1. Continue to enhance and 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.

2. Collaborate with the Education Committee to complete development of interactive tutorials on resiliency strategies for members as part of Wellness Week activities and explore the possibility of providing CME. (Well-Being is the lead committee.)

3. Compile and disseminate information on the “joys” (professional and personal satisfaction) of practicing emergency medicine. Incorporate ideas of well-being and wellness into a sustainable platform beyond wellness week. Refine campaigns for a culture change for emergency physicians to focus on the positive accomplishments in the ED.


5. Analyze emergency departments with higher and lower physician and nurse turnover and examine characteristics of the department and individuals that may have a positive or negative effect on wellness.

6. Develop a series of articles for submission to ACEP Now, including how to improve being well in emergency medicine and bringing “joy” to practice.

7. Evolve the 2018 Wellness Center based on learnings and recommendations from 2017.

8. Collaborate with other emergency medicine organizations and groups:
a. Emergency Nurses Association, the Society for Emergency Medicine Physician Assistants, and the American Academy of Nurse Practitioners to identify exemplary practices that promote wellness.

b. Conduct outreach with international emergency medicine organizations to share ideas and opportunities for collaboration. Investigate the potential for working with the International Federation of Emergency Medicine to develop international working groups focused on well-being in emergency medicine.

c. Implement the Wellness Institute.

9. Discover exemplary practices that contribute to wellness in emergency medicine and disseminate the information to all EDs in the U.S

10. Continue collaboration with EMRA and the Academic Affairs Committee to identify and/or develop resources for residents and medical students to address resiliency and coping mechanisms. (Well-Being is the lead committee.)

11. Develop a policy statement on paid parental leave for emergency physicians and develop an information paper on best practices regarding paid parental leave for emergency physicians. (Amended Resolution 36-17 Maternity and Paternity Leave)

12. Review ACEP’s current resources and develop resources as needed to address interruption of clinical emergency medicine practice. (Resolution 51-17 Retirement or Interruption of Clinical Emergency Medicine Practice)

13. Review the following policies per the Policy Sunset Review Process:
   - Physician Impairment*
   - Support for Nursing Mothers

   *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.

   * Work with the Emergency Medicine Practice Committee and determine if ACEP’s “Physician Impairment” policy statement needs to be revised or if a new policy statement is needed to address physician mental health and to aid in reducing physician barriers to mental health care (Amended Resolution 18-18 Reducing Physician Barriers to Mental Health Care).

14. Work with the Academic Affairs Committee (resident perspective) and the Wellness Section to 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 and provide a report of the findings to the 2019 Council as directed in Resolution 16(18) No More Emergency Physician Suicides. (Well-Being is the lead committee.)