Implementation of wellness into a cardiothoracic training program: A checklist for a wellness policy

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Physician wellness impacts patient care and education of trainees. Lack of physician wellness and burnout is characterized by emotional exhaustion, depersonalization, and a low sense of accomplishment.¹ Burnout puts physicians at risk for substance abuse, intent to leave medical practice, and suicide.² Unfortunately, 50% to 70% of physician trainees report burnout,³ 29% experience depression,⁴ and 6% to 12% report suicidal ideation.¹ The physical demands and long work hours of surgical practice have been attributed to greater rates of burnout among surgeons.⁵ Cardiothoracic surgeons have the greatest number of hours in the operating room, greater positive depression screening assessment, and lower mental quality of life score in comparison with other surgical specialties.^{5,6} In addition to individual dangers, burnout can be linked to medical errors, problems with professionalism, and adverse patient outcomes.⁷⁻⁹ Attributable cost of physician burnout in the United States is approximately \$4.6 billion dollars annually, which equates to an annual cost of \$7600 per physician.⁹

These alarming statistics have prompted the Accreditation Council for Graduate Medical Education (ACGME) to take meaningful action. In 2015, the ACGME organized the first Symposium on Physician Well-Being to promote change in physician wellness.¹⁰ In 2016, the Association of American Medical Colleges and National Academy of Medicine formed the Action Collaborative on Clinician Well-Being and Resilience. In 2017, the ACGME revised its common program requirements to include specific action for all residency programs (Figure 1). Many training programs have implemented these common program requirements. However, there are no guidelines for implementation into cardiothoracic training programs. The purpose of this work is to help organize an approach to wellness for cardiothoracic surgery training programs. We have

CENTRAL MESSAGE

We have developed a wellness policy checklist and sample wellness policy to help guide cardiothoracic surgery training programs with wellness implementation that adheres to the ACGME requirements.

See Commentaries on pages 1987 and 1988.

developed a checklist to assess the culture of wellness within a training program and a sample wellness policy that encompasses ACGME Well-Being common program requirements and practices from other specialties.

METHODS

An online web search using the key words wellness, physician well-being, burnout, and fatigue was conducted and completed by September 25, 2019. Literature and established guidelines for wellness were reviewed from resources of the ACGME, Association of American Medical Colleges, American Medical Association (AMA), National Academy of Medicine, American College of Surgeons (ACS), American College of Obstetricians and Gynecologists, Johns Hopkins Medicine, Mayo Clinic, Oregon Health & Science University, and the University of Colorado websites. Recommendations were developed for programs wishing to implement wellness and adherence to ACGME requirements.

RESULTS

A wellness program for cardiothoracic training programs must adhere to common program requirements of the ACGME (Figure 1). Each ACGME training program has to “enhance the meaning that each resident finds in the experience of being a physician.” Wellness includes being challenged, building competence, autonomy, achieving

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VI.C. Well-Being

VI.C.1.a) This responsibility must include: efforts to **enhance the meaning that each resident finds in the experience of being a physician**, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships; (Core)

VI.C.1.b) This responsibility must include: **attention to scheduling**, work intensity, and work compression that impacts resident well-being; (Core)

VI.C.1.c) This responsibility must include: **evaluating workplace safety data** and addressing the safety of residents and faculty members; (Core) Examples of data sources include (but are not limited to) Joint Commission and Occupational Safety and Health Administration (OSHA) reports.

VI.C.1.d) This responsibility must include: **policies and programs** that encourage optimal resident and faculty member well-being; and, (Core)

VI.C.1.d.(1) Residents must be given the opportunity to **attend medical, mental health, and dental care appointments**, including those scheduled during their working hours. (Core)

VI.C.1.e) This responsibility must include: attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, **must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions**. Residents and faculty members must also be educated to **recognize those symptoms in themselves** and how to seek appropriate care.

VI.C.1.e).(1) The program, in partnership with its Sponsoring Institution, must: encourage residents and faculty members to **alert the program director** or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence; (Core)

VI.C.1.e).(2) The program, in partnership with its Sponsoring Institution, must: provide **access to appropriate tools for self-screening**; and, (Core)

X VI.C.1.e).(3) The program, in partnership with its Sponsoring Institution, must: 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**. (Core)

VI.C.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have **policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities**. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work.

