AMA Young Physicians Section (AMA-YPS)
2018 Interim Meeting
Gaylord National Resort & Convention Center (National Harbor, MD)
November 8-12, 2018

2018 AMA Interim Meeting Wi-Fi Code and GroupMe Information

**Wi-Fi Access**

Network ID: AMAHOD2018
Password: AMAHOD2018

**GroupMe**

GroupMe: https://groupme.com
GroupMe will be used a way for YPS Assembly members to communicate throughout the meeting. Once you have signed in, you must be invited to join the I-18 GroupMe discussion. This app is intended to improve discussion about items of business. It will NOT be used for any official action of the Assembly, nor qualify as testimony.
## Young Physicians Section (YPS)
### 2018 Interim Business Meeting
Gaylord National Resort & Convention Center (National Harbor, MD)
Nov. 8 – 12

### House of Delegates Meeting (HOD)
Nov. 10 – 13

<table>
<thead>
<tr>
<th>Thursday, November 8</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 a.m. – 7 p.m.</td>
<td>Registration</td>
<td>Maryland Pre-Function Area</td>
</tr>
<tr>
<td>8 – 9 p.m.</td>
<td>Informal Social with Governing Council</td>
<td>Belvedere Lobby Bar</td>
</tr>
<tr>
<td>9 – 11 p.m.</td>
<td>YPS, RFS, and MS-IV Networking event</td>
<td>Potomac Foyer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Friday, November 9</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7 a.m. – 6 p.m.</td>
<td>Registration at Convention Center</td>
<td>Maryland Pre-Function Area</td>
</tr>
<tr>
<td>7:15 – 8 a.m.</td>
<td>ACS YPS Surgical caucus</td>
<td>Camelia 1</td>
</tr>
<tr>
<td>7:15 – 7:45 a.m.</td>
<td>YPS New member orientation</td>
<td>Potomac C</td>
</tr>
<tr>
<td>7:15 – 7:45 a.m.</td>
<td>YPS Innovation committee meeting</td>
<td>Chesapeake 8</td>
</tr>
<tr>
<td>7:15 – 7:45 a.m.</td>
<td>YPS Strategy/Leadership committee meeting</td>
<td>Chesapeake 7</td>
</tr>
<tr>
<td>7:45 – 8:15 a.m.</td>
<td>YPS Special Committee on Media, Marketing, and Membership meeting</td>
<td>Chesapeake 7</td>
</tr>
<tr>
<td>7:45 – 8:15 a.m.</td>
<td>YPS Value Based Care committee meeting</td>
<td>Potomac C</td>
</tr>
<tr>
<td>7:45 – 8:15 a.m.</td>
<td>YPS MOC/MOL committee meeting</td>
<td>Chesapeake 8</td>
</tr>
<tr>
<td>7:45 – 8:15 a.m.</td>
<td>Parliamentary procedure training</td>
<td>Potomac C</td>
</tr>
<tr>
<td>8 – 8:15 a.m.</td>
<td>Credentials committee meeting</td>
<td>Potomac C Foyer</td>
</tr>
<tr>
<td>8:15 – 9 a.m.</td>
<td>YPS Assembly breakfast Complimentary full hot breakfast served</td>
<td>Potomac C</td>
</tr>
<tr>
<td>8:30 – 10 a.m.</td>
<td>YPS Credentialing</td>
<td>Potomac C Foyer</td>
</tr>
<tr>
<td>9 – 9:30 a.m.</td>
<td>Opening of the YPS Assembly</td>
<td>Potomac C</td>
</tr>
<tr>
<td></td>
<td>• Call to Order and Opening Remarks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Christie Morgan, MD, Chair</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Distribution of Reference Committee Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Distribution of HOD Handbook Review Grids</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review YPS Items of Business, Reference Committee Recommendations, and HOD Business</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Presentation and Ratification of the Rules of Order</td>
<td></td>
</tr>
</tbody>
</table>

| 9:30 – 10 a.m.      | YPS Business meeting | Potomac C |
|                     | • Presentation and Ratification of the Rules of Order  |
|                     | • AMA-YPS Debate of Reference Committee recommendations followed by voting  |

| 10 – 11:30 a.m.     | YPS HOD Handbook review | Potomac C |

| 11:30 –11:45 a.m.   | Updates:              | Potomac C |
|                     | • Advisory Committee on Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Issues  |
|                     | • Women Physicians Section  |
### Friday, November 9 (Continued)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
</table>
| Noon – 1:30 p.m. | C. Clayton Griffin, MD, Memorial YPS Assembly luncheon  
"Don't just survive, thrive: Wellness for young physicians“  
Joint session with the Academic Physicians Section (1.5 AMA PRA Category 1 Credits™)  
- Michael Tutty, PhD, group vice president, Professional Satisfaction and Practice Sustainability  
- Brooke Buckley, MD, FACS, Vice President, Chief Medical Officer, Meritus Health  
- John P. Fogarty, MD, dean, Florida State University College of Medicine | Potomac C |
| 1:45 – 2:05 p.m. | YPS Assembly  
- Standing Committee Updates  
  o Innovation  
  o Marketing, Membership and Media  
  o MOC/MQL  
  o Strategy & Leadership  
  o Value Based Care | Potomac C |
| 2:05 – 3 p.m. | YPS HOD Handbook review (continued) | Potomac C |
| 3 – 3:15 p.m. | Break & meeting evaluations | Potomac C Foyer |
| 3:15 – 3:30 p.m. | YPS Assembly  
- Minority Affairs Section  
- AMPAC update  
- AMA Foundation update | Potomac C |
| 3:30 – 3:45 p.m. | AMA Litigation Center Update  
- Leonard Nelson and Erin Sutton | Potomac C |
| 3:45 – 5 p.m. | YPS HOD Handbook review (continued, if necessary) | Potomac C |
| 5 p.m. | Adjournment of AMA-YPS Business Meeting | Potomac C |
| 3 – 6:30 p.m. | AMA Research symposium | Exhibit Hall C |
| 5 – 6:30 p.m. | LGBTQ & Allies caucus and reception | National Harbor 11 |
| 9 – 11 p.m. | YPS Dessert Reception | McCormick & Schmick’s 145 National Plaza |

### Saturday, November 10

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 8:30 a.m.</td>
<td>AMA Sections education program on “Scope of Practice: How the AMA protects physicians' role in providing patient-centric care”</td>
<td>Chesapeake G/H</td>
</tr>
</tbody>
</table>
| 8 a.m. – 1:30 p.m. | YPS participation in AMA House of Delegates State, Regional, and Specialty Caucuses  
And AMA Sections Educational Programming | Varies – Check schedule |
| 2 – 6 p.m. | HOD Opening Session (Ceremonial – Speeches, Award Presentations; Business – Rules of Order) | Maryland Ballroom |
| 5:45 – 7 p.m. | WPS Business meeting | Potomac 1/2 |
| 5:45 – 7 p.m. | IMGS Congress Meeting | Potomac 3/4 |
| 5:45 – 7 p.m. | MAS Business meeting | Potomac 6 |

### Sunday, November 11

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 – 8:30 a.m.</td>
<td>HOD Second Opening Session</td>
<td>Maryland Ballroom</td>
</tr>
</tbody>
</table>
| 8:30 a.m. – Noon | Reference committee hearings  
  - Reference Committee on Amendments to Constitution & Bylaws  
  - Reference Committee B (legislation)  
  - Reference Committee C (medical education)  
  - Reference Committee F (AMA governance and finance)  
  - Reference Committee J (medical service, medical practice, insurance)  
  - Reference Committee K (science and public health) | Potomac A  
Potomac B  
National Harbor 10/11  
Maryland Ballroom  
Potomac C  
Potomac D |
| 12:30 – 1:45 p.m. | WPS Associates lunch meeting | Potomac 3 |
| 1 – 2 p.m. | YPS caucus and debriefing | Chesapeake G |
| 2:30 – 4 p.m. | IMGS Busharat Ahmad, MD leadership development program | Potomac 4/5 |
| 3 – 5 p.m. | Education sessions | Varies – Check schedule |

### Monday, November 12

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 – 11 a.m.</td>
<td>Education sessions</td>
<td>Varies – Check schedule</td>
</tr>
<tr>
<td>9:30 – 11 a.m.</td>
<td>MSS, RFS, YPS joint caucus hosted by the RFS</td>
<td>Potomac A</td>
</tr>
<tr>
<td>11 a.m. – 1:45 p.m.</td>
<td>Caucuses</td>
<td>Varies – Check schedule</td>
</tr>
<tr>
<td>2 – 6 p.m.</td>
<td>HOD Business Session</td>
<td>Maryland Ballroom</td>
</tr>
</tbody>
</table>

### Tuesday, November 13

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 a.m. – Noon</td>
<td>HOD Business Session</td>
<td>Maryland Ballroom</td>
</tr>
</tbody>
</table>
Downloading the App

Get the app

1. **Go to the right store.** Access the App Store on iOS devices and the Play Store on Android.

   *If you’re using a Blackberry or Windows phone, skip these steps. You’ll need to use the web version of the app found here: [https://event.crowdcompass.com/ama2018interim](https://event.crowdcompass.com/ama2018interim)*

2. **Install the app.** Search for CrowdCompass AttendeeHub. Once you’ve found the app, tap either **Download** or **Install**.
   
   After installing, a new icon will appear on the home screen.

Find your event

1. **Search the AttendeeHub.** Once downloaded, open the AttendeeHub app and enter AMA 2018 Interim Meeting

2. **Open your event.** Tap the name of your event to open it.
The “CrowdCompassAttendeeHub” Mobile App - FAQ

Where can I download the mobile app?

Go to the correct store for your device type. Access the App Store on iOS devices and the Play Store on Android.

Install the app. Search for CrowdCompass AttedeeHub. Once you have found the app, tap either Download or Install. After installing, a new icon will appear on your home screen.

If you’re using a Blackberry or Windows phone, skip these steps. You’ll need to use the web version of the app found here https://event.crowdcompass.com/ama2018interim

How do I find the Event?

Search the AttendeeHub. Once downloaded, open the AttendeeHub app and enter: AMA 2018 Interim Meeting

The app is asking me to log in. Why do I need to log-in?

Once you log in to the mobile app, you will be able to access the same schedules, bookmarks, reminders, notes, and contacts on your phone, tablet, and desktop. Below is a list of some other great things you can do after logging in:

- Take notes
- Share photos
- Rate sessions
- Join the attendee list
- Check-in
- Share contacts
- Share over social media
- Take Surveys
- Message fellow attendees

Where can I get my log-in information?

The log-in process is largely self-managed. Just follow the steps below to log in from your device:

1. Access the Sign In page: Tap the hamburger icon in the upper-left corner to open the side nav, then Log In.
2. **Enter your info:** You’ll be prompted to enter your first and last name. Tap Next. Enter an email address, and then tap next again.

3. **Verify your account:** A verification email will be sent to your inbox. Open it and tap Verify Account. You’ll see your confirmation code has already been carried over. Just tap Finish. You’ll be taken back to the Event Guide with all those features unlocked.

**I’ve requested log-in information, but I never received an email.**

If you haven’t received your log-in information, one likely culprit may be your spam filter. We try to tailor our email communications to avoid this filter, but some emails end up there anyway. Please first check the spam folder of your email. The sender may be listed as CrowdCompass.

**I lost my log-in info, and I forgot my confirmation code. How do I log myself back in?**

To have a verification email resent to you, start by accessing the sign-in page.

1. **Access the Sign In page:** Tap the hamburger icon in the upper-left corner to open the side nav, then Log In.

2. **Enter your info:** You’ll be prompted to enter your first and last name. Tap Next.

3. **Click on Forgot Code:** If you’ve already logged in before, the app will already know your email address and will send a verification email to you again.

4. **Verify your account:** A verification email will be sent to your inbox. Open it and tap Verify Account. You’ll see your confirmation code has already been carried over. Just tap Finish. You’ll be taken back to the Event Guide with all those features unlocked.

**How do I create my own schedule?**

1. **Open the Schedule.** After logging in, tap the Schedule icon.

2. **Browse the Calendar.** Switch days by using the date selector at the top of the screen. Scroll up and down to see all the sessions on a particular day.

3. **See something interesting?** Tap the plus sign to the right of its name to add it to your personal schedule.

**How can I export my schedule to my device’s calendar?**

1. **Access your schedule.** After logging in, tap the hamburger icon in the top right, then My Schedule.

2. Here you’ll see a personalized calendar of the sessions you’ll be attending. You can tap a session to see more details.
3. Export it. Tap the download icon at the top right of the screen. A confirmation screen will appear. Tap Export and your schedule will be added directly to your device’s calendar.

**How do I allow notifications on my device?**

Allowing Notifications on iOS:

1. Access the Notifications menu. From the home screen, tap Settings, then Notifications.

2. Turn on Notifications for the app. Find your event’s app on the list and tap its name. Switch Allow Notifications on.

Allowing Notifications on Android:

Note: Not all Android phones are the same. The directions below walk you through the most common OS, Android 5.0.

1. Access the Notification menu. Swipe down on the home screen, then click the gear in the top right. Tap Sounds and notifications.

2. Turn on Notifications for your event’s App. Scroll down and tap App notifications. Find your event’s app on the list. Switch notifications from off to on.

