Resolution 307 (A-06), Intern and Resident Burnout, was introduced at the 2006 Annual Meeting by Joan E. Cummings, MD, Delegate, Illinois. The resolution, which was referred to the Board of Trustees for action, asks that our AMA work with the Accreditation Council for Graduate Medical Education (ACGME) to study resident burnout and determine:

1. if recommendations can be made as to how to recognize burnout, how to treat it, and, if possible, how to prevent it;
2. how it relates to the professionalism core competency for residents; and
3. how recognizing, treating and possibly preventing burnout could be included in the program requirements for residency program directors.

Defining Burnout

Burnout can occur at any stage of medical education or practice (a recent study of physician executives found that more than two-thirds had experienced emotional burnout), but the unique pressures of the residency/fellowship stage appears to cause significant burnout among trainees. These pressures include the responsibility of practicing as an MD combined with feelings of inadequacy and fear of making a mistake, time pressures (long shifts and work weeks, lack of sleep); disrespectful or abusive colleagues, chief residents, program directors, even nurses; financial pressures (student loans coming due, low salary as resident/fellow, moonlighting); uncertainty/misgivings in one’s specialty/subspecialty choice or even in selecting medicine as a career. These are often compounded by family and personal concerns and the adjustment to a new community and workplace (or, for many international medical graduates, to a new country and different customs), with female physicians 60% more likely to report burnout than their male counterparts.

As defined by Kathryn Andolsek, MD, MPH and Robert C. Cefalo, MD, PhD (developers of the LIFE curriculum: Learning to Address Impairment and Fatigue to Enhance Patient Safety), burnout is characterized by “emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment or effectiveness.” Prolonged stress and high performance expectations, both of which are common in graduate medical education, lead to burnout. Sleep deprivation contributes to burnout, but not every sleep-deprived physician experiences burnout. If left untreated, burnout can lead to substance abuse, depression, or suicide.
A literature search of the terms “burnout medical education” via PubMed in December 2006 returned 143 results. A number of the more recent studies analyzed the effects of the ACGME’s duty hour regulations on resident/fellow quality of life and education, including burnout. Generally, these studies concluded, not surprisingly, that reduced duty hours were positively correlated to reduced stress and burnout. For example, a 2001 study of 115 internal medicine residents found that three-quarters of respondents met the criteria for burnout. A follow-up study published in 2005 showed a decrease in the proportion meeting criteria for emotional exhaustion and an increase in resident well-being. At the same time, physicians who are overworked are not necessarily those most susceptible to burnout. In fact, “[r]esidents most likely to succumb to burnout are those with obsessive/compulsive personality traits, unrealistically high expectations, or ‘workaholism.’ In those personalities, burnout stems from inability to balance work, rest, and recreation.” For this reason, the implementation of duty hours regulations may, for some physicians, have the opposite intended effect of causing increased frustration with “the system” and their inability to work more than 80 hours a week to achieve a self-driven ideal of clinical and professional perfection. In addition to long work hours and lack of sleep, a number of other factors are implicated in burnout, including “the first year of residency, being single, personal stress, and dissatisfaction with faculty,” depression and substance abuse, financial concerns, even noise pollution. Burnout is a complex topic, with many contributing factors. As noted in a 2004 JAMA article, large, prospective studies of burnout are needed, given the limitations of available studies and the importance of obtaining rigorous data to understand and prevent burnout.

ACGME Activities Related to Burnout

Through its Committee on the Learning Environment (CILE), the ACGME continues to track the impact of duty hour limits on resident training as well as to explore ways to enhance the learning environment to achieve high quality resident education and safe and effective patient care. Currently, although neither the ACGME Common Program Requirements nor the Institutional Requirements explicitly mention burnout, there is language on similar issues, such that additional language specific to burnout could be added.