(Acgme.org, 2020)

Available at: <https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRResidency2019.pdf>

[Accessed 3 Mar. 2020]

FIGURE 1. Accreditation Council for Graduate Medical Education Well-Being Requirements 2019.

meaningful personal and professional success, and strong social relatedness to work.^{3,11} Training programs must pay attention to scheduling (section VI.C.1.b), which includes duty-hour adherence, but also consideration of workload.¹² Workload can be measured by patient census,¹³ patient complexity,¹⁴ or paging data.¹⁵ Work-related stress, activities with marginal educational value (phlebotomy or transportation), and the burden of medical documentation can increase the perception of workload.¹² Currently, there is no consensus on measurement of meaningful work or

resident workload. Nevertheless, cardiothoracic training programs are responsible for providing a schedule that enhances the meaning that each resident finds in being a physician.

ACGME Well-Being Requirements also include adherence to workplace and personal safety standards (VI.C.1.c). Safety efforts have been focused on fatigue-related harm like motor vehicle accidents and needle sticks.¹⁶ Training programs and hospitals should provide transportation to trainees who feel too fatigued to safely

navigate home.¹⁶ The ACGME Well-Being Requirements extend beyond the workplace and mandate sufficient time away from work to manage individual wellness including medical, mental health, and dental appointments (VI.C.1.d). The AMA and ACS suggest training programs to foster a multifaceted approach to individual wellness through nutrition, fitness, emotional health, preventative care, financial health, and mindset/behavior adaptability.^{11,17}

ACGME-accredited training programs must include a wellness education program for residents and faculty (VI.C.1.e). Wellness education should include definition of wellness, fatigue, and burnout^{3,18} and harmful sequelae, including substance abuse, unprofessionalism, depression, and suicide.⁹ Faculty and residents should receive education on fatigue (symptoms, recognition in themselves and others, mitigation, and treatment).¹⁹⁻²¹ Faculty and trainees should be able to identify and seek help for burnout, depression, and substance abuse,²² in themselves and others. ACGME Well-Being Requirements specifically mandate residents and faculty members alert the program director or other designated personnel about any resident, fellow, or faculty member experiencing burnout, depression, substance abuse, suicidal ideation, or potential for violence. ACGME requirements for wellness education must also include tools for well-being assessment, self-screening, and access to mental health services 24 hours a day, 7 days a week (VI.C.1.e).

ACGME Well-Being Requirements mandate policies for residents who may be unable to perform patient care responsibilities (VI.C.2.). Programs should prepare for possible short- and long-term absences. Training programs must ensure safe patient care but also protect those covering for an absent resident. Developing flexible and emergency scheduling protocols before an absence may facilitate patient care and decrease resident stress.²³

DISCUSSION

The addition of well-being to ACGME core requirements places direct responsibility of resident wellness on training programs. The requirements are challenging to implement in cardiothoracic surgery training programs for several reasons. First, cardiothoracic surgery is a culture that has traditionally placed the responsibility of wellness on individual surgeons, not on training programs. Many individuals within our field have been willing to sacrifice wellness to achieve the goal of becoming cardiothoracic surgeons. Second, the ACGME does not provide recommendations on how to implement wellness. The resources needed for education, policy development, and service reorganization to foster wellness are not addressed. Third, there is no framework in cardiothoracic surgery to implement wellness. To address this last barrier, we propose 2 tools to guide the

development of a comprehensive wellness program that meets the new ACGME Well-Being Requirements: (1) Checklist of essential components of a comprehensive wellness program (Figure 2). The checklist will guide compliance with ACGME requirements but also allow for program-specific adaptations based on each program's local culture of wellness, resources, and current status of wellness implementation. (2) Sample wellness policy template (Figure 3, A-D). Programs may customize this template by filling in the blanks that identify appropriate personnel, dates, and resources. The sample policy includes direct links to educational, assessment, and treatment resources.^{17,24} Our hope is that these tools will help cardiothoracic training programs assess and enhance their approach to resident wellness.