**How do I manage my privacy within the app?**

Set Your Profile to Private…

1. Access your profile settings. If you’d rather have control over who can see your profile, you can set it to private.

2. After logging in, tap the hamburger icon in the top left, and then tap your name at the top of the screen.

3. Check the box. At the top of your Profile Settings, make sure that the box next to “Set Profile to Private” is checked.

…Or Hide Your Profile Entirely

1. Access the Attendee List. Rather focus on the conference? Log in, open the Event Directory, and tap the Attendees icon.

2. Change your Attendee Options. Click the Silhouette icon in the top right to open Attendee Options.

3. Make sure the slider next to “Show Me On Attendee List” is switched off. Fellow attendees will no longer be able to find you on the list at all.
How do I message other attendees within the app?

1. **Access the Attendee List.** After logging in, tap the Attendees icon.

2. **Send your message.** Find the person you want to message by either scrolling through the list or using the search bar at the top of the screen. Tap their name, then the chat icon to start texting.

3. **Find previous chats.** If you want to pick up a chat you previously started, tap the hamburger icon in the top right, then *My Messages*.

How do I block a person from chatting with me?

1. **Access the Attendee List.** Rather focus on the conference? Just as before, log in and tap the Attendees icon.

2. **Block the person.** Find the person you’d like to block about by scrolling through the list or using the search bar at the top of the screen. Tap their name, then the chat icon. But, don’t type anything, instead tap Block in the top right.

I want to network with other attendees. How do I share my contact info with them?

1. **Access the Attendee List.** After logging in, tap the Attendees icon.

2. **Send a request.** Find the person you want to share your contact information by either scrolling through the list or using the search bar at the top of the screen.

3. Tap their name, then the plus icon to send a contact request. If they accept, the two of you will exchange info.

I want to schedule an appointment with other attendees. How do I do that?

1. **Navigate to My Schedule.** Tap the hamburger icon in the top left, then *My Schedule*.

2. **Create Your Appointment.** In the top right corner of the My Schedule page you’ll see a plus sign. Tap on it to access the Add Activity page.

3. **Give your appointment a name, a start and end time, and some invitees.** When you’re finished, tap done. Invitations will be immediately sent to all relevant attendees.

How do I take notes within the app?

**Write Your Thoughts...**

1. **Find your Event Item.** After logging in, find the session, speaker, or attendee you’d like to create a note about by tapping on the appropriate icon in the Event Directory, then scrolling through the item list. Once you’ve found the item you’re looking for, tap on it.
2. **Write your note.** Tap the pencil icon to bring up a blank page and your keyboard. Enter your thoughts, observations, and ideas. Tap done when you've finished.

...Then Export Them

1. **Navigate to My Notes.** Tap the hamburger icon in the top right, then My Notes. Here you'll find all the notes you’ve taken organized by session.

2. **Choose where to send your notes.** Tap the share icon in the top right and CrowdCompass will automatically generate a draft of an email that contains all your notes. All you have to do is enter an email address, and then tap Send.
AMA-YPS Rules of Order: Business Meeting

- The Assembly of the AMA-YPS is composed of designated delegates representing their respective constituent state medical societies, specialty societies, or branches of the uniformed services. Representatives must be under the age of 40 or within the first eight (8) years of professional practice after residency and fellowship training programs (if over the age of 40). They must be members of the AMA. Only certified representatives that are credentialed may vote. Only certified AMA-YPS representatives may make motions or propose amendments. Observers and others are welcome, but can participate in debate only with permission of the Chair.

- The Chair and the Speaker will preside over the Business Meeting.

- Resolutions to the AMA-YPS Assembly must propose new policy positions for the AMA, directives for action to the AMA-YPS Governing Council, and directives for advocacy by the AMA-YPS Delegate and Alternate Delegate within the AMA House of Delegates. The AMA-YPS does not accept resolutions to develop YPS policy only.

- Resolutions must be received in writing by the AMA-YPS office by a specific time determined by the Chair (resolution due dates: April 30 for the Annual Assembly Meeting and August 30 for the Interim Assembly Meeting). Resolutions submitted after the deadline date and within a week of the meeting will be deemed "late." Instructions for commenting on these resolutions will be posted on the AMA-YPS Web site where possible and referred to the Reference Committee for its recommendation to accept or not. The Reference Committee will consider the timeliness/urgency of late resolutions, coupled with the reason(s) for lateness. If the Assembly votes by a 2/3 affirmative vote to accept, the Reference Committee then issues a written recommendation for disposition of the resolution.

- Resolutions received after the "late resolutions deadline" and through the AMA-YPS Assembly meeting will be considered "emergency resolutions." A 3/4 Assembly vote is required for acceptance.

- Copies of all on-time, late and emergency resolutions will be distributed to the Assembly.

- A representative must wear his/her badge at all times while on the floor of the Assembly.

- A representative wishing to obtain the floor shall approach the nearest microphone, wait to be recognized, address the Chair, and give his/her name and affiliation before speaking on the issue. Observers and others may participate in the discussion with permission of the Chair.
• No one will speak more than once on any issue or separate motion until all who wish to speak have been heard. No one will speak more than twice, without permission of the Chair or upon approval by a majority of the Assembly.

• So as not to hinder debate, time limits for discussion on any single issue shall not be imposed. Should discussion become lengthy, a representative to the Assembly may make a motion to the Assembly to limit debate. Such motion would need a 2/3 vote to be passed. Ample time should be allowed for any member to be heard on an issue before debate is closed.

• Any major amendments will be presented to the Chair in writing before they are placed on the floor for discussion and action.

• Voting will be by voice, that is, the “ayes” and “nays,” except where the Chair or a representative calls for a division of the Assembly, in which case a standing vote will be taken.

• Smoking will be prohibited at all official business meetings of the AMA-YPS including the Assembly, reference committees, and workshops.

• Thirty voting representatives shall constitute a quorum for the business meeting of the AMA Young Physicians Section.
Parliamentary Procedure “Cheat Sheet”

- Start by stating who you are (name and who you are representing)
  - “Shane Hopkins on behalf of the American Society for Radiation Oncology” or “Shane Hopkins speaking only on behalf of myself”
  - If you haven’t discussed the issue with your supporting society and they don’t have policy on the topic, you should typically only say you are representing yourself, even if you are “the delegation”. It’s not a bad thing but then requires a “second” if you are making a motion.

- Then make a motion or state whether you are speaking for or against the current motion already under consideration
  - “… and I would like to propose an amendment to change…”
  - “… and I speak in opposition to the motion to refer…”

- Try not to repeat previous testimony. Keep it brief. Be diplomatic (we’re all on the same team). Provide examples and data if you have it. Feel free to ask questions of the Speaker if you are confused about a procedural issue.

- The parli pro is to facilitate fairness, not make things incomprehensible or intimidate people away from participation. If it is doing those things, speak up.

Available typical motions for different parts of our business:

<table>
<thead>
<tr>
<th>YPS Reference Committee Items</th>
<th>House of Delegates Handbook Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extract from Consent Calendar (only at start of business)</td>
<td>Extract from Handbook Committee Grid (only at start of each committee’s discussion)</td>
</tr>
<tr>
<td>Amend item</td>
<td>Amend Committee recommended position</td>
</tr>
<tr>
<td>Second order amendment to item</td>
<td>Second order amendment</td>
</tr>
<tr>
<td>Limit or extend debate</td>
<td>Limit or extend debate</td>
</tr>
<tr>
<td>Postpone to a certain time</td>
<td>Postpone to a certain time during this meeting</td>
</tr>
<tr>
<td>Refer to Governing Council for report</td>
<td>Reconsider item already voted on</td>
</tr>
<tr>
<td>Reconsider item already voted on</td>
<td>Reconsider item already voted on</td>
</tr>
</tbody>
</table>

Most of these are “debatable” and would be discussed prior to voting them up or down.

Additional procedural motions are available in the manual but are used less frequently and would probably slow down the process.
<table>
<thead>
<tr>
<th>Privileged Motions</th>
<th>Interrupt</th>
<th>Second</th>
<th>Debate</th>
<th>Amend</th>
<th>Vote</th>
<th>Applies to what other motions?</th>
<th>Can have other motions applied?</th>
<th>Renewable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adjourn</td>
<td>No</td>
<td>Yes</td>
<td>Yes &lt;sup&gt;2&lt;/sup&gt;</td>
<td>Yes &lt;sup&gt;2&lt;/sup&gt;</td>
<td>Majority</td>
<td>None</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Recess</td>
<td>No</td>
<td>Yes</td>
<td>Yes &lt;sup&gt;2&lt;/sup&gt;</td>
<td>Yes &lt;sup&gt;2&lt;/sup&gt;</td>
<td>Majority</td>
<td>None</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td>3. Question of Privilege</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Subsidiary Motions</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Table</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Main Motion</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>5. Close Debate</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Debatable Motions</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Limit Debate</td>
<td>No</td>
<td>Yes</td>
<td>Yes &lt;sup&gt;2&lt;/sup&gt;</td>
<td>Yes &lt;sup&gt;3&lt;/sup&gt;</td>
<td>2/3</td>
<td>Debatable Motions</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>7. Postpone to a Certain Time</td>
<td>No</td>
<td>Yes</td>
<td>Yes &lt;sup&gt;2&lt;/sup&gt;</td>
<td>Yes &lt;sup&gt;4&lt;/sup&gt;</td>
<td>Majority</td>
<td>Main Motion</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>8. Refer to Committee (or Board)</td>
<td>No</td>
<td>Yes</td>
<td>Yes &lt;sup&gt;4&lt;/sup&gt;</td>
<td>Yes &lt;sup&gt;4&lt;/sup&gt;</td>
<td>Majority</td>
<td>Main Motion</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>9. Amend</td>
<td>No</td>
<td>Yes</td>
<td>Yes &lt;sup&gt;4&lt;/sup&gt;</td>
<td>Yes</td>
<td>Majority</td>
<td>Rewardable Motions</td>
<td>Close Debate, Limit Debate</td>
<td>No&lt;sup&gt;5&lt;/sup&gt;</td>
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<tr>
<td><strong>Main Motions</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10a. The Main Motion</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>None</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>10b. Specific Main Motions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Adopt in-lieu-of</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>None</td>
<td>Subsidiary</td>
<td>No</td>
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<tr>
<td>Amend a Previous Action</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Same Vote</td>
<td>Adopted MM</td>
<td>Subsidiary</td>
<td>No</td>
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<tr>
<td>Ratify</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Same Vote</td>
<td>Adopted MM</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>Recall from Committee</td>
<td>No</td>
<td>Yes</td>
<td>Yes &lt;sup&gt;4&lt;/sup&gt;</td>
<td>No</td>
<td>Majority</td>
<td>Referred MM</td>
<td>Close/Limit Debate</td>
<td>No</td>
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<tr>
<td>Reconsider</td>
<td>Yes&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Yes</td>
<td>Yes &lt;sup&gt;4&lt;/sup&gt;</td>
<td>No</td>
<td>Majority</td>
<td>Vote on MM</td>
<td>Close/Limit Debate</td>
<td>No</td>
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<tr>
<td>Rescind</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Same Vote</td>
<td>Adopted MM</td>
<td>Subsidiary; not amend</td>
<td>No</td>
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</table>
### Incidental Motions (non-ranking within the classification)

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<thead>
<tr>
<th>Motions</th>
<th>No order of Rank/Precedence</th>
<th>Interrupt</th>
<th>Second</th>
<th>Debate</th>
<th>Amend</th>
<th>Vote</th>
<th>Applies to what other motions?</th>
<th>Can have other motions applied?</th>
<th>Renewable</th>
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<tr>
<td>Appeal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
<td>Ruling of Chair</td>
<td>Close/limit debate</td>
<td>No</td>
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<tr>
<td>Suspend the Rules</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Procedural Rules</td>
<td>None</td>
<td>Yes</td>
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<tr>
<td>Consider Informally</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
<td>Main Motion or Subject</td>
<td>None</td>
<td>Yes</td>
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</table>

| Requests                     |                            |           |        |        |       |        |                                |                                 |           |
|------------------------------|-----------------------------|-----------|--------|--------|-------|-------|--------------------------------|                                 |-----------|
| Point of Order               | Yes                         | No        | No     | No     | No    | None  | Procedural error               | None                            | No        |
| Inquiries                    | Yes                         | No        | No     | No     | No    | None  | All motions                    | None                            | No        |
| Withdraw a Motion            | Yes                         | No        | No     | No     | No    | None  | All motions                    | None                            | No        |
| Division of a Question       | No                          | No        | No     | No     | No    | None  | Main Motion                    | None                            | No        |
| Division of Assembly         | Yes                         | No        | No     | No     | No    | None  | Indecisive Vote                | None                            | No        |

MM = Main Motion

1. Motions are in order only if no motion higher on the list is pending.
2. Restricted
3. Not debatable when applied to undebatable motion
4. Member may interrupt proceedings, but not a speaker
5. Withdraw may be applied to all motions
6. Renewable at discretion of presiding officer (chair)
7. Tie or majority vote sustains the ruling of the presiding officer; majority vote in negative reverses the ruling
8. If decided by assembly (by motion), requires a majority vote to adopt

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aip@aipparl.org

*American Institute of Parliamentarians Standard Code of Parliamentary Procedure Motions Table*
Definition of AMA-YPS Actions

For the AMA-YPS Governing Council to act in accordance with the wishes of the AMA-YPS Assembly, the actions of the assembly must be definitive. To avoid any misunderstanding, the Governing Council uses the following definitions for Assembly actions:

- **ADOPT**: Approve report or resolution as policy to be implemented through Governing Council and/or entered into AMA House of Delegates.

