

AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION (I-18)

Report of AMA-YPS Reference Committee

Kyle Edmonds, MD, Chair

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

3

4 **RECOMMENDED FOR ADOPTION**

5 1. Report C: AMA-YPS Directives Proposed for Sunset

6

7 **RECOMMENDED FOR ADOPTION AS AMENDED**

8 2. Resolution 1: Destigmatizing the Language of Addiction

9 3. Resolution 2: Peer Support Groups for Second Victims

10 4. Resolution 3: Bullying in the Practice of Medicine

11 5. Late Resolution 1: White House Initiative on Asian Americans and Pacific
12 Islanders

13

14 **RECOMMENDED FOR FILING**

15 6. Report A: Governing Council Activities/Action Plan Update

16 7. Report B: AMA Advocacy Efforts

1 **(1) REPORT C: AMA-YPS DIRECTIVES PROPOSED FOR**
2 **SUNSET**

3
4 RECOMMENDATION:

5
6 Mr. Speaker, your Reference Committee recommends that
7 the recommendations in Report C be adopted and the
8 remainder of the report be filed.

9
10 **FINAL ACTION: ADOPTED**

11
12 Report C presents recommendations by your AMA-Young Physicians Section (YPS)
13 Governing Council to sunset the following AMA-YPS directives:

- 14
15 1. Your Governing Council recommends that the AMA-YPS sunset the directive,
16 AMA-YPS Governing Council Activities (Report E-I-99).
17
18 2. Your Governing Council recommends that the AMA-YPS sunset the directive,
19 AMA-YPS Advocacy Initiatives (Resolution 4-A-05).
20
21 3. Your Governing Council recommends that the AMA-YPS sunset the directive,
22 AMA-YPS Advocacy Initiatives (Resolution 2-I-04).
23

24 Recommendation 1 calls for the sunset of a directive established by Report E-I-99, AMA-
25 YPS Governing Council Activities. This directive asked for the AMA-YPS Governing
26 Council to distribute updates on representation/advocacy, enhanced membership value
27 and communications, and leadership development to Assembly members, other young
28 physician members, and Federation staff at least on a quarterly basis. Further, these
29 updates would be shared by listserv, fax and/or print as a means to supplement the
30 Activities Report distributed in advance of the Annual and Interim meetings.

31
32 Since the 1999 Interim meeting, updates on advocacy, membership value, and
33 leadership development are being disseminated more frequently through various
34 channels, including the monthly section newsletters.

35
36 Recommendation 2 calls for the sunset of specific directives established by Resolution
37 4-A-05, AMA-YPS Advocacy Initiatives. This resolution called for increased involvement
38 of young physicians in national AMA-sponsored Congressional visits, advocacy events,
39 such as fly-ins, and legislative efforts; revitalization of the AMA-YPS Advocacy Network
40 based on the previous design including a chair and regional directors; and identification
41 of new initiatives to enhance advocacy efforts within the Section and the AMA.

42
43 Many advocacy efforts are coordinated by the AMA to have a more unified, consistent
44 focus. Accordingly, Section members can participate in activities such as the State
45 Advocacy Summit (formerly, the State Legislative Strategy Conference), National
46 Advocacy Conference (NAC), and various grassroots campaigns. Since the adoption of
47 this resolution, the AMA-YPS has consistently encouraged member involvement in
48 advocacy activities including, but limited to, AMA communications, NAC attendance,
49 AMPAC registration, YPS policy making activity, and YPS involvement opportunities.
50 Opportunities for young physician involvement in advocacy issues continue to be

1 promoted through AMA electronic newsletters, the AMA-YPS Web site, and
2 presentations during the AMA-YPS Assembly meetings.

3
4 Additionally, this resolution called for the Governing Council to provide a report at each
5 Annual meeting on the Section's advocacy agenda. Subsequently, the timing of this
6 report was adjusted to coincide with the advocacy theme of the Interim meeting.
7 Moreover, the scope of the report was expanded to include AMA as well as section
8 advocacy efforts. The AMA-YPS Governing Council will continue providing an advocacy
9 report at each Interim meeting.

10
11 Recommendation 3 calls for the sunset of Resolution 2-I-04, "Engaging our AMA-YPS
12 Membership," which asked the AMA-YPS to institute a twice yearly online interactive
13 "town hall meeting" that will engage AMA-YPS members and non-members. Further, this
14 resolution requested that that these "town hall meetings" be run by the YPS Governing
15 Council, with half of the duration dedicated to an update on YPS activities and the other
16 half dedicated to an exchange of ideas, views and suggestions from AMA-YPS members
17 and non-members. Lastly, this resolution called for the AMA-YPS Governing Council to
18 report the results of these "town hall meetings" to the assembly on a yearly basis.
19 Subsequently, Resolution 2-I-04 was referred for decision and was addressed in Report
20 B-A-05, "Engaging Our AMA-YPS Membership: Resolution 2 (I-04)."

