



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Recommended Curriculum Guidelines for Family Medicine Residents

Physician Well-Being

This document is endorsed by the American Academy of Family Physicians.

Introduction

Each family medicine residency program is responsible for its own curriculum. The AAFP Commission on Education's Subcommittee on Graduate Curriculum has created this guide as an outline for curriculum development, and it should be tailored to the needs of the program. Through a series of structured and/or longitudinal experiences, the curricula below will support the overall achievement of the core educational competencies defined by the Accreditation Council for Graduate Medical Education and provide guideposts to program requirements specific to family medicine. For updates and details, please refer to the ACGME website at www.acgme.org. Current AAFP Curriculum Guidelines may be found online at www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies, as indicated on each guideline.

Preamble

Physicians' lack of well-being is a major challenge facing health care in the United States. Many physicians, across all specialties, suffer from burnout, which is defined as emotional exhaustion, depersonalization and lack of personal efficacy. Family physicians suffer from significantly higher rates of burnout than physicians in most other specialties. Physician burnout is associated with increased medical errors, worse patient outcomes, high turnover and other public health consequences. Physicians also have higher rates of depression and suicide than the general population. Physician death by suicide is a hidden epidemic.

Causes of physician burnout include careers that do not meet the expectations of service, loss of physician autonomy, excessive work hours, adverse patient outcomes and administrative burden (e.g., electronic health records) that leads to less time with

patients. These causal factors begin during medical training. In fact, rates of burnout among resident physicians are similar to rates among practicing physicians, with many reported rates greater than 50 percent.

Evidence regarding interventions to alleviate burnout and reduce physicians' risk of depression and suicide is currently inadequate. Interventions must be multifactorial. Individual-focused strategies (e.g., small-group curricula, mindfulness-based approaches) and organizational strategies (e.g., shortened rotation length, modifications to clinic work processes) have been shown to decrease burnout. Combining these approaches is ideal.

The 2024 ACGME Common Program Requirements (https://www.acgme.org/globalassets/pfassets/programrequirements/120_familymedicine_2024.pdf) about well-being states that:

“Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training.

Residents and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares residents with the skills and attitudes needed to thrive throughout their careers.

The responsibility of the program, in partnership with the Sponsoring Institution, must include:

- *Attention to scheduling, work intensity, and work compression that impacts resident well-being;*
- *Evaluating workplace safety data and addressing the safety of residents and faculty members;*
- *Policies and programs that encourage optimal resident and faculty member well-being; and,*
 - *Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.*
- *Education of residents and faculty members in:*

- *Identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions;*
- *Recognition of these symptoms in themselves and how to seek appropriate care; and,*
- *Access to appropriate tools for self-screening.*
- *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.*

There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities.

- *The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care.*
- *These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work.*

Fatigue Mitigation

- *Programs must educate all residents and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes.*
- *The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home.”*

Goals for a Resident Wellness Curriculum

The implementation of a resident wellness curriculum is designed to promote resiliency, emotional well-being and prevent burnout (i.e., emotional exhaustion, depersonalization and low sense of personal accomplishment). A primary goal is to promote awareness and understanding of the unique challenges of being a resident in family medicine, as well as the stressors of being a physician beyond residency. Goals are also focused on identifying burnout and its effects on patient care and overall wellness, as well as promoting self-care. Residents will be presented with ways to build a personal resiliency strategy through a variety of discussions on self-care and managing the difficulties of family medicine. The following competencies can provide a family medicine wellness framework.

Patient Care

At the completion of residency, residents should be able to:

1. Identify opportunities to maintain and promote wellness in patients
2. Recommend and implement comprehensive patient plans to maintain and promote health and wellness, including addressing barriers and incorporating pertinent psychosocial factors and other determinants of health
3. Promote a safe environment where patients and others involved in their care can actively engage in their care decisions
4. Assist patients and others involved in their care in locating reputable medical information on the internet and other sources
5. Discuss internet safety and the protection of health information

Medical Knowledge

Family medicine residents should demonstrate the ability to apply knowledge of the following:

1. How behaviors impact patient health
2. Behavioral strategies and resources to improve health and address patient care needs

Interpersonal Communication

At the completion of residency, residents should be able to:

1. Maintain therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity
2. Independently recognize personal biases while attempting to proactively minimize communication barriers
3. Coordinate recommendations from different members of the health care team to optimize patient care, resolving conflict, when needed
4. Communicate feedback and constructive criticism to supervising individuals
5. Demonstrate efficiency in documenting patient encounters and updating patient records
6. Manage the volume and extent of written and verbal communication that are required for practice
7. Initiate difficult conversations with appropriate stakeholders to improve the system

Systems-Based Practice

At the completion of residency, residents should be able to:

1. Demonstrate knowledge of population and community health and wellness needs and disparities
2. Use local resources effectively to meet the health and wellness needs of a patient population and community
3. Engage with patients in shared decision-making, informed by each patient's payment models
4. Demonstrate the use of information technology required for medical practice (e.g., electronic health record, documentation required for billing and coding)
5. Describe how stakeholders influence and are affected by health and wellness policy at the local, state and federal level

Practice-Based Learning

At the completion of residency, residents should be able to:

1. Consistently seek wellness performance data with adaptability and humility
2. Self-reflect, analyze and institute behavioral change(s) to narrow the gap(s) between expectations and actual performance
3. Independently create and implement a learning plan to optimize personal and professional well-being
4. Use wellness performance data to measure the effectiveness of the learning plan and, when necessary, improve it

Professionalism

At the completion of residency, residents should be able to:

1. Demonstrate professional behavior in routine and complex situations
2. Describe when and how to report professionalism lapses in self and others
3. Analyze straightforward and complex situations using ethical principles
4. Recognize the need to seek help in managing and resolving complex professionalism lapses
5. Recognize situations that may trigger professionalism lapses and intervene to prevent lapses in self and others
6. Recognize and use appropriate resources for managing and resolving dilemmas, as needed
7. Recognize situations that may impact residents' ability to complete tasks and responsibilities in a timely manner
8. Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine, complex or stressful situations
9. Independently recognize the status of personal and professional well-being
10. Independently recognize limits in the knowledge/skills of self and team and demonstrate appropriate help-seeking behaviors

11. Propose a plan to remediate or improve limits in the knowledge/skills of self or team, with guidance

Implementation

This curriculum should be taught during both focused and longitudinal experiences throughout the residency program. At a minimum, the curriculum should prioritize focus and efforts on the following wellness areas:

1. To promote wellness, residents will:
 - a. Become familiar with various self-care activities to assist in building a personal resiliency strategy
 - b. Engage in mindfulness activities during resident wellness meetings
 - c. Residents will learn strategies for managing any traumatic events (e.g., secondary victim syndrome, compassion fatigue, vicarious traumatization) that may occur during residency
 - d. Become proficient at setting realistic, healthy wellness goals
2. To prevent burnout, residents will:
 - a. Understand the signs, symptoms and consequences of burnout
 - b. Be able to identify risk factors that can influence burnout
 - c. Be able to track their own wellness to assist in preventing burnout
 - d. Be able to identify resources and understand how to ask for help when needed
3. To improve clinical care, residents will:
 - a. Be able to identify healthy and unhealthy professional behavior
 - b. Learn problem-solving communication strategies and conflict resolution in the workplace
 - c. Learn strategies for managing difficult patients
 - d. Learn how to cope with medical errors to assist in managing feelings of shame or inadequacy

The following initiatives are likely to have a high yield and have been identified by content experts as essential for family medicine training programs:

- Make well-being an ongoing part of residency vocabulary and culture by encouraging faculty to initiate wellness conversations during applicant selection interviews, throughout orientation and regularly thereafter
- Create and maintain a culture of confidential, safe disclosure for burnout, depression, suicide risk and impairment. Be explicit – early and often – about the mechanisms for residents to disclose this information in your program
- Provide (directly or via referral) accessible, confidential, affordable mental health services
- Create and maintain mechanisms for residents to attend medical visits and a nonpunitive backup system for work absences