- **FILE**: Accept report for information only.

- **REFER FOR REPORT**: Send report or resolution back to Governing Council for further consideration AND A REPORT BACK TO THE ASSEMBLY AT A LATER DATE.

- **REFER FOR DECISION**: Delegate to the AMA-YPS Governing Council the decision as to what action is appropriate.

- **NOT ADOPT**: Defeat report or resolution.

*Note*: A substitute resolution replaces the original resolution and is treated like any other resolution. An amendment adds or deletes a section of a report or resolution.
Developing Sound AMA-YPS Positions

If sound positions are to be formulated, the issues will be decided on the basis of three criteria:

- Is the proposed matter feasible? (Can it be done?)
- Is it advisable? (Should it be done?)
- Is it efficient? (What is the best cost-benefit ratio?)

AMA-YPS positions will be sound if those questions are answered affirmatively or if a satisfactory compromise based on the criteria is made.

Creating or changing AMA policy generally is initiated when an inequity is perceived, a problem is recognized, or a potential problem is identified (e.g., credentialing problems unique to young physicians, inequitable reimbursement, late payment, decrease in graduate medical education funding). Those who frame resolutions for consideration first find the underlying problem and then identify specific objectives that will resolve the issue.

While experienced representatives may find the process of evaluating issues easy, the novice may find it long and arduous. However complex, the process produces sound policy and helps those who frame resolutions produce a sound defense of their proposals.

Steps to Consider when Evaluating Pending Resolutions

- **What can be done?** Is more information needed that will narrow or broaden choices? Have similar policies been presented and rejected? If so, why? Look at alternative ways to accomplish the same outcome.
- **Ask:** What mechanisms are in place to help execute the policies? Can the AMA-YPS or the AMA actually do what it is being asked to do? Can/should some other organization take on the issue? Can/should some other organization align with this issue to give added support?
- **Ask:** What are the consequences of each of the outcomes? What are some relevant techniques for predicting the consequences? Who will be helped; who will be hurt? What systems will be affected? Is it consistent with the current policy? What are the social costs, program costs and governmental costs? How will the policy’s success be measured in solving the identified problem?
- **Consider the value of the actions.** Depending on the environment, each criterion may be easily ranked. If money is not a problem, efficiency may be ranked last; if there is little money, efficiency may be the controlling factor. If all criteria are ranked equally, or nearly so, the decision may be more difficult in evaluating the outcome. The method of ranking choices is very individualized but must have some sort of logical foundation to be credible and marketable.

Making a final choice draws upon all aspects of the analysis and comes up with the preferred course of action. The most desirable is not always the best, but it may be the best for the time and environment. Goals may have to be lowered when dealing with complex or evolving issues.
7—Sections

7.0.1 **Mission of the Sections.** A Section is a formal group of physicians or medical students directly involved in policymaking through a Section delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Sections shall be established by the House of Delegates for the following purposes:

7.0.1.1 **Involvement.** To provide a direct means for membership segments represented in the Sections to participate in the activities, including policy-making, of the AMA.

7.0.1.2 **Outreach.** To enhance AMA outreach, communication, and interchange with the membership segments represented in the Sections.

7.0.1.3 **Communication.** To maintain effective communications and working relationships between the AMA and organizational entities that are relevant to the activities of each Section.

7.0.1.4 **Membership.** To promote AMA membership growth.

7.0.1.5 **Representation.** To enhance the ability of membership segments represented in the Sections to provide their perspective to the AMA and the House of Delegates.

7.0.1.6 **Education.** To facilitate the development of information and educational activities on topics of interest to the membership segments represented in the Sections.

7.0.2 **Informational Reports.** Each Section may submit at the Annual Meeting an informational report detailing the activities and programs of the Section during the previous year. The report(s) shall be submitted to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the report(s) to the Sections as it deems appropriate, prior to transmitting the report(s) to the House of Delegates without delay or modification by the Board. The Board may also submit written recommendations regarding the report(s) to the House of Delegates.

7.0.3 **Governing Council.** There shall be a Governing Council for each Section to direct the programs and the activities of the Section. The programs and activities shall be subject to the approval of the Board of Trustees or the House of Delegates.

7.0.3.1 **Qualifications.** Members of each Section Governing Council must be members of the AMA and of the Section.

7.0.3.2 **Voting.** Members of each Section Governing Council shall be elected by the voting members of the Section present at the business meeting of the Section, unless otherwise provided in this Bylaw.

7.0.3.3 **Additional Requirements.** Each Section shall adopt rules governing the composition, election, term, and tenure of its Governing Council.
7.0.4 **Officers.** Each Section shall select a Chair and Vice Chair or Chair-Elect and other necessary and appropriate officers.

7.0.4.1 **Qualifications.** Officers of each Section must be members of the AMA and of the Section.

7.0.4.2 **Voting.** Officers of each Section shall be elected by the voting members of the Section, unless otherwise provided in this Bylaw.

7.0.4.3 **Additional Requirements.** Each Section shall adopt rules governing the titles, duties, election, term, and tenure of its officers.

7.0.5 **Delegate and Alternate Delegate.** Each Section shall elect a Delegate and Alternate Delegate to represent the Section in the House of Delegates.

7.0.6 **Business Meeting.** There shall be a Business Meeting of members of each Section. The Business Meeting shall be held on a day prior to each Annual and Interim Meeting of the House of Delegates.

7.0.6.1 **Purpose.** The purposes of the Business Meeting shall be:

7.0.6.1.1 To hear such reports as may be appropriate.

7.0.6.1.2 To consider other business and vote upon such matters as may properly come before the meeting.

7.0.6.1.3 To adopt resolutions for submission by the Section to the House of Delegates.

7.0.6.1.4 To hold elections.

7.0.6.2 **Meeting Procedure.**

7.0.6.2.1 The Business Meeting shall be open to all members of the AMA.

7.0.6.2.2 Only duly selected representatives who are AMA members shall have the right to vote at the Business Meeting.

7.0.6.2.3 The Business Meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council. The rules of procedure may specify the rights and privileges of Section members, including any limitations on participation or vote.

7.0.7 **Rules.** All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees.

7.0.8 **Establishment of New Sections.** A member component group seeking Section status may submit an application to the Council on Long Range Planning and Development, which will make its recommendation to the House of Delegates through the Board of Trustees, or a resolution may be submitted for Section status.
7.0.9 **Section Status.** Sections shall either be fixed or delineated, as determined by the House of Delegates upon recommendation of the Council on Long Range Planning and Development based on criteria adopted by the House of Delegates. A delineated Section must reconfirm its qualifications for continued delineated Section status and associated representation in the House of Delegates by demonstrating at least every 5 years that it continues to meet the criteria adopted by the House of Delegates.

****

7.5 **Young Physicians Section.** The Young Physicians Section is a fixed Section.

7.5.1 **Membership.** All active physician members of the AMA who are not resident/fellow physicians, but who are under 40 years of age or are within the first 8 years of professional practice after residency and fellowship training programs, shall be members of the Young Physicians Section.

7.5.2 **Cessation of Eligibility.** If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.5.1 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant. If any officer’s or member’s term would terminate prior to the conclusion of an Annual Meeting, such officer or member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which such officer or member ceases to meet the membership requirements of Bylaw 7.5.1, as long as the officer or member remains an active physician member of the AMA. The preceding provision shall not apply to the Chair-Elect. Notwithstanding the immediately preceding provision of this section, the Immediate Past Chair shall be permitted to complete the term of office even if the Immediate Past Chair is unable to continue to meet all of the membership requirements of Bylaw 7.5.1, as long as the officer remains an active physician member of the AMA.

7.5.3 **Representatives to the Business Meeting.** The Business Meeting shall consist of representatives from constituent associations, Federal Services, and national medical specialty societies represented in the House of Delegates. There shall be no alternate representatives.

7.5.3.1 **Constituent Associations, National Medical Specialty Societies, and Federal Services.** Each constituent association and Federal Service shall be entitled to representation based on the number of seats allocated to it by apportionment. Each national medical specialty society granted representation in the House of Delegates shall be entitled to representation based on the number of seats allocated to it by apportionment. In addition, unified constituent associations and specialty societies that are entitled to additional representation pursuant to Bylaw 2.1.1.2 or Bylaw 2.2.1 shall be entitled to 2 additional representatives.

7.5.3.1.1 **Apportionment.** The apportionment for each constituent association, Federal Service, and national medical specialty society is 2 representatives for each 1,000, or fraction thereof, members of the Young Physicians Section who are members of the constituent association, Federal Service, or specialty society, as recorded by the AMA as of December 31 of each year. Each constituent association, Federal Service, and specialty society shall automatically be entitled to
2 representatives, who may be selected in any manner. Those constituent associations, Federal Services, or specialty societies who are eligible for more than 2 representatives, shall select the additional representatives according to rules and criteria developed by the Governing Council to ensure that they are selected in a fair and equitable manner allowing open representation.

7.5.3.1.2 Effective Date. Such apportionment shall take effect on the following January 1 and shall remain effective for one year. In January of each year, the AMA shall notify each constituent association and Federal Service of the number of seats to which it is entitled during the current year. All specialty societies seeking additional representative seats beyond the first two are required to submit evidence documenting the number of their AMA young physician members.

7.5.3.1.2.1 Retention of Representative. If the membership information as recorded by the AMA as of December 31 warrants a decrease in the number of representatives representing a constituent association, Federal Service, or national medical specialty society, that entity shall be permitted to retain the same number of representatives, without decrease, for one additional year, if it promptly files with the AMA a written plan of intensified AMA membership development activities among its young physician members.

7.5.3.2 Qualifications. Each representative to the Business Meeting must be a member of the AMA who meets the requirement for membership in the Young Physicians Section as set forth in Bylaw 7.5.1. However, a representative who becomes ineligible for membership in the Section shall be permitted to continue service until the end of the calendar year in which ineligibility occurs, as long as active membership in the AMA is maintained. If a representative is elected to the Governing Council, that representative shall be required to resign as a representative to the Business Meeting. The representative’s constituent association, Federal Service, or specialty society may fill the vacancy so created, consistent with the rules and criteria that are developed by the Governing Council.
The mission of the AMA Young Physicians Section (YPS) is to strengthen the value of AMA membership for young physicians while maximizing young physicians’ contributions to the AMA’s brand vision through involvement, advocacy and communications. In accordance with YPS Report G-A-16, AMA-YPS Strategic Plan, the section objectives for 2016-2021 fall into four main categories:

**Focus:**
- Clarify and communicate a clear membership value proposition to young physicians;
- Raise awareness of the challenges facing young physicians in the House of Delegates (HOD) and to AMA leadership; and
- Organize and lead efforts to expand involvement and representation of early career physicians within the HOD and among leadership roles across the organization.

**Communications:**
- Provide regular updates on AMA initiatives and other topics of interest to young physicians;
- Identify opportunities to promote dialogue among Section members and YPS Governing Council (GC) during and between meetings; and
- Actively engage AMA physician and staff leadership to ensure that the young physician perspective is represented in AMA communications (e.g., Advantage, Wire, Advocacy Updates) and in the AMA’s social media outlets as appropriate.

**Leadership development:**
- Promote available leadership development seminars, workshops, and other relevant activities or resources to young physicians;
- Offer opportunities for young physician members to connect with established AMA leaders;
- Encourage young physicians to seek leadership positions in the AMA; and
- Endorse young physician candidates for AMA leadership positions.

**Membership and involvement:**
- Develop relevant educational sessions and provide policymaking support before and during AMA-YPS meetings;
- Continue to recruit AMA-YPS members to join the AMA Outreach Program;
- Identify other opportunities for AMA-YPS members to work with AMA Membership to recruit young physician members;
- Increase representation of diverse physicians in the AMA-YPS Assembly; and
- Support transition of late stage residents to the AMA-YPS.

To further the Section’s mission, the GC has accomplished the following activities since the 2018 AMA-YPS Annual Assembly meeting.
FOCUS

YPS COMMITTEES

YPS Committee on Innovation
The Committee on Innovation seeks to develop a repository of topics for future resolutions and identify opportunities to contribute to and support the AMA direction. The committee is chaired by John Vasudevan, MD and current members include Arif Ali, MD; Ricardo Correa, MD; Jason Foderman, MD; Kumar Gandhi, MD; Julie Joseph, MD; Steve Lee, MD; Nikan Khatibi, MD; Rachelle Klammer, MD; Khang Nguyen, MD; Fidel Obu, MD; Anthony Rossi, MD; Yusef Sayeed, MD; Heather Smith, MD; and James Wantuck, MD. Hilary Fairbrother, MD, MPH, YPS Chair-Elect, and Shane Hopkins, MD, YPS Speaker, serve as the GC liaisons to the committee.