21
22 In lieu of an online interactive "town hall" meeting solely for young physicians, it was
23 recommended that young physicians participate in the Member Connect Roundtables,
24 which were regional forums intended to connect members with AMA leadership in small
25 group discussions on the AMA's agenda and priorities. Report B-A-05 also
26 recommended that the AMA-YPS continue to investigate ways to communicate
27 electronically with AMA-YPS members that are less expensive or time-consuming than
28 an online interactive "town hall meeting." In 2006, the AMA-YPS began surveying the
29 Assembly on ways to best facilitate electronic communication. Questions regarding
30 communication preferences were also included in the AMA-YPS Strategic Planning
31 Surveys conducted in 2011 and 2016.

32
33 As noted previously, the AMA-YPS continues to provide advocacy updates and
34 involvement opportunities to section members through AMA-YPS newsletters, Web site,
35 and presentations during the Assembly meetings, thereby accomplishing the
36 aforementioned directives.

37
38 No commentary was provided during the online forum, and your Reference Committee
39 recommends that Report C be adopted and the remainder of the report be filed.

40
41 **(2) RESOLUTION 1: DESTIGMATIZING THE LANGUAGE OF**
42 **ADDICTION**

43
44 RECOMMENDATION A:

45
46 Mr. Speaker, your Reference Committee recommends that
47 the first Resolve be amended by addition and deletion to
48 read as follows:

49
50 RESOLVED, That our American Medical Association use
51 clinically accurate, non-stigmatizing person-first terminology

1 ~~(substance use disorder, substance misuse, recovery,~~
 2 ~~negative/positive urine screen) in all discussions,~~
 3 ~~resolutions, reports, and educational materials~~ future
 4 communications regarding substance use and addiction
 5 including those related to persons with substance use
 6 disorder and persons in recovery. (Modify Current HOD
 7 Policy); ~~and be it further~~

8
 9 RECOMMENDATION B:

10
 11 Mr. Speaker, your Reference Committee recommends that
 12 the second Resolve be amended by deletion:

13
 14 ~~RESOLVED, That our AMA encourage the use of patient-~~
 15 ~~first language (patient with a substance use disorder,~~
 16 ~~patient in recovery) in all internal and external~~
 17 ~~communications regarding patients affected by substance~~
 18 ~~use, and discourage the use of stigmatizing terms including~~
 19 ~~substance abuse, drug abuser, addict, alcoholic, clean and~~
 20 ~~dirty (Directive to Take Action); and be it further~~

21
 22 RECOMMENDATION C:

23
 24 Mr. Speaker, your Reference Committee recommends that
 25 the third Resolve be amended by deletion:

26
 27 ~~RESOLVED, That our AMA and relevant stakeholders~~
 28 ~~educate physicians and healthcare professionals on the~~
 29 ~~appropriate use of clinically accurate terminology in treating~~
 30 ~~patients with substance use disorders and encourage the~~
 31 ~~adoption of non-stigmatizing and patient-first language~~
 32 ~~throughout U.S. healthcare facilities. (Directive to Take~~
 33 ~~Action)~~

34
 35 RECOMMENDATION D:

36
 37 Mr. Speaker, your Reference Committee recommends that
 38 Resolution 1 be adopted as amended.

39
 40 **FINAL ACTION: ADOPTED AS AMENDED TO READ AS**
 41 **FOLLOWS:**

42
 43 RESOLVED, That our American Medical Association use clinically accurate, non-
 44 stigmatizing terminology (substance use disorder, substance misuse, recovery,
 45 negative/positive urine screen) in all future discussions, resolutions, reports, and
 46 educational materials regarding substance use and addiction; ~~and be it further~~

47
 48 ~~RESOLVED, That our AMA encourage the use of patient-first language (patient~~
 49 ~~with a substance use disorder, patient in recovery) in all internal and external~~
 50 ~~communications regarding patients affected by substance use, and discourage~~

1 the use of stigmatizing terms including substance abuse, ~~drug abuser, addict,~~
2 ~~alcoholic, alcoholism,~~ clean and dirty; and be it further

3
4 RESOLVED, That our AMA and relevant stakeholders ~~educate physicians and~~
5 ~~healthcare professionals on~~ create educational materials on the importance of
6 appropriate use of clinically accurate, non-stigmatizing, ~~the appropriate use of~~
7 ~~clinically accurate terminology in treating patients with substance use disorders~~
8 and encourage use among all physicians the adoption of non-stigmatizing and
9 patient first language throughout U.S. healthcare facilities.

