

Final Committee Objectives 2020-21

Well Being Committee

Chair: Debra Williams, MD, FACEP, CPE

Vice Chair: Diann Krywko, MD, FACEP

Board Liaison: Alison J. Haddock, MD, FACEP

Staff Liaison: Kelly Peasley

1. Review the following policies per the Policy Sunset Review Process:
 - Considerations for Emergency Physicians in Pre-retirement Years

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

2. Solicit nominations for the 2021 Emergency Medicine Wellness Center of Excellence Award and recommend a recipient to the Board of Directors.
3. Evaluate the wellness impact of pandemic response and identify or develop tools and resources for members, including tools and resources to help manage PTSD.
4. Implement the Wellness Week program for emergency physicians and providers to encourage personal and professional wellness strategies. Explore wellness training tactics for residents and young physicians. Strive for a 30% participation rate of all ACEP members.
5. Complete development of interactive tutorials on resiliency strategies for members as part of Wellness Week activities and explore the possibility of providing CME. Seek input from the Education Committee. (Well-Being is the lead committee.)
6. Update the “Being Well in Emergency Medicine: ACEP’s Guide to Investing in Yourself.”
7. Develop a series of articles for submission to *ACEP Now*, including how to improve being well in emergency medicine and bringing “joy” to practice.
8. Enhance activities in the Wellness Center.
9. Complete an information paper on best practices regarding paid parental leave for emergency physicians as directed in Amended Resolution 36(17) Maternity and Paternity Leave. Collaborate with the Emergency Medicine Practice Committee. (Well-Being is the lead committee.)
10. Review ACEP’s current resources and develop additional resources as needed to address interruption of clinical emergency medicine practice as directed in Resolution 51(17) Retirement or Interruption of Clinical Emergency Medicine Practice.
11. Study the unique, specialty-specific factors leading to depression and suicide in emergency physicians and formulate an action plan to address the contributory factors unique to emergency medicine. Provide a report of the findings as directed in Resolution 16(18) No More Emergency Physician Suicides. Seek input from the Academic Affairs Committee (resident perspective) and the Wellness Section. (Well-Being is the lead committee.) Promote awareness of ACEP’s policy statement “Physician Impairment” and partner with appropriate stakeholders to investigate the effectiveness and quality of evidence of Physician Health Programs. Develop an information paper as directed in Amended Resolution 20(19) Supporting Physicians to Seek Care for Mental Health and Substance Use Disorders (first and third resolveds).
12. Identify exemplary practices that promote wellness. Collaborate with the Emergency Nurses Association, the Society for Emergency Medicine Physician Assistants, and the American Academy of Nurse Practitioners. Identify other organizations engaged in wellness and evaluate for potential collaborative efforts. Collaborate with the International Emergency Medicine Committee to conduct outreach with international emergency medicine organizations to share ideas and opportunities for collaboration focused on well-being in emergency medicine.