The goal of the YPS Committee on Innovation is to serve as a collective resource for YPS members interested in physician entrepreneurship and the emerging healthcare technology space through collaboration with fellow members and the broader offerings of the AMA. Potential activities for the committee include: creating a repository of members who want to be involved in the innovative space; facilitating connections between YPS members and the AMA’s Physician Innovation Network; identifying best practices in innovation interviews; and promoting opportunities with MATTER and Health2047.

Task Force on Maintenance of Certification (MOC) & Maintenance of Licensure (MOL)
The Task Force on Maintenance of Certification (MOC) & Maintenance of Licensure (MOL) is chaired by Kathleen Figaro, MD and includes the following members: Rania Agha, MD; Lase Ajayi, MD; Maya Babu, MD; Brandis Belt, MD; Christine Bishop, MD; Neha Gupta, MD; Katherine Hall, MD; Shaheen E. Lakan, MD; Asra Nayab, MD; Jodi Speiser, MD; John Stoeckle, MD; and Brian Wolk, MD. Christie Morgan, MD, YPS Chair, and Nicole Riddle, MD, YPS Member At-Large, serve as the GC liaisons for this committee.

In addition to serving on the task force, Dr. Wolk serves as the YPS representative on the AMA Council on Medical Education. This position facilitates collaboration between the Section and the Council as well as provides an opportunity to share issues of concern for young physicians.

The YPS Task Force on MOC/MOL is committed to identifying alternatives to the high-stakes examination for the Knowledge Assessment portion of MOC. The task force supports the drafting of resolutions that promote young physicians’ interests related to continuing medical education and MOC/MOL. Some key issues include the elimination of lifetime certification and license portability (e.g., state-by-state reciprocity, telemedicine, etc.).

Strategy and Leadership Committee
The Strategy and Leadership Committee (SLC) is chaired by Brandi Ring, MD, YPS Immediate Past Chair, and includes the following members: Alena Balasanova, MD; Ankush Bansal, MD; John Corker, MD; Alex Ding, MD; Erick Eiting, MD; Renee Flores, MD; Aleric Frazier, MD; Aaron George, DO; Sunny Jha, MD; Gurneet Kohli, MD; Henry Lin, MD; Eric Millican, MD; Klint Peebles, MD; Keshni Ramnanan, MD; Jaskirat Randhawa, MD; Nathaniel Robbins, MD; Vani Sabesan, MD; Yassir Sirajeldin, MD; Nikhil Thaker, MD; Nidish Tiwari, MD; Jennifer Bartlotti Telesz, MD; Krystal Tomei, MD; and Jordan Warchol, MD.

The goals of the SLC are to:
- Develop mentorship and career guidance materials for young physicians;
- Organize YPS members who concurrently serve as HOD delegates to strengthen the influence the Section has on future business of the HOD; and
- Work with the Section’s seated delegate to nominate and endorse AMA-YPS candidates for elected office within the HOD.
Membership, Marketing and Media Committee

The Membership, Marketing and Media Committee (MMMC) is chaired by Kyle Edmonds, MD and includes the following members: Mohammad Agha, MD; Lase Ajayi, MD; Shamie Das, MD; Carolyn Francavilla, MD; Tracey Henry, MD; Rashmi Kudesia, MD; Ronald Lee, MD; Jeremy O'Connor, MD; Nicole Plenty, MD; and Joseph Sanfrancesco, MD. Nicole Riddle, MD, YPS Member At-Large, serves as the GC liaison to the committee.

The goal of the MMMC is to act as young physician ambassadors to increase membership in our section through social engagement. Committee activities may include collaborating with the AMA Ambassador Program, assisting in the creation of content for social media, supporting resident and fellow retention efforts; and conducting outreach to new YPS members.

Value-Based Care Committee

The newly formed Value-Based Care (VBC) Committee is chaired by Tamaan Osbourne-Roberts, MD. Members of this committee include Ricardo Correa, MD; Shamie Das, MD; Erick Eiting, MD; Kyle Edmonds, MD; Kathleen Figaro, MD; Nick Frisch, MD; Jason Foderman, MD; Aaron George, DO; Tracey Henry, MD; Sunny Jha, MD; Julie Joseph, MD; Rashmi Kudesia, MD; Steve Lee, MD; Henry Lin, MD; Carlo Milani, MD; Klint Peebles, MD; Anthony Rossi, MD; Joseph Sanfrancesco, MD; Yusef Sayeed, MD; and Jennifer Bartlotti Telesz, MD. Hilary Fairbrother, MD, MPH, YPS Chair-Elect, serves as the GC liaison to the committee.

The purpose of this committee is to provide education on issues related to VBC and introduce resolutions as needed.

In addition to chairing the VBC Committee, Dr. Osbourne-Roberts serves as the young physician representative on the AMA's External Advisory Committee on Value-Based Care.

COMMUNICATIONS

The AMA-YPS GC contributes to two-way communications between the AMA and our young physician members during and between meetings. In addition, the AMA-YPS GC contributes to regular updates on AMA initiatives and other topics of interest to young physicians. The GC works to ensure that the young physician perspective is represented in AMA communications and in the AMA's social media outlets as appropriate.

Assembly members are encouraged to sign up for the AMA Morning Rounds Weekend Edition, a members-only, weekly e-newsletter that highlights the latest top-of-the-page news and information for physicians. Young physician members can also learn about AMA and AMA-YPS opportunities by subscribing to AMA Member and Special Group News. These monthly newsletters provide updates on advocacy issues, involvement opportunities, and news about AMA-YPS Assembly meeting deadlines. When subscribing to AMA Morning Rounds Weekend and AMA Member and Special Group News, visit the Email Newsletter Publications page and select the option to receive news for young physicians.

LEADERSHIP DEVELOPMENT

YPs members can now explore ways to get involved and become active leaders in organized medicine by browsing a list of leadership opportunities on an AMA-YPS Web page devoted to physician leadership and involvement opportunities. Your GC encourages all members to bookmark this page and contact us if you are interested in a leadership opportunity.
Various young physicians are serving in prestigious leadership positions within the AMA, their medical societies, and their workplaces.

- Frank Clark, MD, Assembly member, represents the AMA-YPS on the AMA Minority Affairs Section (MAS) GC and serves as the Immediate Past Chair of the MAS. The AMA-MAS provides a national forum for advocacy on minority health issues and professional concerns of minority physicians and medical students. Dr. Clark was recently appointed to the Board of Directors for Mental Health America – Greenville County.

- Anita Ravi, MD, Assembly member, represents the AMA-YPS on the AMA Women Physicians Section (WPS) GC. The AMA-WPS addresses women's health and professional issues, with a goal of increasing the number of women physicians in leadership roles and strengthening the voice of women in organized medicine.

- Erick Eiting, MD, Assembly member, serves as the AMA-YPS representative on the AMA Advisory Committee on Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) issues. The AMA-YPS was instrumental in the formation of this committee, which enhances AMA policy, advocacy, and education on LGBTQ issues.

- Gates Colbert, MD, was elected as Chair-Elect for the Young Physician Section of the Texas Medical Association.

- Lindsay Botsford, MD, was elected as the Young Physician representative to the Texas Medical Association Board of Trustees. Dr. Botsford also serves as the Chair of the American Academy of Family Physicians (AAFP) Commission on Quality and Practice, member of the National Quality Forum Primary Care and Chronic Illness Standing Committee, and AAFP Alternate Advisor to the AMA/Specialty RVS Update Committee.

**MEMBERSHIP AND INVOLVEMENT**

Our physician members are the driving force behind the AMA’s work. AMA Ambassadors are our strongest supporters and represent the AMA in their communities, raise awareness about AMA results, initiatives and the value of membership. To learn more about the AMA Ambassadors program, please contact ambassadors@ama-assn.org.

In addition to serving as AMA Ambassadors, young physicians can become AMA recruiters using Outreach Dashboard, a Web-based tool to manage recruitment efforts. Through this initiative, young physicians can help strengthen the organization by adding new members to the section as well as receive rewards through the Physician Outreach Leaders Program. Physician Outreach Leaders could gain recognition within the physician community through interactions with colleagues at AMA events and activities.

The YPS GC will continue its efforts to increase representation in the AMA-YPS Assembly, particularly among diverse physicians. The American Association for Geriatric Psychiatry was recently added as a member organization of the AMA-YPS Assembly.

In addition, the GC will continue to work with the Resident and Fellow Section to identify opportunities that will support the transition of late stage residents to the AMA-YPS.
The YPS continues to be involved in delivering educational content. The 2018 Annual AMA-YPS C. Clayton Griffin, MD, Memorial Luncheon featured presentations on contract negotiation, financial planning, and starting a private practice. Presenters included Richard Levenstein, JD; Michael Hanak, MD; Julie Khazan, CFP; Ron Paprocki, JD, CFP; and Carolynn Francavilla Brown, MD. This interactive session provided attendees with an opportunity to learn more about contract termination, elements for inclusion in new contracts, advanced financial planning, and factors to consider when opening a private practice.

Lastly, policymaking support is provided before and during YPS Assembly meetings. Discussions on HOD Handbook Review Committee positions and parliamentary procedure training are among different actions taken by the section to facilitate the policymaking process. The section hosts an online forum that allows Assembly members an opportunity to comment on YPS reports and resolutions in advance of the Annual and Interim meetings.

CONCLUSION

Your GC believes this report demonstrates its commitment to represent and advocate for young physicians, enhance membership value and communications, and promote leadership development. The GC appreciates the Assembly’s continued support of its projects and activities, and the Assembly’s dedication to young physician issues. The GC encourages Assembly members to share AMA-YPS accomplishments and contact the GC directly with ideas and comments.
At the 2005 Annual Meeting of the AMA Young Physicians Section (YPS) Assembly, the AMA-YPS Governing Council (GC) was directed to report annually on the section’s advocacy efforts. As the leading voice for America’s physicians in Washington, DC, the AMA is aggressively involved in advocacy efforts related to the most vital issues in medicine today. Some of the advocacy issues the AMA is tackling this year include:

- Access to Coverage;
- Administrative Simplification;
- Medicare Physician Payment Reform;
- Prior Authorization;
- Public Health;
- Reversing the Opioid Epidemic;
- Scope of Practice; and
- Telemedicine.

FEDERAL ADVOCACY
The principles of pluralism, freedom of choice, freedom of practice and universal access for patients contribute to the AMA’s advocacy work for health insurance coverage for all Americans. The AMA’s mission, which is to promote the art and science of medicine and the betterment of public health, serves as the foundation for advocacy on health reform. In addition, medical ethics, scientific evidence and long-standing policies adopted by representative physician organizations all play a role in the AMA’s advocacy efforts.

The AMA is actively involved in advocacy efforts related to vital issues that impact medicine, including access to coverage, regulatory relief and physician payment. Learn more about AMA legislative priorities and accomplishments by visiting the 2018 regulatory relief dashboard, Top AMA advocacy victories, and Protecting Physician Practices.

ADVOCACY RESOURCE CENTER
The AMA Advocacy Resource Center (ARC) has worked with state legislatures, medical societies, and coalitions to advance state legislative and regulatory issues that affect the practice of medicine. The ARC website provides comprehensive resources including details on AMA state advocacy campaigns, state legislative tracking information, and a list of ARC attorneys. Below is an overview of some of the legislative issues addressed by this year:

- Medicaid: The discourse surrounding Medicaid has changed from expanding coverage to restricting eligibility, thereby causing a shift in legislative activity. As a result, many states looked at legislation that addressed work requirements, lockout periods, time limits, and invoking “personal responsibility” among beneficiaries by increasing premiums and cost-sharing requirements.

- Medical liability reform: Numerous states considered legislation that promoted reforms such as early disclosure and compensation, expert witness guidelines, and affidavit of merit.
requirements. Of note, several states were successful in defeating legislation that sought to remove or increase caps on compensation for non-economic damages.

- Private payer reform: The AMA’s private payer reform efforts addressed issues such as balance billing, prior authorization and step therapy, and retroactive denials of emergency care. Although 21 states put forward legislation to address balance billing, four states (Maine, Missouri, New Hampshire, and New Jersey) were successful in passing complex balance billing reforms. Seventeen states have or will put forward legislation to address the prior authorization reforms. Three states (Indiana, Maine and West Virginia) passed legislation on improving access to care, reducing the burden and/or streamlining the process. While thirteen states had legislation on step therapy, New Mexico and Minnesota passed bills this year.

There has been notable activity related to addressing retroactive denials of emergency care. For example, Missouri enacted legislation requiring a review of medical records by a licensed physician of the same specialty before denying coverage. New Hampshire established a prudent layperson requirement in their state law. Many state medical societies have collaborated with the American College of Emergency Physicians (ACEP) to address policies on retroactive denials of emergency care. Most recently, the Medical Association of Georgia and ACEP filed a lawsuit against Anthem over an alleged violation of the prudent layperson standard.