One of the first steps in developing a wellness program should be the development of a mission statement that defines wellness as it relates to the cardiothoracic training program. The mission statement should also include specific language about the level of commitment the program has to promote the defined environment of wellness (Figure 3, A-D). The National Academy of Medicine has examples of wellness mission statements from training programs and health organizations.²⁵

Cardiothoracic training programs should develop a wellness policy founded on the mission statement (Figure 3, A-D). A wellness policy should identify a governing body that will uphold the policy. The governing body should consist of program director(s), section chief(s), department chairs, Graduate Medical Education officials, and local expertise in wellness including hospital wellness officers, members of wellness committees, and representatives from psychiatry who will give a larger perspective of existing resources for wellness (Figure 4). Most importantly, a resident or fellow representative should participate in the governance of wellness. The stakeholders should have defined roles and responsibilities outlined in a wellness policy. As a whole, the governing body should be responsible for dissemination, facilitation, adherence, and maintenance of the policy.

A wellness policy should include an education curriculum for residents and faculty. A wellness curriculum should define wellness, fatigue, and burnout as required by the ACGME.^{3,18} To engage faculty and residents, training programs should encourage discussion about wellness, namely how trainees define meaningful work, workload, and health/safety away from work. Programs should address fatigue, the symptoms of fatigue, and specific times when residents and faculty are at risk of fatigue. A wellness curriculum should include the relationship between fatigue and burnout and how they place surgeons at risk of substance abuse, unprofessionalism, depression, and suicide.⁹ The Thoracic Surgery Resident Association and Thoracic Surgery

- ☐ Develop a **mission statement** specific to the program
- ☐ Develop a **wellness policy** founded on the mission statement
 - Identify key stakeholders
 - Establish a governing body or appoint the responsibility to an existing committee
 - Define how adherence to the wellness policy will be monitored and enforced
- ☐ Develop **resident and faculty education**
 - Importance of wellness
 - Defining and recognizing symptoms of fatigue, burnout, and substance abuse
 - Reporting of concerns to the Program Director
 - Determine continuing education, content, and frequency
- ☐ Provide **tools for self- screening** and develop a **privacy policy** on how to utilize and protect the results
- ☐ Enhance the **resident/trainee experience** of being a physician
 - Meaningful challenges
 - Building competence
 - Sense of achievement
 - Social relatedness to the work
 - Adequate sleep and time away from work
- ☐ **Foster** an environment for attention and **maintenance** of one's health care
 - Time and resources to attend medical, mental health, and dental appointments
 - Safe work environment
 - Access to water and healthy food
 - Safe transportation
 - Adequate sleep facilities
 - Accessible reporting and intervention with burnout
 - 24-hour access to mental health resources
 - Develop a crisis plan for the training program in the event of a severe illness, absence, or death (coverage, counseling for colleagues)
- ☐ **Develop a crisis plan** for the training program in the event of a severe illness, absence, or death (coverage, counseling for colleagues)

FIGURE 2. Checklist for implementation of wellness in a cardiothoracic surgery training program.

Directors Association and the ACS have developed educational content on fatigue.^{17,24} In addition, faculty and trainees must receive education on the following: (1) Strategies for individuals to identify the symptoms of fatigue and burnout in themselves and others.¹⁹⁻²¹ (2) Means to seek help for themselves or a colleague in need including

a list of mental health services. (3) Notification of the program director if a trainee or faculty member appears fatigued, burned out, or at risk of harm to patients, themselves, or others. Programs will have to decide if the curriculum should vary between residents and faculty in content, approach, or time. Once a wellness curriculum is

Cardiac and Thoracic Surgery Sample Wellness Policy

Title: Wellness Mission and Policy

Effective Date: [REDACTED]

Last Reviewed: [REDACTED]

Last Revised: [REDACTED]

Mission: The mission of [REDACTED] is to train the highest quality of cardiac and thoracic surgeons by providing the best quality of care to patients and fostering a productive, educational, healthy environment for all. Fundamental to this mission is the commitment to creating and maintaining an environment of well-being.

