

Council of Emergency Medicine Residency Directors Commitment Statement on Clinician Well-Being

Founded in 1989, the Council of Emergency Medicine Residency Directors (CORD) has served to promote the free exchange of ideas and solutions to challenges faced by Emergency Medicine educators. CORD has long recognized that supporting our educators and trainees goes far beyond professional and academic resources and associations. In this capacity, CORD was formed also with the goal of developing a close-knit community of clinician educators and program coordinators for the purpose of providing a personal and supportive community of practice.

To further support and expand upon the founding values of CORD, in 2015 the Resilience Committee was formed with the purpose of focusing on the wellbeing of our residents and educators. The goals of the committee are to:

- Promote a culture of wellness among faculty and residents.
- Develop best practices for resilience and coping techniques during residency.
- Establish a strategy to support residency programs that have had residents or faculty die by suicide.
- Provide curricular resources on wellness and long-term career satisfaction.
- Establish a network for faculty and residents interested in advancing wellness in emergency medicine.
- Promote research and scholarship in wellness.

Since its inception, the Resilience Committee has been able to achieve several milestones for promoting well-being within the Emergency Medicine education community, including: ongoing collaborative efforts with the American Foundation for Suicide Prevention and the Take 5 to Save Lives Campaign; establishing a continually updated database of Wellness Champions at institutions across the country; creating modules and curricula for residency programs on wellness topics; developing best practices for assessing resident wellness; inspiring collaborative research efforts between institutions; and innovating wellness training programs for residents.

CORD is fully committed to addressing the professional and personal issues which lead to EM physician unwellness within academic medicine as well as promoting practices at all levels of administration that support EM physician well-being for lifelong practice.