- Public health improvement: Legislative efforts have addressed women’s health, gun violence, promotion of healthy communities, and LGBTQ health. Some of this year’s activity include:
  - Eleven states (CT, DC, IN, KS, KY, LA, MD, NY, OR, PA and WV) addressed maternal mortality rates by establishing maternal mortality review committees and developed recommendations to address disparities.
  - Five states (KS, LA, MD, OR and VT) enacted laws restricting firearms access for individuals who have been convicted of domestic violence or subject to a domestic violence restraining order.
  - Four states (FL, IL, MD and VT) passed laws establishing gun violence restraining orders. Family members, intimate partners, household members and law enforcement personnel are allowed to petition a court for the removal of a firearm when there is a high or imminent risk for violence.
  - Six states (CT, FL, MD, NJ, VT and WA) banned bump stocks.
  - Four states (CO, IN, MD and OK) passed legislation allowing schoolchildren to possess and use sunscreen in schools and camps without a prescription.
  - Five states (DE, HI, MD, NH and WA) passed laws prohibiting conversion therapy, bringing the total number of states that prohibit the harmful practice to fifteen.

- Reversing the nation’s opioid epidemic: Legislative activity focused on mandates for using prescription drug monitoring programs (PDMP), restricting the prescribing of controlled substances, providing continuing medical education (CME), increasing access to naloxone and creating stronger Good Samaritan protections. Nearly 40 states have a PDMP mandate; at least 30 have an opioid prescribing restriction; and more than 20 have a continuing medical education (CME) mandate. The ARC also noted that every state provides for increased access to naloxone and most states have allowed for a standing order prescription.

**AMA NATIONAL ADVOCACY CONFERENCE**

The AMA National Advocacy Conference (NAC) provides an opportunity to hear from political insiders, industry experts and members of Congress on current efforts being made in health system reform refinement and implementation, and take part in discussions that will help shape the future.

STATE ADVOCACY SUMMIT
The State Advocacy Summit (formerly, the State Legislative Strategy Conference) will be held January 10-12, 2019, in Scottsdale, Arizona. The State Advocacy Summit provides an opportunity for physician leaders, national experts, state legislators and regulators, and medical society staff to discuss concerns and opportunities associated with legislative issues of importance to medicine.

AMPAC POLITICAL EDUCATION PROGRAMS
Your Governing Council encourages young physicians to consider attending an AMPAC political education program. The AMPAC Campaign School is available to physicians, physician spouses, residents, and medical students interested in becoming more involved in politics. The curriculum covers strategy, vote targeting, social media, paid advertising and public speaking.

The AMPAC Candidate Workshop prepares physicians information on making a run for public office. At the Candidate Workshop, Republican and Democratic political experts provide insights about politics and the sacrifices needed to mount a competitive campaign. Topics such as making the decision to run, fundraising, media advertising, and public speaking will be addressed in the workshop.

More information on the AMPAC Political Education Programs may be obtained by visiting http://www.ampaconline.org/get-involved/political-education or sending an email to politicaleducation@ama-assn.org.
This report presents recommendations by your AMA-Young Physicians Section (YPS) Governing Council to sunset the following AMA-YPS directives:

1. AMA-YPS Governing Council Activities (Report E-I-99)
2. AMA-YPS Advocacy Initiatives (Resolution 4-A-05)
3. AMA-YPS Advocacy Initiatives (Resolution 2-I-04)

DISCUSSION

The status of the following directives and the rationale for sunset is presented below:

AMA-YPS Governing Council Activities. At the 1999 Interim meeting, the AMA-YPS adopted Report E-I-99, AMA-YPS Governing Council Activities. As a result, the AMA-YPS Governing Council was directed to distribute updates on representation/advocacy, enhanced membership value and communications, and leadership development to Assembly members, other young physician members, and Federation staff at least on a quarterly basis. Further, these updates would be shared by listserv, fax and/or print. This additional reporting would supplement the Activities Report, which is distributed in advance of the Annual and Interim meetings.

Since the 1999 Interim meeting, updates are being shared with our membership through various communication platforms. One example is the AMA Advocacy Update, which is a bi-weekly newsletter that provides advocacy information on national and state issues. Also, AMA Member and Special Group News is a monthly section newsletter made available to members. These monthly newsletters provide updates on advocacy issues, involvement opportunities, and news about AMA-YPS Assembly meeting deadlines. The AMA-YPS contributes to communications between the AMA and our young physician members through these monthly section newsletters.

Young physician members can subscribe to the Advocacy Update and section newsletters by visiting the Email Newsletter Publications page and selecting the option to receive news for young physicians.

As a result of enhanced communication efforts by the AMA and the AMA-YPS, members have an opportunity to receive updates on advocacy, membership value, and leadership development on a more frequent basis.

AMA-YPS Advocacy Initiatives. At the 2005 Annual Meeting, the AMA-YPS Assembly adopted YPS Resolution 4-A-05, AMA-YPS Advocacy Initiatives, which directed the AMA-YPS to:

1. Work to increase the involvement of young physicians in national AMA-sponsored Congressional visits, advocacy events, such as fly-ins, and legislative efforts.
2. Revitalize the AMA-YPS Advocacy Network based on the previous design including a chair and regional directors.
3. Continue to look for new initiatives to enhance advocacy efforts within the Section and the American Medical Association.

4. Governing Council to report at each annual meeting a report regarding the Section’s advocacy agenda.

The first Resolve clause of YPS Resolution 4-A-05 calls for the AMA-YPS to help increase the involvement of young physicians in national AMA-sponsored Congressional visits, advocacy events, such as fly-ins, and legislative efforts. Opportunities for young physician involvement in advocacy issues continue to be promoted through AMA electronic newsletters, the AMA-YPS Website, and presentations during the AMA-YPS Assembly meetings. Further, the National Advocacy Conference (NAC) and AMPAC educational activities have been consistently promoted to YPS Assembly members.

The second Resolve clause calls for the revitalization of the AMA-YPS Advocacy Network. The AMA-YPS Advocacy Network is intended to provide a pathway for young physicians to be more directly involved in AMA advocacy activities, such as NAC and AMPAC. Although the AMA-YPS Advocacy Network is defunct, AMA-YPS members continue to receive communications on advocacy updates and involvement opportunities.

The third Resolve clause calls for the AMA-YPS to identify new initiatives to enhance advocacy efforts with the Section and the AMA. Many advocacy efforts are coordinated by the AMA to have a more unified, consistent focus. Section members can participate in activities such as the State Advocacy Summit (formerly, the State Legislative Strategy Conference), NAC, and various grassroots campaigns. Also, AMA-YPS Assembly members can contribute to advocacy efforts through resolution submission and participation in the Section’s policy making activities.

The fourth Resolve clause calls for a report at each Annual meeting that outlines the Section’s advocacy agenda. A report on the advocacy agenda was issued each year following the adoption of this resolution. Subsequently, the timing of this report was adjusted to coincide with the advocacy theme of the Interim meeting. Moreover, the scope of the report was expanded to include AMA as well as section advocacy efforts. The AMA-YPS Governing Council will continue providing an advocacy report at each Interim meeting.

Since the adoption of this resolution, the AMA-YPS has consistently encouraged member involvement in advocacy activities including, but limited to, AMA communications, NAC, AMPAC, YPS policy making activity, and YPS involvement opportunities.

**AMA-YPS Advocacy Initiatives.** Resolution 2-I-04, “Engaging our AMA-YPS Membership,” asked that the AMA-YPS institute a twice yearly online interactive “town hall meeting” to engage both AMA-YPS members and non-members. Further, this resolution requested that that these “town hall meetings” be run by the YPS Governing Council, with half of the duration dedicated to an update on YPS activities and the other half dedicated to an exchange of ideas, views and suggestions from AMA-YPS members and non-members. Lastly, this resolution called for the AMA-YPS Governing Council to report back to the assembly on a yearly basis the results of these “town hall meetings.” Resolution 2-I-04 was referred for decision and was addressed in Report B-A-05, “Engaging Our AMA-YPS Membership: Resolution 2 (I-04).”

Report B-A-05 noted that an online interactive “town hall” meeting solely for young physicians was not in the best interest of the Association or the Section due to the branding strategy that was implemented at that time (i.e., “Together We Are Stronger”). In lieu of a town hall meeting, Report B-A-05 recommended that young physicians participate in the Member Connect Roundtables, which were regional forums intended to connect members with AMA leadership in small group discussions on the AMA’s agenda and priorities.
Report B-A-05 also recommended that the AMA-YPS to continue to investigate ways to communicate electronically with AMA-YPS members that are less expensive or time-consuming than an online interactive “town hall meeting.” In 2006, the AMA-YPS began surveying the Assembly on ways to best facilitate electronic communication. Subsequently, questions regarding communication preferences were included in the AMA-YPS Strategic Planning Surveys conducted in 2011 and 2016.

Based on results from the 2016 Strategic Planning Survey, it was agreed that the YPS would provide regular updates on AMA initiatives and other topics of interest to young physicians; identify opportunities to promote dialogue among Section members and YPS Governing Council during and between meetings; and actively engage AMA physician and staff leadership to ensure that the young physician perspective is represented in AMA communications and in the AMA’s social media outlets as appropriate. As noted previously, the AMA-YPS continues to provide advocacy updates and involvement opportunities to section members through AMA-YPS newsletters, Web site, and presentations during the Assembly meetings.

RECOMMENDATIONS

1. Your Governing Council recommends that the AMA-YPS sunset the directive, AMA-YPS Governing Council Activities (Report E-I-99).

2. Your Governing Council recommends that the AMA-YPS sunset the directive, AMA-YPS Advocacy Initiatives (Resolution 4-A-05).

3. Your Governing Council recommends that the AMA-YPS sunset the directive, AMA-YPS Advocacy Initiatives (Resolution 2-I-04).

Fiscal Note: Minimal – Less than $500 to implement.
Whereas, Addiction is a chronic brain disease\(^1\) and is the most severe form of substance use disorder, a chronic medical illness with potential for both relapse and recovery\(^2\); and

Whereas, Substance use disorder has been recognized by our AMA as a treatable disease\(^3\); and

Whereas, 20.1 million Americans have a substance use disorder and only 6.9% receive treatment\(^4\) and 1 in 7 people in the United States will develop a substance use disorder over the course of their lifetime\(^5\); and

Whereas, Substance use disorder has historically been viewed as a moral failing and social problem rather than a chronic medical illness; and

Whereas, Treatment of substance use disorders has been siloed from mainstream healthcare and patients with substance use disorders have been subjected to discrimination and stigma by the healthcare system and healthcare providers; and

Whereas, Language related to substance use disorders shapes attitudes among healthcare professionals towards patients with addiction and commonly used terms like substance abuse and drug abuser explicitly and implicitly convey that patients are at fault for their disease\(^5\) and influence perceptions and judgments even among highly trained, experienced healthcare professionals\(^6\); and

Whereas, Negative attitudes among healthcare professionals regarding patients with substance use disorders are linked with reduced empathy and engagement with patients, reduced delivery of evidence-based treatment services and poorer patient outcomes\(^7\); and

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\(^{3}\) AMA Policy. Substance Use and Substance Use Disorders D-95.922


Whereas, Existing AMA policy calls for our AMA to take a positive stance as the leader in matters concerning substance use disorders, including addiction\textsuperscript{8} and to assist in reducing the stigma associated with substance use\textsuperscript{3,9}; and

Whereas, According to the U.S. Surgeon General\textsuperscript{2}, clinically accurate, preferred terms include “substance use,” “substance misuse,” “substance use disorder,” “recovery,”\textsuperscript{3} while non-preferred, stigmatizing terms include “substance abuse,” “drug abuser,” “addict,” “alcoholic,” and “clean” or “dirty”; and

Whereas, AMA PolicyFinder includes a topic heading called “drug abuse” and contains over 70 active policy statements that use non-clinically accurate, stigmatizing terminology, because it has not been recognized by our AMA that such terminology can negatively impact physician attitudes and compromise patient care\textsuperscript{5,7}; therefore be it

RESOLVED, That our American Medical Association use clinically accurate, non-stigmatizing terminology (substance use disorder, substance misuse, recovery, negative/positive urine screen) in all discussions, resolutions, reports, and educational materials regarding substance use and addiction (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA encourage the use of patient-first language (patient with a substance use disorder, patient in recovery) in all internal and external communications regarding patients affected by substance use, and discourage the use of stigmatizing terms including substance abuse, drug abuser, addict, alcoholic, clean and dirty (Directive to Take Action); and be it further

RESOLVED, That our AMA and relevant stakeholders educate physicians and healthcare professionals on the appropriate use of clinically accurate terminology in treating patients with substance use disorders and encourage the adoption of non-stigmatizing and patient-first language throughout U.S. healthcare facilities. (Directive to Take Action)

Fiscal Note: Minimal – Less than $1000.

RELEVANT AMA POLICY
Substance Use Disorders as a Public Health Hazard H-95.975
Our AMA: (1) recognizes that substance use disorders are a major public health problem in the United States today and that its solution requires a multifaceted approach; (2) declares substance use disorders are a public health priority; (3) supports taking a positive stance as the leader in matters concerning substance use disorders, including addiction; (4) supports studying innovative approaches to the elimination of substance use disorders and their resultant street crime, including approaches which have been used in other nations; and (5) opposes the manufacture, distribution, and sale of substances created by chemical alteration of illicit substances, herbal remedies, and over-the-counter drugs with the intent of circumventing laws prohibiting possession or use of such substances.