Policy: Well-being is defined as a personal sense of being challenged, thriving in the process of attaining a goal, and achieving meaningful success both personally and professionally. Among trainees, faculty and staff, it is our goal to promote individual well-being and resilience.

Similarly, it is our goal to mitigate burnout, depression, and their harmful sequelae. Wellness and burnout are system-level issues, not individual problems resulting from individual limitations. The following is the infrastructure for our comprehensive program of wellness.

Stakeholders: Key stakeholders will comprise a governing body responsible the wellness policy including dissemination of content, facilitating adherence to the policy and monitoring relevance of the policy to the current wellness needs of the program.

Program Director(s)

Section Chief(s)

Department Chair

Wellness Officer

Designated Institutional Officer, Graduate Medical Education

Resident(s)

Key Faculty

Procedure: Program Responsibilities Include

1. Efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships. It is the responsibility of stakeholder, [REDACTED] to oversee this procedure.
2. Attention to scheduling, work intensity, and work compression that impacts resident well-being. It is the responsibility of stakeholder, [REDACTED] to oversee this procedure.
3. Evaluating workplace safety data and addressing the safety of residents and faculty members. It is the responsibility of stakeholder, [REDACTED] to oversee this procedure.
4. Education
 - A. Program responsibility includes an education curriculum for residents and faculty including:
 - i. Definition of wellness and facilitators of wellness¹⁸
 - ii. The Cost of Burnout⁹

Aiii. Substance Abuse, Depression and Addressing Sequelae of Burnout¹⁻⁴

iv. Fatigue: Recognizing Signs of Fatigue and Fatigue Mitigation

1. <https://edhub.ama-assn.org/steps-forward>
2. <https://sites.duke.edu/thellifecurriculum/files/2014/05/Macy-teachersguide1.pdf>
3. <https://www.youtube.com/watch?v=19GRxF9qEBA>
4. <https://www.facs.org/member-services/surgeon-wellbeing>
5. https://www.tsranet.org/wp-content/uploads/2013/01/Fighting_Fatigue.pdf

v. Steps to seek help for yourself or other

vi. Notification of Program Director of wellness concerns in self or others

B. This wellness curriculum should be delivered to residents and faculty annually.

C. It is the responsibility of stakeholder, [REDACTED], to ensure that this content is relevant and delivered on an annual basis.

5. Screening and Assessment Tools

A. Wellness will be assessed at minimum every 6 months during the semi-annual resident review.

i. Assessment includes questions about feeling challenged, increased competency, increased autonomy, value in their work, sleep and time away from work.¹⁸

ii. Assessment will also include questions about fatigue, burnout, substance abuse in themselves or in their environment.

B. Screening and assessments tools are available to the residents and faculty.

i. Mayo 9 question screening: <https://www.mededwebs.com/resident-and-fellow-well-being-index>

ii. American Medical Association–Mini-Z Burnout Inventory

(Screening/Survey Instrument)

<https://www.stepsforward.org/Static/images/modules/15/downloadable/Mini%20Z%20burnout%20survey.docx>

iii. Maslach Burnout 22 question

assessment: <https://www.mindgarden.com/315-mbi-human-services-survey-medical-personnel>

iv. American Medical Association–Mini-Z Burnout Inventory

(Screening/Survey Instrument)

<https://www.stepsforward.org/Static/images/modules/15/downloadable/Mini%20Z%20burnout%20survey.docx>v. Professional Quality of Life Scale (PROQOL) 33-item scale measuring compassion satisfaction, burnout and secondary traumatic stress http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf

vi. Depression screen:

http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9_English.pdfvii. Mental Health America: <http://www.mentalhealthamerica.net/mental->**B**

FIGURE 3. A-D, Cardiothoracic surgery sample wellness policy. Blank fields to be completed by the cardiothoracic surgery training program.

in place, cardiothoracic training programs will have to determine how the content should be delivered, ie, grand rounds, small-group discussions, or online educational modules like those of the AMA.¹⁹ Cardiothoracic training programs will have to determine how frequently the content is delivered and updated. The rigor of a program's wellness education could potentially be tested in in-service examinations, board examinations, or ACGME site visits. We recommend that programs designate a faculty member to oversee the wellness curriculum and the delivery of the content.