Common Program Requirements

- “Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.” (VI.A.3)
- “Adequate time for rest and personal activities must be provided.” (VI.B.4)

Institutional Requirements

- The Sponsoring Institution should facilitate residents’ access to appropriate and confidential counseling, medical, and psychological support services. (III.E.1)
• The Sponsoring Institution must ensure that residents participate in an educational program regarding physician impairment, including substance abuse. (III.E.2.d)

Model Curricula and Initiatives

A number of curricula and initiatives have been developed to address burnout, either exclusively or as part of a more comprehensive program to address resident/fellow wellness. These include:

**Introduction to the Practice of Medicine (IPM), Ohio State University Medical Center**

http://medicine.osu.edu/gme/otheropportunities/

A collaborative venture of the AMA, Ohio State Medical Association, and Ohio State University Medical Center, IPM is a Web-based learning management system designed to help institutions meet specific educational requirements mandated by the ACGME. All residents are required to complete modules on sleep deprivation and the impaired physician.

**AMA Virtual Mentor**

www.ama-assn.org/ama/pub/category/10971.html

The September 2003 issue of Virtual Mentor (VM), a theme issue on physician health and well-being, includes an article on how physicians can reduce stress and avoid burnout. VM, the AMA’s online ethics journal, explores the ethical issues and challenges that students, residents, and other physicians are likely to confront in their training and daily practice.

**LIFE curriculum: Learning to Address Impairment and Fatigue to Enhance Patient Safety**

www.lifecurriculum.info

A collaborative effort of Duke University Hospital, the UNC Hospitals, the North Carolina Area Health Education Centers, and the North Carolina Physician's Health Program, LIFE is intended to assist GME programs, their residents, and faculty to prevent, identify, and manage resident fatigue and impairment. The project is funded in part by a grant from the Josiah Macy, Jr. Foundation.

**Residency Assistance Program (RAP), University of South Florida College of Medicine**

www.hsc.usf.edu/housestaff/assistance.htm

The Resident Assistance Program is a confidential evaluation, grief counseling, and referral service designed to assist residents and family members in finding help with a wide variety of problems.

**An Epidemic of Disruptive Behavior among Physicians – A Web Conference, Federation of State Medical Boards**


Held in January and February 2007, this series of six educational sessions covered disruptive physician behavior (and the role of burnout in leading to such behavior) from a clinical, legal and disciplinary perspective.

**IMG Advisor Network (IAN)**

www.ecfmg.org/acculturation/ian.html
To help smooth the transition to living and working in the US, the Educational Commission for Foreign Medical Graduates (ECFMG) has developed the IMG Advisor Network (IAN). Through IAN, IMGs applying for J-1 Exchange Visitor Program visas can communicate directly with IMGs who have successfully entered or completed US GME training.

Discussion and Recommendations

As described above, burnout among residents/fellows is a complex issue that requires further data and research. A number of medical schools and teaching hospitals have developed tools to address the issue, and the ACGME and the AMA are among the leading organizations looking closely at ways to address burnout and improve medical education.

The Council on Medical Education, therefore, recommends that the following be adopted in lieu of Resolution 307 (A-06) and that the remainder of this report be filed.

1. That our American Medical Association recognize that burnout, defined as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment or effectiveness, is a prevalent problem among residents and fellows. (New HOD Policy)

2. That our AMA work with other interested groups to regularly inform Graduate Medical Education designated institutional officials program directors, resident physicians, and attending faculty about resident/fellow burnout (including recognition, treatment, and prevention of burnout) through such media as the AMA’s GME e-Letter. (Directive to Take Action)

3. That our AMA encourage the Accreditation Council for Graduate Medical Education to address the recognition, treatment, and prevention of burnout among residents/fellows. (Directive to Take Action)

4. That our AMA encourage further studies and disseminate the results of studies on physician burnout to the medical education and physician community. (Directive to Take Action)

5. That our AMA continue to monitor this issue and track its progress, including publication of peer-reviewed research and changes in accreditation requirements, with a report back at the 2009 Interim Meeting of the AMA House of Delegates. (Directive to Take Action)

Fiscal Note: No significant fiscal impact

Complete references for this report are available from the Medical Education Group.