\textsuperscript{8}AMA Policy, Substance Use Disorders as a Public Health Hazard H-95.975
\textsuperscript{9}AMA Policy, Improving Medical Practice and Patient/Family Education to Reverse the Epidemic of Nonmedical Prescription Drug Use and Addiction D-95.981
**Improving Medical Practice and Patient/Family Education to Reverse the Epidemic of Nonmedical Prescription Drug Use and Addiction D-95.981**

Our AMA:  
- will collaborate with relevant medical specialty societies to develop continuing medical education curricula aimed at reducing the epidemic of misuse of and addiction to prescription controlled substances, especially by youth;  
- encourages medical specialty societies to develop practice guidelines and performance measures that would increase the likelihood of safe and effective clinical use of prescription controlled substances, especially psychostimulants, benzodiazepines and benzodiazepines receptor agonists, and opioid analgesics;  
- encourages physicians to become aware of resources on the nonmedical use of prescription controlled substances that can assist in actively engaging patients, and especially parents, on the benefits and risks of such treatment, and the need to safeguard and monitor prescriptions for controlled substances, with the intent of reducing access and diversion by family members and friends;  
- will consult with relevant agencies on potential strategies to actively involve physicians in being a part of the solution to the epidemic of unauthorized/nonmedical use of prescription controlled substances; and  
- supports research on: (i) firmly identifying sources of diverted prescription controlled substances so that solutions can be advanced; and (ii) issues relevant to the long-term use of prescription controlled substances.

2. Our AMA, in conjunction with other Federation members, key public and private stakeholders, and pharmaceutical manufacturers, will pursue and intensify collaborative efforts involving a public health approach in order to:  
- reduce harm from the inappropriate use, misuse and diversion of controlled substances, including opioid analgesics and other potentially addictive medications;  
- increase awareness that substance use disorders are chronic diseases and must be treated accordingly; and  
- reduce the stigma associated with patients suffering from persistent pain and/or substance use disorders, including addiction.

**Substance Use and Substance Use Disorders D-95.922**

Our AMA:  
- will continue to seek and participate in partnerships designed to foster awareness and to promote screening, diagnosis, and appropriate treatment of substance misuse and substance use disorders;  
- will renew efforts to: (a) have substance use disorders addressed across the continuum of medical education; (b) provide tools to assist physicians in screening, diagnosing, intervening, and/or referring patients with substance use disorders so that they have access to treatment; (c) develop partnerships with other organizations to promote national policies to prevent and treat these illnesses, particularly in adolescents and young adults; and (d) assist physicians in becoming valuable resources for the general public, in order to reduce the stigma and enhance knowledge about substance use disorders and to communicate the fact that substance use disorder is a treatable disease; and  
- will support appropriate federal and state legislation that would enhance the prevention, diagnosis, and treatment of substance use disorders.
Whereas, Our AMA has extensive policy on medical student, resident, and physician stress and burnout and suicide; and

Whereas, In medical malpractice cases, dealing with the plaintiff's attorneys can make it difficult for health care workers to know what to do, and who they can talk to, professionally or legally; and

Whereas, When there is an adverse event in health care, there is often a “culture of silence,” in which defense lawyers ask healthcare workers not to discuss the case outside of work because of various legal implications (including potential HIPAA violations); and

Whereas, Second victims are defined as “a health care provider involved in an unanticipated patient event, a medical error, and/or a patient-related injury and become victimized in the sense that they are traumatized by the event”¹; and

Whereas, Commonly-reported symptoms of second victim phenomenon include fatigue, sleep disturbances, frustration, difficulty concentration, flashbacks, decreased job satisfaction, grief/remorse, and loss of confidence; and

Whereas, High-risk scenarios for second victim phenomenon include medical errors, death experiences, unexpected patient demises, and unexpected connections between patients and one’s family members; and

Whereas, There is some evidence that peer support groups for second victim phenomenon may be helpful for healthcare workers; and

Whereas, The issues of stress, burnout, and second victim phenomenon are likely to impact our physician workforce in the near and distant future; therefore, be it

RESOLVED, That our AMA encourage institutional, local, and state physician wellness programs to consider developing peer support groups to address the “second victim phenomenon.” (Directive to Take Action)

Fiscal Note: Minimal – Less than $1000.
RELEVANT AMA POLICY

Physician and Medical Student Burnout D-310.968
1. Our AMA recognizes that burnout, defined as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment or effectiveness, is a problem among residents, and fellows, and medical students. 2. Our AMA will work with other interested groups to regularly inform the appropriate designated institutional officials, program directors, resident physicians, and attending faculty about resident, fellow, and medical student burnout (including recognition, treatment, and prevention of burnout) through appropriate media outlets. 3. Our AMA will encourage the Accreditation Council for Graduate Medical Education and the Association of American Medical Colleges to address the recognition, treatment, and prevention of burnout among residents, fellows, and medical students. 4. Our AMA will encourage further studies and disseminate the results of studies on physician and medical student burnout to the medical education and physician community. 5. Our AMA will continue to monitor this issue and track its progress, including publication of peer-reviewed research and changes in accreditation requirements. 6. Our AMA encourages the utilization of mindfulness education as an effective intervention to address the problem of medical student and physician burnout.

Programs on Managing Physician Stress and Burnout H-405.957
1. Our American Medical Association supports existing programs to assist physicians in early identification and management of stress and the programs supported by the AMA to assist physicians in early identification and management of stress will concentrate on the physical, emotional and psychological aspects of responding to and handling stress in physicians’ professional and personal lives, and when to seek professional assistance for stress-related difficulties. 2. Our AMA will review relevant modules of the STEPs Forward Program and also identify validated student-focused, high quality resources for professional well-being, and will encourage the Medical Student Section and Academic Physicians Section to promote these resources to medical students.

Study of Medical Student, Resident, and Physician Suicide D-345.984
Our AMA will determine the most efficient and accurate mechanism to study the actual incidence of medical student, resident, and physician suicide, and report back at the 2018 Interim Meeting of the House of Delegates with recommendations for action.

Access to Confidential Health Services for Medical Students and Physicians H-295.858
1. Our AMA will ask the Liaison Committee on Medical Education, Commission on Osteopathic College Accreditation, American Osteopathic Association, and Accreditation Council for Graduate Medical Education to encourage medical schools and residency/fellowship programs, respectively, to: A. Provide or facilitate the immediate availability of urgent and emergent access to low-cost, confidential health care, including mental health and substance use disorder counseling services, that: (1) include appropriate follow-up; (2) are outside the trainees’ grading and evaluation pathways; and (3) are available (based on patient preference and need for assurance of confidentiality) in reasonable proximity to the education/training site, at an external site, or through telemedicine or other virtual, online means; B. Ensure that residency/fellowship programs are abiding by all duty hour restrictions, as these regulations exist in part to ensure the mental and physical health of trainees; C. Encourage and promote routine health screening among medical students and resident/fellow physicians, and consider designating some segment of already-allocated personal time off (if necessary, during scheduled work hours) specifically for routine health screening and preventive services, including physical, mental, and dental care; and D. Remind trainees and practicing physicians to avail themselves of any needed resources, both within and external to their institution, to provide for their mental and physical health and well-being, as a component of their professional obligation to ensure their own fitness for duty and the need to prioritize patient safety and quality of care by ensuring appropriate self-care, not working when sick, and following generally accepted guidelines for a healthy lifestyle. 2. Our AMA will urge state medical boards to refrain from asking applicants about past history of mental health or substance use disorder diagnosis or treatment, and only focus on current impairment by mental illness or addiction, and to accept "safe haven" non-reporting for physicians seeking licensure or relicensure who are undergoing treatment for mental health or addiction issues, to help ensure confidentiality of such treatment for the individual physician while providing assurance of patient safety. 3. Our AMA encourages medical schools to create mental health and substance abuse awareness and suicide prevention screening programs that would: A. be available to all medical students on an opt-out basis; B. ensure anonymity, confidentiality, and protection from administrative action; C. provide proactive intervention for identified at-risk students by
mental health and addiction professionals; and D. inform students and faculty about personal mental health, substance use and addiction, and other risk factors that may contribute to suicidal ideation. 4. Our AMA: (a) encourages state medical boards to consider physical and mental conditions similarly; (b) encourages state medical boards to recognize that the presence of a mental health condition does not necessarily equate with an impaired ability to practice medicine; and (c) encourages state medical societies to advocate that state medical boards not sanction physicians based solely on the presence of a psychiatric disease, irrespective of treatment or behavior. 5. Our AMA: (a) encourages study of medical student mental health, including but not limited to rates and risk factors of depression and suicide; (b) encourages medical schools to confidentially gather and release information regarding reporting rates of depression/suicide on an opt-out basis from its students; and (c) will work with other interested parties to encourage research into identifying and addressing modifiable risk factors for burnout, depression and suicide across the continuum of medical education. 6. Our AMA encourages the development of alternative methods for dealing with the problems of student-physician mental health among medical schools, such as: (a) introduction to the concepts of physician impairment at orientation; (b) ongoing support groups, consisting of students and house staff in various stages of their education; (c) journal clubs; (d) fraternities; (e) support of the concepts of physical and mental well-being by heads of departments, as well as other faculty members; and/or (f) the opportunity for interested students and house staff to work with students who are having difficulty. Our AMA supports making these alternatives available to students at the earliest possible point in their medical education. 7. Our AMA will engage with the appropriate organizations to facilitate the development of educational resources and training related to suicide risk of patients, medical students, residents/fellows, practicing physicians, and other health care professionals, using an evidence-based multidisciplinary approach.

Inclusion of Medical Students and Residents in Medical Society Impaired Physician Programs H-295.993

Our AMA: (1) recognizes the need for appropriate mechanisms to include medical students and resident physicians in the monitoring and advocacy services of state physician health programs and wellness and other programs to prevent impairment and burnout; and (2) encourages medical school administration and students to work together to develop creative ways to inform students concerning available student assistance programs and other related services.

References:
Whereas, Bullying and disrespectful behavior within the practice of medicine in the U.S. and overseas has been well demonstrated in prior studies,\(^2\),\(^4\),\(^6\),\(^7\),\(^9\),\(^12\),\(^16\) and that perpetrators of bullying within medicine can be other physician colleagues, superior ranking colleagues in training, ancillary staff, and patients;\(^7\),\(^9\),\(^2\); and

Whereas, “Bullying or aggressive behavior has been defined by criteria such as: intention to cause harm or distress, imbalance of power between the bully (perpetrator, aggressor) and the victim (target), and repeatability over time,”\(^2\) and the British Medical Association defines bullying as “persistent behaviour against an individual that is intimidating, degrading, offensive or malicious and undermines the confidence and self-esteem of the recipient”;\(^10\); and

Whereas, Disrespectful behavior “encompasses a broad array of conduct, from aggressive outbursts to subtle patterns of disruptive behavior so embedded in our culture that they seem normal,”\(^17\) and disrespectful behavior can also be considered “any behavior that influences the willingness of staff or patients to speak up or interact with an individual because he or she expects the encounter will be unpleasant or uncomfortable”;\(^8\); and

Whereas, A survey published in 2008 found in the United States “A total of 77% of the respondents reported that they had witnessed disruptive behavior in physicians at their hospitals”;\(^13\); and

Whereas, A 2013 survey from Institute for Safe Medication Practices exposed “healthcare’s continued tolerance of and indifference to disrespectful behavior. Despite more than a decade of emphasis on safety, little improvement has been made”;\(^8\); and

Whereas, One U.S. longitudinal survey of medical students published in 2006 demonstrated that “most medical students in the U.S. reported having been harassed or belittled during their training,”\(^7\); and

Whereas, Fnas et al in a 2014 meta-analysis found that “59.4% of medical trainees had experienced at least one form of harassment or discrimination during their training, with verbal harassment being the most commonly cited form of harassment”;\(^5\); and

Whereas, “Workplace bullying is associated with stress, depression, and intention to leave”\(^9\) and increased “absenteeism, career damage, poorer job performance, and lower productivity resulting in poorer quality of healthcare services and patient care”;\(^2\); and

Whereas, “Victims of bullying suffer from anxiety, loss of self-control, depression, lower self-confidence, occupational job stress, job dissatisfaction, dissatisfaction with life, burnout syndrome, musculoskeletal complaints, increased risk of cardiovascular disease, suicide attempts, and drug abuse”\(^2\) and disrespectful behaviors “have been linked to adverse events, medical errors, compromises in patient safety, and even patient mortality”;\(^2\),\(^8\); and

Whereas, The Joint Commission in 2008 issued an alert “warning that offensive and hostile behavior among healthcare professionals not only makes for an unpleasant working environment but can also pose a considerable threat to patient safety”;\(^12\); and
Whereas, Creswell et al describe how British medical schools are integrating curricula to teach students how to differentiate undermining and destructive bullying behavior from constructive and supportive firm supervision, and how take action against bullying and positive teaching methods have been recommended within medical education. And formal procedures to safely, accurately, and freely report bullying are needed in order to protect bullying victims and address the issue; therefore, be it RESOLVED, That the AMA help establish a clear definition of professional bullying and work to eliminate bullying to promote a culture of learning within the practice of medicine (New HOD Policy); and be it further RESOLVED, That the AMA conduct a survey to address the occurrence of bullying in medical practice, specifically including questions regarding bullying from other physicians, ancillary care providers, patients, hospital administration/hospital governing boards and insurance companies, with report back at Annual 2020 (Directive to Take Action); and be it further RESOLVED, That our AMA work with relevant stakeholders to help identify the incidence and prevalence of bullying in medicine, help develop procedures for the safe and accurate reporting of bullying, and help determine specific strategies for the elimination of bullying within medicine (Directive to Take Action); and be it further RESOLVED, That our AMA promote existing educational resources and consider creation of an educational module on Bullying in Medicine. (Directive to Take Action)

Fiscal Note: Estimated total staff cost of $7,500.

