Your AMA-YPS Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**
1. Report C: AMA-YPS Directives Proposed for Sunset

**RECOMMENDED FOR ADOPTION AS AMENDED**
2. Resolution 1: Destigmatizing the Language of Addiction
4. Resolution 3: Bullying in the Practice of Medicine
5. Late Resolution 1: White House Initiative on Asian Americans and Pacific Islanders

**RECOMMENDED FOR FILING**
7. Report B: AMA Advocacy Efforts
(1) REPORT C: AMA-YPS DIRECTIVES PROPOSED FOR SUNSET

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that the recommendations in Report C be adopted and the remainder of the report be filed.

FINAL ACTION: ADOPTED

Report C presents recommendations by your AMA-Young Physicians Section (YPS) Governing Council to sunset the following AMA-YPS directives:

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).

Recommendation 1 calls for the sunset of a directive established by Report E-I-99, AMA-YPS Governing Council Activities. This directive asked for the AMA-YPS Governing Council 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 as a means to supplement the Activities Report distributed in advance of the Annual and Interim meetings.

Since the 1999 Interim meeting, updates on advocacy, membership value, and leadership development are being disseminated more frequently through various channels, including the monthly section newsletters.

Recommendation 2 calls for the sunset of specific directives established by Resolution 4-A-05, AMA-YPS Advocacy Initiatives. This resolution called for increased involvement of young physicians in national AMA-sponsored Congressional visits, advocacy events, such as fly-ins, and legislative efforts; revitalization of the AMA-YPS Advocacy Network based on the previous design including a chair and regional directors; and identification of new initiatives to enhance advocacy efforts within the Section and the AMA.

Many advocacy efforts are coordinated by the AMA to have a more unified, consistent focus. Accordingly, Section members can participate in activities such as the State Advocacy Summit (formerly, the State Legislative Strategy Conference), National Advocacy Conference (NAC), and various grassroots campaigns. Since the adoption of this resolution, the AMA-YPS has consistently encouraged member involvement in advocacy activities including, but limited to, AMA communications, NAC attendance, AMPAC registration, YPS policy making activity, and YPS involvement opportunities.

Opportunities for young physician involvement in advocacy issues continue to be
promoted through AMA electronic newsletters, the AMA-YPS Web site, and
presentations during the AMA-YPS Assembly meetings.

Additionally, this resolution called for the Governing Council to provide a report at each
Annual meeting on the Section's advocacy agenda. 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.

Recommendation 3 calls for the sunset of Resolution 2-I-04, "Engaging our AMA-YPS
Membership," which asked the AMA-YPS to institute a twice yearly online interactive
"town hall meeting" that will engage 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 the results of these “town hall meetings” to the assembly on a yearly basis.
Subsequently, Resolution 2-I-04 was referred for decision and was addressed in Report

In lieu of an online interactive "town hall" meeting solely for young physicians, it was
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 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. Questions regarding
communication preferences were also included in the AMA-YPS Strategic Planning
Surveys conducted in 2011 and 2016.

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, thereby accomplishing the
aforementioned directives.

No commentary was provided during the online forum, and your Reference Committee
recommends that Report C be adopted and the remainder of the report be filed.

(2) **RESOLUTION 1: DESTIGMATIZING THE LANGUAGE OF
ADDICTION**

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that
the first Resolve be amended by addition and deletion to
read as follows:

RESOLVED, That our American Medical Association use
clinically accurate, non-stigmatizing **person-first** terminology
(substance use disorder, substance misuse, recovery, negative/positive urine screen) in all discussions, resolutions, reports, and educational materials future communications regarding substance use and addiction including those related to persons with substance use disorder and persons in recovery. (Modify Current HOD Policy); and be it further

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that the second Resolve be amended by deletion:

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

RECOMMENDATION C:

Mr. Speaker, your Reference Committee recommends that the third Resolve be amended by deletion:

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)

RECOMMENDATION D:

Mr. Speaker, your Reference Committee recommends that Resolution 1 be adopted as amended.

FINAL ACTION: ADOPTED AS AMENDED TO READ AS FOLLOWS:

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

RESOLVED, That our AMA and relevant stakeholders educate physicians and healthcare professionals on create educational materials on the importance of appropriate use of clinically accurate, non-stigmatizing, the appropriate use of clinically accurate terminology in treating patients with substance use disorders and encourage use among all physicians the adoption of non-stigmatizing and patient-first language throughout U.S. healthcare facilities.

Resolution 1 asks the AMA to use clinically accurate, non-stigmatizing terminology in all discussions, resolutions, reports, and educational materials regarding substance use and addiction. Resolution 1 also asks the AMA to encourage the use of patient-first (i.e., person-first) language in all communications and provide education on the appropriate use of clinically accurate terminology and encourage the adoption of non-stigmatizing and person-first language throughout U.S. healthcare facilities.

Studies have indicated that the use of person-first language carries potential benefits such as improving the patient-physician relationship and reducing stigma associated with certain disease states. The development of a general policy statement by the AMA in support of person-first language would likely yield a greater benefit rather than having individual policies for various disease states. Further, the AMA’s Manual of Style encourages the use of person-first language, although some older AMA policies may not incorporate this language style.

Your Reference Committee recognizes the role of language in shaping attitudes, particularly in disease states that are frequently stigmatized. While your Reference Committee supports this resolution, it concurs with comments from the online forum that the original language was too prescriptive. Therefore, your Reference Committee recommends that Resolution 1 be adopted as amended.