- Include residents in planning their schedules and publish schedules in a timely manner so that activities outside of work can be scheduled
- Identify one or more well-being champions
 - At least one faculty member and one resident should be identified
 - The identified faculty member should have a leadership role in the program or be selected with explicit leadership support for this role
- When planning and implementing well-being initiatives, include and engage all stakeholders
- Identify and implement solutions to improve the learning and work environment, flow and efficiency. Solutions should:
 - Minimize time spent with the EHR, especially after a scheduled work shift
 - Maximize time spent with patients
 - Utilize teamwork with staff to prepare for clinic sessions, with each team member working to top their licensure
- Measure resident well-being periodically throughout residency, being sensitive to survey fatigue. This differs from measuring burnout, which might be more sensitive to rotations.
 - An annual wellness assessment is recommended, but the program should determine its own frequency of assessment
 - The program should determine which measure to use, maintaining consistency for comparison over time. Resources for wellness assessment are available from the National Academy of Medicine at <https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/>.
- Develop and maintain a recurring or longitudinal well-being curriculum that includes all or some of the following wellness didactic topics:
 - Introduction to wellness and why it matters
 - Residency wellness resources
 - Value of diversity, equity, inclusivity and accessibility in promoting physician well-being
 - Developing an individualized wellness plan
 - Self-care series on the following topics:
 - Sleep
 - Nutrition
 - Physical fitness
 - Financial health
 - Mindfulness and reflection
 - How to build a support network
 - Time management
 - Setting boundaries
 - Physician suicide
 - Domestic violence
 - Substance use and addiction
 - Asking for help
 - Clinical care series on the following topics:

- Delivering bad news
- Dealing with difficult patients
- Dealing with difficult consultants and staff
- Debriefing traumatic events in the emergency department
- Wellness in the workplace
- Dealing with medical errors and shame

The following initiatives are likely to have a moderate yield and have been identified by content experts as important for family medicine training programs:

- Provide concrete resources, especially for new residents (e.g., information about housing, gym membership and grocery stores that offer delivery; lists of community counselors; connections to primary care physicians and dentists)
- Invest in teaching effective team-based care (including integrated behavioral health) to residents and empower residents with the autonomy to use staff fully and expand their roles
- Schedule protected time for residents to reflect and connect, including activities such as narrative writing, appreciative inquiry, Balint groups, Finding Meaning in Medicine groups, a celebration of life events, a celebration of accomplishments events and the creation of individual well-being plans
- Create and maintain access to well-being spaces in the work environment that offers healthy food, exercise facilities, team rooms and sleep rooms

The following initiatives are likely to contribute to an ongoing culture of well-being and perceived investment in the success of your learners:

- Offer academic and learning support, study strategies and board exam preparation
- Measure and improve well-being strategies and disseminate optimal well-being strategies
- Build, maintain and nurture team relationships
- Schedule and support protected time to connect with colleagues and mentors
- Offer faculty leadership and training to ensure consistent messages and modeling of well-being from faculty and mentors

Resources

Accreditation Council for Graduate Medical Education. Family Medicine. Milestones. 2024. <https://www.acgme.org/specialties/family-medicine/milestones/>

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Noseworthy J, Madara J, Cosgrove D, et al. A crisis in health care: A call to action on physician burnout. Partnership with the Massachusetts Medical Society, Massachusetts Health and Hospital Association, Harvard T.H. Chan School of Public Health, and Harvard Global Health Institute. <https://www.hsph.harvard.edu/wp-content/uploads/sites/21/2019/01/PhysicianBurnoutReport2018FINAL.pdf>

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Shors TJ. Stressful experience and learning across the lifespan. *Annu Rev Psychol*. 2006;57:55-85.

Website Resources

Accreditation Council for Graduate Medical Education. Well-being. <https://dl.acgme.org/pages/well-being-tools-resources>

American Academy of Family Physicians. Physician Health First®. <https://www.aafp.org/membership/initiatives/well-being-initiative.html>

American College of Lifestyle Medicine. <https://lifestylemedicine.org/>

American Family Physician Podcast. Bonus episode 4 – Feb. 9, 2017. Interview with Mark H. Greenawald, MD. <https://afppodcast.libsyn.com/bonus-episode-4-feb-9-2017-afp-american-family-physician>

American Medical Association STEPS Forward. Burnout and well-being. <https://edhub.ama-assn.org/steps-forward/pages/professional-well-being>

Association of Family Medicine Residency Directors.

<https://www.afmrd.org/>

National Academy of Medicine. Action Collaborative on Clinician Well-Being and Resilience.

<https://nam.edu/initiatives/clinician-resilience-and-well-being/>

Revisions

Developed 03/2018 by University of Arizona College of Medicine – Phoenix Family Medicine Residency and University of Massachusetts Worcester Family Medicine Residency

Revised 10/2023 by Mercy Health Anderson Hospital Family and Community Medicine Residency, with special acknowledgment to the Association of Family Medicine Residency Directors Physician Wellness Task Force and the Society of Teachers of Family Medicine Task Force on Resident Wellness