RELEVANT AMA POLICY
Teacher-Learner Relationship In Medical Education H-295.955
The AMA recommends that each medical education institution have a widely disseminated policy that: (1) sets forth the expected standards of behavior of the teacher and the learner; (2) delineates procedures for dealing with breaches of that standard, including: (a) avenues for complaints, (b) procedures for investigation, (c) protection and confidentiality, (d) sanctions; and (3) outlines a mechanism for prevention and education. The AMA urges all medical education programs to regard the following Code of Behavior as a guide in developing standards of behavior for both teachers and learners in their own institutions, with appropriate provisions for grievance procedures, investigative methods, and maintenance of confidentiality.

CODE OF BEHAVIOR
The teacher-learner relationship should be based on mutual trust, respect, and responsibility. This relationship should be carried out in a professional manner, in a learning environment that places strong focus on education, high quality patient care, and ethical conduct.

A number of factors place demand on medical school faculty to devote a greater proportion of their time to revenue-generating activity. Greater severity of illness among inpatients also places heavy demands on residents and fellows. In the face of sometimes conflicting demands on their time, educators must work to preserve the priority of education and place appropriate emphasis on the critical role of teacher.

In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance, inspiration, and leadership in learning. The teacher expects the learner to make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective physician. Both parties can expect the other to prepare appropriately for the educational interaction and to discharge their responsibilities in the educational relationship with unfailing honesty.

Certain behaviors are inherently destructive to the teacher-learner relationship. Behaviors such as violence, sexual harassment, inappropriate discrimination based on personal characteristics must never be tolerated. Other behavior can also be inappropriate if the effect interferes with professional development. Behavior patterns such as making habitual demeaning or derogatory remarks, belittling comments or destructive criticism fall into this category. On the behavioral level, abuse may be
operationally defined as behavior by medical school faculty, residents, or students which is consensually disapproved by society and by the academic community as either exploitive or punishing. Examples of inappropriate behavior are: physical punishment or physical threats; sexual harassment; discrimination based on race, religion, ethnicity, sex, age, sexual orientation, gender identity, and physical disabilities; repeated episodes of psychological punishment of a student by a particular superior (e.g., public humiliation, threats and intimidation, removal of privileges); grading used to punish a student rather than to evaluate objective performance; assigning tasks for punishment rather than educational purposes; requiring the performance of personal services; taking credit for another individual's work; intentional neglect or intentional lack of communication.

On the institutional level, abuse may be defined as policies, regulations, or procedures that are socially disapproved as a violation of individuals' rights. Examples of institutional abuse are: policies, regulations, or procedures that are discriminatory based on race, religion, ethnicity, sex, age, sexual orientation, gender identity, and physical disabilities; and requiring individuals to perform unpleasant tasks that are entirely irrelevant to their education as physicians.

While criticism is part of the learning process, in order to be effective and constructive, it should be handled in a way to promote learning. Negative feedback is generally more useful when delivered in a private setting that fosters discussion and behavior modification. Feedback should focus on behavior rather than personal characteristics and should avoid pejorative labeling.

Because people's opinions will differ on whether specific behavior is acceptable, teaching programs should encourage discussion and exchange among teacher and learner to promote effective educational strategies. People in the teaching role (including faculty, residents, and students) need guidance to carry out their educational responsibilities effectively.

Medical schools are urged to develop innovative ways of preparing students for their roles as educators of other students as well as patients.

Violence and Abuse Prevention in the Health Care Workplace H-515.966
Our AMA encourages all health care facilities to: adopt policies to reduce and prevent all forms of workplace violence and abuse; develop a reporting tool that is easy for workers to find and complete; develop policies to assess and manage reported occurrences of workplace violence and abuse; make training courses on workplace violence prevention available to employees and consultants; and include physicians in safety and health committees.

Reduction on Online Bullying H-515.959
Our AMA urges social networking platforms to adopt Terms of Service that define and prohibit electronic aggression, which may include any type of harassment or bullying, including but not limited to that occurring through e-mail, chat room, instant messaging, website (including blogs) or text messaging.

References:
Whereas, The Asian American and Pacific Islander (AAPI) community is the fastest-growing racial group in the country, growing from 46% from 2000-2010, and projected to double to over 47 million by 2060; and

Whereas, There are approximately 18.9 million AAPIs and Native Hawaiian residing in the U.S., representing over 30 countries and ethnic groups that speak over 100 different languages and dialects; and

Whereas, Some AAPI subgroups have staggering educational needs and health disparities that are often overlooked or masked by aggregated data; and

Whereas, According to the 2010 U.S. Census Bureau, 34% of Laotians, 38.5% of Cambodians, and 39.6% of Hmong adults do not have a high school diploma; and

Whereas, The 2006-2008 American Community Survey showed that 65.8% of Cambodian, 66.5% of Laotian, 63.2% of Hmong, and 51.1% of Vietnamese Americans have not attended college and only 18.2% of Native Hawaiians have a bachelor's degree; and

Whereas, There are differences in health outcomes among AAPIs when compared to other U.S. racial and ethnic groups, including:

1. Vietnamese women experience the highest incidence rate of invasive cervical cancer; however, cancer screening rates are dramatically lower among Vietnamese American women compared to women in other ethnic and racial subgroups, with one study reporting that 1 in 3 Vietnamese-American women had never had a Papanicolaou (Pap) smear.

2. Native Hawaiians/Pacific Islanders are 2.4 times more likely to be diagnosed with diabetes, compared to non-Hispanic whites.

3. Native Hawaiians/Pacific Islanders were 3 times more likely to be obese than the overall Asian American population in 2015.

4. South Asians in the U.S. have higher hospitalization and mortality rates from atherosclerotic cardiovascular disease compared with other racial/ethnic minority groups, including a 2-fold higher prevalence of Type 2 Diabetes and a higher mortality from ischemic heart disease compared with non-Hispanic whites; and

Whereas, President Bill Clinton signed Executive Order 13125 to establish the first White House Initiative on Asian Americans and Pacific Islanders "in order to improve the quality of life of Asian Americans and Pacific Islanders through increased participation in federal programs where they may be underserved (e.g., health, human services, education, housing, labor, transportation and economic and community development)"; and

Whereas, President George W. Bush signed Executive Order 13216 to renew the Initiative and changed the title to "Increasing Opportunity and Improving Quality of Life of Asian Americans and Pacific Islanders," and moved the Initiative from the U.S. Department of Health and Human Services to the U.S. Department of Commerce to focus on economic development; and

Whereas, President Barack Obama signed Executive Order 13515, re-establishing the Initiative and moving the Initiative from the Department of Commerce to the Department of Education; and
Whereas, President Donald Trump issued Executive Order 13811 to re-establish the President’s Advisory Commission on AAPIs; and

Whereas, According to the “Healthcare and Housing” section of the website on the White House Initiative on Asian Americans and Pacific Islanders:

1. 21.4% of Pacific Islanders have low or very low food security, compared to 8.9% of the general population; and
2. One in 12 AAPIs are living with chronic hepatitis B, making up 50% of Americans with chronic hepatitis B, and
3. The tuberculosis rate for Native Hawaiians and Pacific Islanders is 18.2 per 100,000, compared with 0.6 per 100,000 in non-Hispanic Whites; and

Whereas, Previous iterations of the White House Initiative Asian Americans and Pacific Islanders have worked extensively on data disaggregation and published best practices on providing disaggregated AAPI data from federal surveys, including the needs to:

1. Conduct outreach activities with AAPI community organizations, advocates, and respected leaders;
2. Oversample the AAPI population to ensure adequate representation; and
3. Develop language assistance programs to account for limited English proficiency; and

Whereas, Our AMA has policy that “urges existing federal agencies, commissions and Asian American and Pacific Islander health organizations to study how to improve the collection, analysis and dissemination of public health data on Asian Americans and Pacific Islanders” but does not have any specific policy regarding disaggregation of AAPI data by subgroups; and

Whereas, President Obama stated in his executive order on the AAPI Initiative: "Some Asian American and Pacific Islanders, particularly new Americans and refugees, still face language barriers...And then there are the disparities that we don't even know about because our data collection methods still aren't up to par. Too often, Asian American and Pacific Islanders are all lumped into one category, so we don't have accurate numbers reflecting the challenges of each individual community. Smaller communities in particular can get lost, their needs and concerns buried in a spreadsheet"; therefore, be it

RESOLVED, That our AMA update its policy, Health Initiatives on Asian-Americans and Pacific Islanders H-350.966, to support the disaggregation of data regarding Asian Americans and Pacific Islanders in order to reveal the AAPI ethnic subgroup disparities that exist in health outcomes. (Modify Current HOD Policy)

Fiscal Note: Less than $500 to implement.

RELEVANT AMA POLICY

Health Initiatives on Asian-Americans and Pacific Islanders H-350.966

Our AMA urges existing federal agencies, commissions and Asian American and Pacific Islander health organizations to study how to improve the collection, analysis and dissemination of public health data on Asian Americans and Pacific Islanders.

References:


AMA Minority Affairs Section

Updates as of October 18, 2018 for the AMA Young Physicians Section

Submitted by Dr. Frank Clark

1. **Creation of two new committees**
   a. At its strategic planning meeting held in March of this year, the Minority Affairs Section Governing Council voted to create two committees to expand membership engagement in our work to help address racial/ethnic health disparities, to improve access to and quality of care among minority patients, and to serve as a forum regarding trends, research and innovation:
      i. **The Committee on Minority Health Policy** will offer recommendations on resolutions to be considered by the AMA House of Delegates and identify other means of advocacy on behalf of minority patients and the physicians that serve them.
      ii. **The Committee on Workforce Diversity in Medicine’s** core issues will focus on research, pipeline programs, and other initiatives to expand diversity and inclusion in the medical profession.

   Both committees will meet via teleconference throughout the year. Each will have at least one liaison from the Governing Council. Membership is open to all AMA members, as well as non-members and other healthcare professionals.

2. **2018 Interim Meeting**
   MAS is planning activities for the 2018 Annual Meeting at the Gaylord National Harbor in DC/Maryland area.
   a. Physicians and medical students will participate in a Doctors Back To School visit at a local high school in Alexandria, Virginia on the morning of Friday, November 9. The visit is co-sponsored by Mentoring in Medicine.
   b. The MAS business meeting will take place on Saturday evening, Nov. 10 at 6pm, immediately following the Opening Session of the AMA House of Delegates. In addition to a discussion regarding the impact on pending resolutions before the HOD on minority health, there will have a panel discussion on physician entrepreneurship that addresses the pipeline and/or career paths of physicians who are underrepresented in medicine. Confirmed panelists include power couple, Drs. Nii and Renee Darko, as well as Dr. Bonnie Simpson Mason. During the House of Delegates, MAS will sponsor a resolution asking the AMA to support the nine desired qualifications set forth by the Association of American Indian Physicians in the selection of a director of the Indian Health Service. The Indian Health Service is a federal agency with a multi-billion dollar budget that provides health care to American Indian and Alaska Native members of federally recognized Tribes.
   c. MAS members will continue to partner with the National Minority Quality Forum on the annual Summit on Health Disparities, April 8 – 10, 2019. A select group of volunteers will also participate in a local Doctors Back To School visit. All are welcome and encouraged to attend.

3. **Conferences**
   a. In August 2018, MAS and the AMA Ambassadors program hosted a reception during the annual meeting of the National Medical Association in Orlando for approximately 40 guests, which included AMA President Dr. Barbara McAneny, NMA President Niva Lubin-Johnson, and former MAS Governing Council members.
   b. In July 2018, Dr. Barbara McAneny was the keynote speaker at the annual meeting of the Association of American Indian Physicians in Scottsdale, Arizona.

4. **Save the date:** Wednesday, May 8, 2019 will be National Doctors Back To School Day at the AMA.
Advisory Committee on LGBTQ Issues
2018 Interim Meeting Report
Submitted by: Erick Eiting, MD, MPH, MMM
Young Physician Section Representative

2018 Interim Meeting

At the June 2018 AMA Interim Meeting, the Advisory Committee will host its LGBTQ and Allies Caucus and Reception on Friday, November 9 at 5:00 p.m. All are welcome! The program will include a townhall on the impact of the election on LGBTQ health featuring the following guests:

- Hector Torres, JD (moderator; GLMA, DC)
- Laura Durso, PhD (Center for American Progress, DC)
- Tari Hanneman, MPH (Human Rights Campaign, DC)
- Stacey Long Simmons (National LGBTQ Task Force, DC)

Issue briefs, authored by LGBTQ Advisory Committee members and co-branded by the AMA and GLMA will be available. Topics include access to public facilities, transgender care, and conversion therapy to inform state medical society and others in public policy on AMA policy affecting the LGBTQ community. AMA Advocacy will officially “launch” the issue briefs during the State Advocacy Summit in January in Scottsdale, Arizona.