Another ACGME core requirement for training programs is access to tools for screening and assessment of wellness, burnout, depression, or professional quality of life. We list some online screening tools in the template policy (Figure 3, A-D). At this time, there are no guidelines on who should administer the screening, who should be screened (residents only vs residents and faculty), optimal interval of screening, and what to do with the results. At the May 2019 Thoracic Surgery Directors Association meeting, program directors discussed the risks of self-assessment. Should the results be individual and

confidential? If so, would a trainee who has burnout then be responsible for self-navigating to seek help? Alternatively, programs could ask trainees to share self-screening results. However, this practice cannot conflict with each trainees' right to health privacy. We advise that a wellness policy specifically determine timing of assessment, which assessment tool will be used, who is to administer the assessment, how results of these screening instruments are used, and how each individual's wellness is part of or distinctly separate from trainees' overall evaluation.

Wellness programs should not only provide access to health care but also foster a culture of attention to health maintenance. Programs must ensure adequate sleep facilities, safe work environment, access to water and healthy food, and safe transportation options for trainees who may be too fatigued to safely return home. Residents must have the opportunity to attend medical, mental health, and dental care appointments, and programs must adjust workload and schedules accordingly. Hopefully, all trainees will take advantage of scheduled time for health maintenance without feeling guilty about leaving work.

- [health-screening-tools](#)
- viii. American Psychiatric Association:
<https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout/assess-yourself>
- C. They will be administered _____ (frequency or as needed) by _____ (resident or program director, etc.).
- D. Results of these screening tools will be confidential, but can be used by the resident/trainee/fellow to seek additional assistance.
- E. It is the responsibility of stakeholder, _____ to oversee this procedure.
6. Attention to Health Care
- A. Maintenance: The program will emphasize the need for residents and faculty members to maintain their health and seek appropriate health care.
- Residents have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
 - Faculty will support the need to maintain health care and accommodate schedules and workload accordingly.
 - The program will provide access to confidential, affordable mental health assessment, counseling and treatment, including access to urgent and emergency care 24 hours a day, seven days a week.
- B. Emergency: Resources
- Emergency Resources including Psychiatry (provide contact)
 - Insurance Plan Resources (provide contact)
 - Employee Assistance Program / Resources (provide contact)
 - National and Regional Hotlines
- C. National/Regional Hotlines
- Philadelphia Behavioral Health – Suicide/Crisis Intervention Hotline – 1-215-686-4420
 - National Suicide Prevention Lifeline – 1-800-273-TALK (8255)
 - Pennsylvania – Depression Understood – Crisis Hotline – 1-215-686-4420
 - National Help Line for Substance Abuse – 1-800-262-2463
 - National Domestic Violence Hotline – 1-800-799-7233
- D. It is the responsibility of stakeholder, _____ to oversee this procedure.
7. Fatigue, Burnout, Health Intervention Plan:
- A. Residents and fellows may self-report fatigue, burnout or other related issues to the program director and/or _____.
- B. The program will encourage residents and faculty members to alert the program director or other designated personnel _____ when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
- C. The Program Director and/or _____ are available at any time to speak with any resident or faculty member in a private and protective setting.
- D. The program, the Designated Institutional Officer, appropriate health care provider (if needed) and the individual involved will devise a personalized health intervention plan.
- E. The program, the individuals involved and if needed departmental and hospital leadership will devise a plan for coverage (see below).
- F. Preservation of health privacy of individuals.
- G. It is the responsibility of stakeholder, _____ to oversee this procedure.
- H. The program must also ensure adequate sleep facilities, safe work environment, access to water and healthy food and safe transportation options for residents who may be too fatigued to safely return home.
8. Coverage for fatigue, health care, burnout: There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Residents may use the transition of care policy to transfer care of their patients if unable to perform patient care responsibility. The transition of care policy and patient coverage policy may be implemented without fear of negative consequences for the resident who is unable to provide the clinical work. It is the responsibility of stakeholder, _____ to oversee this procedure.
9. Coverage in the event of a crisis. In the event of a crisis, including severe illness or death of a resident or faculty member, the following steps will be taken to ensure the safety of patients and the continued well-being of team members. Frequently fellow trainees may feel the impact of the crisis and themselves need coverage of responsibilities. It is the responsibility of stakeholder, _____ to oversee this procedure.

