residency training and practice. While rates of death by suicide are comparable between medical students with age matched peers in other professions, rates exceed that of the general population in health care providers older than 40. These data reinforced the need for action and that this is an issue not limited to trainees but relevant to health care providers across the continuum.

Key concepts that were stressed during the symposium included:

- Wellness is a system issue, not just an issue of individuals.
  - Faculty and leadership burnout has an impact on resident resilience.
Residents tend to practice in the way they are trained. Teaching about resilience will have impact on future generations.

- Cultivating resilience is critical and some evidence exists to support this concept. Even though system issues need to be addressed, individual strengths need to be built.
- Screening for burnout (as part of the path towards depression) and providing good interventions when concerns are identified is important.
- There is a critical need for further research to delineate the scope of the problem at a national level, at various levels of training and rigorous study of potential interventions.
- Building a culture of support within the program and institution
  - Create an environment and change the culture where discussion of stresses is supported; eliminate suffering in silence and the stigma associated with seeking help
  - Ensure that resources are available to trainees and they are aware of these resources
  - Build coaching skills at faculty and peer level that promotes checking in on how everyone is doing along the way, particularly after events that add stress (medication error, code, end of life issues, difficult conversation with a family, etc.)
- The ACGME leadership elicited feedback from the participants and will be collating that feedback to determine next steps. One suggestion that was posed is a focus on institutional approaches to well-being during CLER visits.

Other Initiatives

APPD related

1.) Well-being of APPD members is a goal of the APPD Strategic Plan

2.) Consideration of the development of an APPD Well-Being Task Force

3.) Development of a resilience curriculum

A working group was formed at the request of the AAP Section on Medical Students, Residents and Fellows in Training and sponsored by the AAP Section on Hospice and Palliative Medicine to address trainee issues in resilience in the face of grief and loss. The 14 members of this working group include representation from the AAP, APPD, APA and COMSEP. The Resilience Curriculum will be available on the AAP website by spring of 2016. The experiential curriculum includes 14 modules that address:

Part A: Understanding Grief and Loss in Children and Their Families

Part B: Communicating with Families about Severe and Terminal Illness in Their Children

Part C: Managing Emotions after Challenging Patient Care Experiences

Part D: Introduction to Personal Wellness.