At 9am on Saturday, June 9, the LGBTQ AC will co-sponsor an education session hosted by the LGBTQ Issues Committee of the Medical Student Section on suicide and mental health concerns among LGBTQ youth. LGBTQ AC member, Dr. Jacques Ambrose, a specialist in child and adolescent psychiatry, will be the presenter.

At noon on Saturday, June 9, LGBTQ AC members will attend the LGBTQ Health Specialty Section Council meeting and HOD Handbook review hosted by GLMA. All are welcome and encouraged to bring their own lunch.

Conferences

In September, the AMA sponsored the Welcome Reception at the Midwest LGBTQ Health Symposium, hosted by Howard Brown Health in Chicago. Current and past members of the LGBTQ Advisory Committee attended and/or presented.

In October, the AMA sponsored an exhibit booth at the GLMA annual meeting in Las Vegas. During the conference, AMA board chair-elect Dr. Jesse Ehrenfeld was presented with an Achievement Award honoring his contributions toward LGBTQ health equality.
WPS Update to I-18 YPS Assembly

WPS I-18 Activities/Events

2017 Joan F. Giambalvo Fund for the Advancement of Women Grant Winner
Speaker
“The more things change: Issues facing senior women physicians”
Kim Templeton, MD
Saturday November 10, 2018: 6:00pm to 6:30pm
Potomac 1/2

WPS JOINT NETWORK RECEPTION
(Co-hosted with the AMA-IMGS and AMA-MAS)
Saturday November 10, 2018 7:00pm to 9:00pm
Potomac Foyer 1-6

WPS ASSOCIATES LUNCH
Sunday November 11, 2018 12:30PM to 1:45PM
Potomac 3 – Ballroom Level

I-18 Associates Lunch Policy Roundtable
The topic for our next Associate Lunch Policy Roundtable is
“How to improve negotiation skills”

WPS 1-18 Resolutions

Resolution 209 -- Sexual Assault Education and Prevention in Public Schools

RESOLVED, That our American Medical Association support state legislation mandating that public middle and high school health education programs include age appropriate information on sexual assault education and prevention, including but not limited to topics of consent and sexual bullying. (Directive to Take Action)

Resolution 913 -- Addressing the Public Health Implications of Pornography

RESOLVED, That our American Medical Association support efforts to mitigate the negative public health impacts of pornography as it relates to vulnerable populations, including but not limited to women and children. (New HOD Policy)

WPS Activities Review

1. 2018 WOMEN IN MEDICINE MONTH Highlighted Events

   - Women, Leadership & the Future of Medicine: An AMA Town Hall
     – August 29, 2018
     Speakers: Barbara L. McAneny, MD and Patrice A. Harris, MD
• Women in Medicine Webinar – September 25, 2018  
  Topic: “Sex and Gender Differences in Medicine”  
  Presenters: Vivian Pinn, MD and Neelum Aggarwal, MD

• Social Media Activity: #WIMMonth  
  o “Women In Medicine Day” September 6, 2018 #WIMMonth.

2. 2018 Giambalvo Award Winners

Overview:
The Joan F. Giambalvo Fund for the Advancement of Women provides scholarships of up to $10,000 to support research advancing the study of women in the medical profession and strengthening the AMA's ability to identify and address the issues affecting women physicians and medical students.

Awardees:

“Investigating Gender Bias in Medical Student Evaluations”
Investigators: Arghavan Salles, MD, PhD Maren Loe, MD/PhD Student
Proposed Impact:
“..raise awareness of gender bias broadly and to help evaluators and clerkship directors mitigate bias in their evaluations in the interest of justice”

“Fixing the Leaky Pipeline – Attrition of Women During Medical Training”
Investigators:
Eliza Lo Chin, MD, MPH, Roberta Gebhard, DO, Mary Rojek, PhD, Mollie Marr, medical student
Proposed Impact:
“Findings from this study will guide subsequent research that will analyze in more depth the factors which influence women to leave medicine at various stages of their careers”

Thank you for this opportunity to serve! As always, if you are interested in joining the WPS Policymaking Committee or seeing your WPS interests amplified, please feel free to contact me and my WPS GC Colleagues so that we can be of help.

Sincerely,

Anita Ravi, MD, MPH, MSHP, FAAFP
YPS Representative to WPS
October 15, 2018

**Report of the AMA-YPS Innovation Committee**

**2018 AMA-YPS Interim Meeting**

Dear Colleagues:

It is my pleasure serve as Chair of the AMA-YPS Innovation Committee for 2018-19. I am fortunate to work with a group of enthusiastic physicians from across the country who, like many of you, are seeking creative means to improve the delivery of care to our patients.

The goal of our committee is to be a collective resource for YPS members interested in physician entrepreneurship and the emerging healthcare technology space, through collaboration with fellow members and the broader offerings of our AMA.

Some of the of the activities of this Committee in the past have been to create a roster of members who wish to be involved in the innovative space; connect members to the AMA’s Physician Innovation Network (https://innovationmatch.ama-assn.org/); identify best practices in innovation (such as https://www.ama-assn.org/integrated-health-model-initiative-ihmi); and promote opportunities with MATTER (https://health2047.com/) and Health2047 (https://health2047.com/).

The current Committee meets by phone and in-person at the Interim and Annual meetings, and has established two goals for the upcoming year:

1. Establish an open online forum to facilitate the sharing of ideas, in an effort to inspire each other and connect people across state lines, health care systems, and industries.
2. Identify 1-2 strong examples of innovative ideas, apps, or businesses that our Committee believes to be leading the charge on a concept that affects physicians and patients alike, with an intention to demonstrate these ideas to the AMA (YPS meeting and ideally also at HOD) at the 2019 Annual Meeting.

This Committee has no more expertise and no less curiosity than you; we a group of your peers hoping to enhance the healthcare environment that affects all of us. Please reach out to us with your questions, concerns, or ideas. We are excited to work for and with you this year.

John Vasudevan, MD
Chair, AMA-YPS Innovation Committee
Physical Medicine & Rehabilitation, University of Pennsylvania
johnvasudevan@gmail.com
Below is the Contact List for the Innovation Committee

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TO: CHRISTIE MORGAN, MD, CHAIR, AMA YOUNG PHYSICIAN SECTION  
FROM: KYLE P. EDMONDS, MD, CHAIR, MEDIA, MARKETING, AND MEMBERSHIP COMMITTEE  
SUBJECT: MMM COMMITTEE I-18 ACTIVITIES UPDATE  
DATE: TUESDAY, OCTOBER 23, 2018

Committee Members: Drs. Mohammad Agha, Toluwalase Ajayi, Shamie Das, Carolynn Francavilla, Tracey Henry, Rashmi Kudesia, Ronald Lee, Jeremy O’Connor, Nicole Lee Plenty, Joe Sanfrancesco; GC Liaison: Dr. Nicole Riddle

It was my honor to take over chairpersonship this year from Dr. Plenty, who has set the committee on a solid course. We began the year with a discussion of our goals, which included:

- To formulate ways that we can advance the goals of the AMA as well as spread word on how the AMA can help advance individual physicians’ goals ;)  
- To not only advanced the goals of AMA but to truly grow our section, by engaging other Young physicians through social media and other marketing avenues  
- To help reshape the image of the AMA in the eyes of young physicians, and help raise awareness around how much each voice can achieve.  
- To work together to help increase and improve YPS membership and visibility through social media and marketing.  
- To work with this group and the AMA to highlight the advantages of membership to current, prospective, and previous members (who have let membership lapse).  
- Especially working with the AMA to help advance individual physicians’ goals and to retain membership from MSS to RFS to YPS and beyond.  
- I want to help give a new face to the AMA and get more young physicians involved. I think we need to make our victories more public. I see doctors in Facebook groups talk about how we need unions and I’m like for goodness sake just join organized medicine to have a voice. I think people need a better understanding of how organized medicine works. I think as we moved to more employed physicians we need to stay relevant and remind people the difference between a profession and a job.  
- To help the AMA come up with creative ways to better engage young physicians in organized medicine.  
- Participation and support of organized medicine is an area that I am extremely passionate about. I wholeheartedly believe that “together we are stronger.” With so many divisive forces in healthcare, physicians need to stick together on issues where we share common belief. We need to reach our (future) members where they are at: in the clinic and in the community. I want doctors to feel proud that they are a part of the AMA and the medical community and much like family, understand that some issues are nuanced and not absolute.

Nearly all members of the committee are members of the AMA Ambassador program, which is now being formalized. Contact jmorri.johnson@ama-assn.org for more details.

We also note that several members of the section have been featured in the new Membership Moves Medicine AMA Wire series (see www.membershipmovesmedicine.com to see them all)! Learn more and check out what makes Kavita feel like a superhero... https://www.youtube.com/watch?v=EwAkrkz-BUc!

• Dr. Riddle: https://wire.ama-assn.org/life-career/members-move-medicine-striving-professionalism-practice
• Dr. Ring: https://wire.ama-assn.org/life-career/members-move-medicine-giving-voice-patients-need
• Women in Medicine Month Video featuring many familiar faces: https://www.youtube.com/watch?v=rWQPc-uEN9o

This viral marketing campaign fulfills many of the goals of this group as well including leveraging social media to humanize organized medicine and getting more YPS members highlighted in the AMA Wire.

If you’ve made it this far in my report, I encourage you to pick up your phone, take a photo representing what being an AMA Member Moving Medicine means to you, and then sending it out on Facebook or Twitter including the hashtags “MembersMoveMedicine” “AMAmtg” and “OurAMA”!

I look forwarding to working closely with this passionate group of people over the coming months to further the interests of the YPS.

Cordially,

Kyle P. Edmonds, MD FAAHPM
Chair, AMA-YPS MMM Committee
Your task force on MOC/MOL notes that the majority of specialty boards (>87%) are moving away from a high-stakes examination for the Knowledge Assessment portion of Maintenance of Certification. Please See AMA Council on Medical Education Report A-18-02 for additional information.

Also of note, ABMS is adopting: changing from Maintenance of Certification changing to Continuing Board Certification.

The ABMS continues to solicit feedback for their Continuing Board Certification: Vision for the Future initiative. For more information, see https://visioninitiative.org/

Your task Force will continue to monitor the 'Vision' Initiative and work with our liaison to the Council on Medical Education to communicate YPS concerns.

The Task Force continues to welcome additional members and input.
The Strategy and Leadership Committee continues its mission to support the development of Young Physician leaders in the AMA House of Delegates (HOD) and leadership roles within their home organizations. The Committee extensively reviews all endorsement requests and makes recommendations to the Governing Council for action on these requests. For the A-19 Elections, the SLC and the YPS did not receive any requests for endorsement for any YPS candidates. Endorsement requests for all other candidates will be due by Jan 31st 2019.

The Strategy and Leadership Committee also continues to work on other leadership initiatives including: 1) developing mentorship and career guidance materials for young physicians; 2) organizing YPS members who concurrently serve as HOD delegates to strengthen the influence the Section has on future business of the HOD; 3) working with the Section’s seated delegate to nominate and endorse AMA-YPS candidates for elected office within the HOD; and 4) supporting candidates who receive AMA-YPS Section endorsement.
Greetings from the newly chartered YPS Committee on Value-Based Care (YPS-VBC)! With the continued growth of value-based payment models, data and analytics efforts, and practice transformation initiatives throughout the health care system, I anticipate that we will have a fair quantity of work ahead of us in the upcoming year. Given such, I’d like to thank, in advance, all of the YPS members who’ve agreed to serve:

—Ricardo Correa
—Kathleen Figaro
—Nick Frisch
—Jason Foderman
—Aaron George
—Tracey Henry
—Sunny Jha
—Julie Joseph
—Rashmi Kudesia
—Steve Lee
—Henry Lin
—Carlo Milani
—Klint Pebbles
—Anthony Rossi
—Joe Sanfrancesco
—Yusef Sayeed
—Jennifer Bartlotti Telesz
—Hilary Fairbrother (Governing Council Liaison)

As regards the committee’s work, I recently attended the AMA’s External Advisory Committee on Value-Based Care (AMA-VBC) as the young physician representative, where those present worked to develop an overall strategic framework as regards data, care transformation, payment reform, workforce development, and a number of other factors influencing value-based care. I anticipate that the AMA will soon have some concrete "asks" of various constituencies related to the AMA-VBC’s work; at this point, the AMA is still finalizing the final formal output of the meeting. As those recommendations come forward, the YPS-VBC stands ready to ensure that the needs of younger physicians will be addressed in the evolving medical economic ecosystem. And as that process unfolds, we will keep the YPS posted.

Thank you for the opportunity to submit this report on behalf of the YPS-VBC; we look forward to an exciting and productive year!

Respectfully submitted,

Tamaan K. Osbourne-Roberts, MD, FAAFP
Chair, YPS-VBC
YOU’RE INVITED!

AMA-YPS RECEPTION

Friday, November 9
9 – 11p.m.

McCormick & Schmick’s Seafood & Steaks
145 National Plaza
Oxon Hill, MD 20745
(301) 567-6224

Please join us at the AMA-YPS desserts reception—a great opportunity to network with new colleagues and see old friends from across the country.

Directions

5 minute walk (0.3 mile)

Head northwest toward Waterfront St
292 ft

Turn left onto Waterfront St
0.1 mi

Turn left onto National Plaza
0.1 mil

McCormick & Schmick’s will be on the left