



August 23, 2016

Dear Members of the Graduate Medical Education Community,

The issue of physician well-being is a high priority for all of us, both personally and professionally. As we begin this new academic year, I want to update you on the ACGME's activities and sustained commitment to addressing this issue, as well as invite you to collaborate with us.

While a commitment to resident well-being has been a shared focus for all of us engaged in graduate medical education, the topic of physician well-being has recently risen to the forefront within the broader medical community. Changes in the clinical health care environment which began 20 years ago have accelerated over the past eight years to the point where the impact on physicians and other care givers is now approaching the limits of personal accommodation. Studies clearly demonstrate that the net impact of the mounting pressures of clinical care is escalating physician burnout and depression. We need to better understand the relationship of these factors to the ultimate tragedy of physician suicide.

Layered on top of these challenges is the stigma that many physicians in training and in practice encounter related to acknowledging that they need help, and to feeling supported and safe in asking for that help. Physicians and other health care providers act as caregivers, but we don't always take care of ourselves. We need to be well, both physically and emotionally, in order to best serve our patients. The culture of medicine needs to support those seeking help.

No one organization can have the level of impact needed to create culture change. The ACGME is leveraging its resources to facilitate dialogue and collaborate with others on a national level. We hosted the first National Symposium on Physician Well-Being in November 2015. As a member of the Coalition for Physician Accountability, we are working together to marshal the resources of the accrediting, licensing, and certifying entities across the profession. I was also invited to co-chair a meeting at the National Academy of Medicine in July with Dr. Darrell Kirch from the Association of American Medical Colleges and Dr. Victor Dzau from the National Academy, where we discussed convening a series of national workshops on the subject with the leaders of more than 40 national medical organizations. I offered the commitment of the ACGME to work with the National Academy to address these challenges.

Planning is now underway for our second [Symposium on Physician Well-Being](#), which will again convene academic leaders, well-being experts, and medical education community representatives to explore the best approaches to improving physician well-being.

The ACGME is committed to leading, fostering, and supporting this culture change. As an accreditor, we have the opportunity, in partnership with our Sponsoring Institutions and programs, to shape and influence the learning

experience of our nation's residents and fellows to create an optimal learning environment that serves the best interests of physicians in training, as well as their patients. We have been studying resident well-being for decades, including conducting surveys with residents, in order to develop standards that support the health and safety of patients, residents, fellows, and faculty members.

We are continuing to proactively address physician well-being by reviewing and revising our requirements, conducting research to understand the causes of and interventions for physician burnout, and hosting educational sessions. The ACGME Common Program Requirements Phase I Task Force is nearing completion of its scheduled review to update the sections on resident/fellow and faculty member well-being and patient safety.

The Clinical Learning Environment Review (CLER) Program team has conducted extensive interviews and data analyses to broaden the CLER focus areas to include well-being of residents and faculty members. This gives us a tool to measure the impact of our collective efforts at a national level.

New resources continue to be added to our website, including a webinar featuring Drs. Carol Bernstein and Lyuba Konopasek. I highly recommend the [Combating Burnout, Promoting Physician Well-being: Building Blocks for a Healthy Learning Environment in GME](#) webinar and its resources, which include a hands-on approach to conducting a needs assessment for developing a resident well-being plan. There are tools to identify stressors and supports, along with curricular innovations, coaching strategies, and faculty development activities to use in your own institutions and programs.

The death of a single physician by suicide is a tragedy for a family, a community of healers, and the population of patients they serve. In fact, during the final editing of this letter, another suicide has occurred. The silent suffering of physicians and other caregivers due to stress, burnout, and depression is rising to epidemic proportions in many specialties. Depression and burnout not only impair the well-being of our caregivers, but also their ability to provide the outstanding care their patients deserve. We must commit to creating a culture that supports our colleagues and those who will follow us, and in so doing, maintain the robust environment that enables the joy of caring for others while also advancing science and the practice of medicine.

We are grateful to those joining us in taking action. Please e-mail wellbeing@acgme.org with questions or comments related to physician well-being. And [visit our website](#) to learn more about work underway here at the ACGME to support your work and commitment to those we teach and those we serve.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas J. Nasca". The signature is fluid and cursive, with a large initial "T" and "N".

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
ACGME International