(3) RESOLUTION 2: PEER SUPPORT GROUPS FOR SECOND VICTIMS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 2 be adopted as amended to read as follows:

RESOLVED, That our AMA encourage institutional, local, and state physician wellness programs to consider developing peer support groups to address the “second victim phenomenon,” symptoms of post-traumatic stress disorder related to unanticipated patient events, medical error, and/or patient related injury. (Directive to Take Action)
FINAL ACTION: ADOPTED AS AMENDED TO READ AS FOLLOWS:

RESOLVED, that our AMA encourage institutional, local, and state physician wellness programs to consider developing peer support groups to address the “second victim phenomenon;” and be it further

RESOLVED, that our AMA study the potential effects of stress and burnout on our physician workforce, and consider developing a survey of all physicians in the United States to quantitate this problem, work with other interested organizations to develop a survey of all physicians in the United States to quantitate the effects of stress and burnout on them, and its potential impact on our physician workforce.

Resolution 2 asks the AMA to encourage institutional, local, and state physician wellness programs to consider developing peer support groups to address the “second victim phenomenon.”

Comments received during the online forum noted that the phrase “second victim phenomenon” is unclear and the description is similar to the definition of post-traumatic stress disorder. The symptoms of “second victim phenomenon” and post-traumatic stress disorder (PTSD) are similar and prompted by a traumatic life event, such as the medical error or unexpected patient demise.

Your Reference Committee is supportive of bringing attention to mental health issues arising from traumatic experiences where the individual impacted may not be the primary target. However, your Reference Committee believes that comparisons to PTSD may overshadow this important topic and that consistency with the PTSD definition would better serve the objective of creating a support system for physicians placed in traumatic situations. Therefore, your Reference Committee recommends that Resolution 2 be adopted as amended.

(4) RESOLUTION 3: BULLYING IN THE PRACTICE OF MEDICINE

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the first Resolve be amended by addition and deletion to read as follows:

RESOLVED, that the AMA help establish a clear definition of professional bullying by reviewing existing data and working with organizational partners to develop a strategy to eliminate bullying to promote a culture of learning within the practice of medicine with a report back at Annual 2020. (New HOD Policy); and be it further
RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that the second Resolve be amended by deletion:

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

RECOMMENDATION C:

Mr. Speaker, your Reference Committee recommends that the third Resolve be amended by deletion:

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

RECOMMENDATION D:

Mr. Speaker, your Reference Committee recommends that the fourth Resolve be amended by deletion:

RESOLVED, That our AMA promote existing educational resources and consider creation of an educational module on Bullying in Medicine, (Directive to Take Action)

RECOMMENDATION E:

Mr. Speaker, your Reference Committee recommends that Resolution 3 be adopted as amended.

FINAL ACTION: ADOPTED AS AMENDED TO READ AS FOLLOWS:

RESOLVED, That the AMA help establish a clear definition of professional bullying and work to eliminate, establish prevalence and impact of professional bullying and establish guidelines for prevention of professional bullying to promote a culture of learning within the practice of medicine with a report back at Annual 2020. (New HOD Policy)
Resolution 3 asks the AMA to help establish a clear definition of professional bullying and work to eliminate bullying to promote a culture of learning within the practice of medicine. This resolution also asks the AMA to conduct a survey to address the occurrence of bullying in medical practice, 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. Further, Resolution 3 asks the AMA to promote existing educational resources and consider creation of an educational module on bullying in medicine.

Your Reference Committee concurs that bullying in the workplace can have an adverse impact on physicians and patients. Your Reference Committee also believes that the first critical step is to establish a definition of bullying that is appropriate in scope and use that definition as the foundation to properly determine the next steps such as developing strategy, establishing safe and accurate reporting mechanisms, and creating additional educational resources. Therefore, your Reference Committee recommends that Resolution 3 be adopted as amended.

(5) LATE RESOLUTION 1: WHITE HOUSE INITIATIVE ON ASIAN AMERICANS AND PACIFIC ISLANDERS

FINAL ACTION: ADOPTED AS AMENDED

RESOLVED, That our AMA advocate for restoration of webpages on the Asian American and Pacific Islander (AAPI) initiative (similar to those from prior administrations) that specifically address disaggregation of health outcomes related to AAPI data; and be it further

RESOLVED, That our AMA support the disaggregation of data regarding Asian Americans and Pacific Islanders (AAPI) in order to reveal the AAPI ethnic subgroup disparities that exist in health outcomes; and be it further

RESOLVED, That our AMA support the disaggregation of data regarding Asian Americans and Pacific Islanders (AAPI) in order to reveal the AAPI ethnic subgroup disparities that exist in representation in medicine, including but not limited to leadership positions in academic medicine; and be it further

RESOLVED, That our AMA report back on this issue at A-20 on the issue of disaggregation of data regarding Asian Americans and Pacific Islanders (and other ethnic subgroups) with regards to the ethnic subgroup disparities that exist in health outcomes and representation in medicine, including leadership positions in academic medicine.
(6) REPORT A: GOVERNING COUNCIL
ACTIVITIES/ACTION PLAN UPDATE

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report A be filed.

FINAL ACTION: FILED

Report A is a compilation of activities accomplished by the AMA-YPS since the 2018 Annual Meeting. Updates on AMA-YPS objectives are organized under four main categories: focus; communications; leadership development; and membership and involvement. No comments were provided during the online forum, and your Reference Committee recommends that Report A be filed.

(7) REPORT B: AMA ADVOCACY EFFORTS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report B be filed.

FINAL ACTION: FILED

Report B describes AMA and AMA-YPS advocacy efforts undertaken since the 2017 Interim Meeting. No comments were provided during the online forum, and your Reference Committee recommends that Report B be filed.
Mr. Speaker, this concludes the report of the AMA-YPS Reference Committee. I would like to thank Jerry Abraham, MD; Matthew Grierson, MD; Rachelle Klammer, MD; and Nirali Patel, MD.

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