FIGURE 3. Continued

Wellness programs should have specific plans to intervene with fatigue, burnout, substance abuse, potential for harm to self or others, or other health needs including pregnancy, maternity/paternity leave, and family medical leave. Faculty and trainees must report fatigue, burnout, or other health issues to the program director and/or an alternative person responsible for wellness. In turn, program directors must develop an expeditious plan to address the needs of the individual. For mental health concerns, program directors must provide contact information for 24-hour-a-day resources (mental health assessment, counseling, treatment). This care should be confidential and affordable. Academic institutions and health systems may have established resources available to faculty and trainees. Program directors should also include a plan for coverage of patient care if a resident requires an intermittent, short-term, or long-term time away from training. This plan should relate to each program's existing Transition of Care Policy. At times, the individual experiencing fatigue or burnout may not be able to arrange a safe transition of care and responsibilities; in this circumstance program leadership should organize coverage. It is advisable to have a crisis plan in the event

of a severe illness, prolonged absence, or death. Such events may require that co-trainees and possibly faculty take time away from clinical responsibilities to cope with stress and grief. Having a policy of coverage, which may include increased responsibility on the part of faculty, may facilitate arrangements for particularly trying times. As with other wellness procedures, a designated person should be responsible for updating wellness resources and procedures.²⁵

This checklist and sample wellness policy have limitations. They have been developed in response to the ACGME Core Program Requirements using resources developed for physicians. Further study into specific wellness issues for cardiothoracic trainees is needed. It is also unknown how effective these generalized wellness procedures are in the setting of cardiothoracic training. It is unknown how cardiothoracic surgeons will engage in wellness, even with mandates from the ACGME or program leadership. Furthermore, it is difficult for programs to mobilize resources to develop and maintain a wellness policy. In particular, education of faculty and residents about wellness, fatigue, and burnout is a daunting responsibility for program directors.

FIGURE 4. Implementation of wellness. The *outer circle* represents the key components in the process of implementing wellness. The *inner circle* comprises all the key stakeholders involved with the implementation of wellness and their interdisciplinary relationship (*green arrows*).

We represent 3 different ACGME thoracic surgery training programs with different resources, needs, and stages of development in regard to wellness. However, shared barriers that we encountered include the following: (1) Prioritizing what can be done to support a culture of wellness. (2) Finding resources and time to implement measures. (3) Finding a meaningful way to improve wellness among faculty and trainees, without making it yet another responsibility they have to fulfill. To address program directors' new responsibility of implementing wellness into cardiothoracic surgery programs, we have delineated the requirements, developed a wellness program checklist (Figure 2) and developed a sample wellness policy template (Figure 3, A-D). Our hope is that we can facilitate organization of wellness and provide a shared framework for building a culture of wellness. These tools will not only assist in compliance with ACGME Well-Being Requirements, but also ensure a comprehensive and program-specific wellness program that applies to each program's trainees and faculty (Figure 4). As programs adopt wellness, hopefully we can develop a means of sharing experiences and resources. Potential next steps could include a shared cardiothoracic surgery wellness curriculum, website with a listing of

resources and assessment tools, and educational workshops either online or at national meetings. This would not only minimize the burden of program directors but also ensure consistency of content. Hopefully leadership at each institution and our national cardiac and thoracic community will support the added responsibilities of promoting wellness.

CONCLUSIONS

Physician well-being optimizes safe patient care and education. We developed a checklist and a sample wellness policy for cardiac and thoracic training programs that incorporates the ACGME Well-Being Requirements. These tools will give programs a structure to implement wellness while incorporating a mission, personnel, and procedures specific to each program.

Conflict of Interest Statement

The authors reported no conflicts of interest.

The *Journal* policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

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