10
11 Resolution 1 asks the AMA to use clinically accurate, non-stigmatizing terminology in all
12 discussions, resolutions, reports, and educational materials regarding substance use
13 and addiction. Resolution 1 also asks the AMA to encourage the use of patient-first (i.e.,
14 person-first) language in all communications and provide education on the appropriate
15 use of clinically accurate terminology and encourage the adoption of non-stigmatizing
16 and person-first language throughout U.S. healthcare facilities.

17
18 Studies have indicated that the use of person-first language carries potential benefits
19 such as improving the patient-physician relationship and reducing stigma associated
20 with certain disease states. The development of a general policy statement by the AMA
21 in support of person-first language would likely yield a greater benefit rather than having
22 individual policies for various disease states. Further, the AMA's [Manual of Style](#)
23 encourages the use of person-first language, although some older AMA policies may not
24 incorporate this language style.

25
26 Your Reference Committee recognizes the role of language in shaping attitudes,
27 particularly in disease states that are frequently stigmatized. While your Reference
28 Committee supports this resolution, it concurs with comments from the online forum that
29 the original language was too prescriptive. Therefore, your Reference Committee
30 recommends that Resolution 1 be adopted as amended.

31
32 **(3) RESOLUTION 2: PEER SUPPORT GROUPS FOR**
33 **SECOND VICTIMS**

34
35 RECOMMENDATION:

36
37 Mr. Speaker, your Reference Committee recommends that
38 Resolution 2 be adopted as amended to read as follows:

39
40 RESOLVED, That our AMA encourage institutional, local,
41 and state physician wellness programs to consider
42 developing peer support groups to address the "~~second~~
43 ~~victim phenomenon.~~" symptoms of post-traumatic stress
44 disorder related to unanticipated patient events, medical
45 error, and/or patient related injury. (Directive to Take
46 Action)
47

1 **FINAL ACTION: ADOPTED AS AMENDED TO READ AS**
 2 **FOLLOWS:**

3
 4 RESOLVED, that our AMA encourage institutional, local,
 5 and state physician wellness programs to consider
 6 developing peer support groups to address the “second
 7 victim phenomenon;” and be it further

8
 9 RESOLVED, that our AMA ~~study the potential effects of~~
 10 ~~stress and burnout on our physician workforce, and~~
 11 ~~consider developing a survey of all physicians in the United~~
 12 ~~States to quantitate this problem~~ work with other interested
 13 organizations to develop a survey of all physicians in the
 14 United States to quantitate the effects of stress and
 15 burnout on them, and its potential impact on our physician
 16 workforce.

17
 18 Resolution 2 asks the AMA to encourage institutional, local, and state physician wellness
 19 programs to consider developing peer support groups to address the “second victim
 20 phenomenon.”

21
 22 Comments received during the online forum noted that the phrase “second victim
 23 phenomenon” is unclear and the description is similar to the definition of post-traumatic
 24 stress disorder. The symptoms of “second victim phenomenon” and post-traumatic
 25 stress disorder (PTSD) are similar and prompted by a traumatic life event, such as the
 26 medical error or unexpected patient demise.

27
 28 Your Reference Committee is supportive of bringing attention to mental health issues
 29 arising from traumatic experiences where the individual impacted may not be the primary
 30 target. However, your Reference Committee believes that comparisons to PTSD may
 31 overshadow this important topic and that consistency with the PTSD definition would
 32 better serve the objective of creating a support system for physicians placed in traumatic
 33 situations. Therefore, your Reference Committee recommends that Resolution 2 be
 34 adopted as amended.

35
 36 **(4) RESOLUTION 3: BULLYING IN THE PRACTICE OF**
 37 **MEDICINE**

38
 39 RECOMMENDATION A:

40
 41 Mr. Speaker, your Reference Committee recommends that
 42 the first Resolve be amended by addition and deletion to
 43 read as follows:

44
 45 RESOLVED, That the AMA help establish a clear definition
 46 of professional bullying by reviewing existing data and
 47 working with organizational partners to develop a strategy
 48 to eliminate bullying to promote a culture of learning within
 49 the practice of medicine with a report back at Annual 2020.
 50 (New HOD Policy); ~~and be it further~~

1 RECOMMENDATION B:

2
3 Mr. Speaker, your Reference Committee recommends that
4 the second Resolve be amended by deletion:

5
6 ~~RESOLVED, That the AMA conduct a survey to address the~~
7 ~~occurrence of bullying in medical practice, specifically~~
8 ~~including questions regarding bullying from other~~
9 ~~physicians, ancillary care providers, patients, hospital~~
10 ~~administration/hospital governing boards and insurance~~
11 ~~companies, with report back at Annual 2020 (Directive to~~
12 ~~Take Action); and be it further~~

13
14 RECOMMENDATION C:

15
16 Mr. Speaker, your Reference Committee recommends that
17 the third Resolve be amended by deletion:

18
19 ~~RESOLVED, That our AMA work with relevant stakeholders~~
20 ~~to help identify the incidence and prevalence of bullying in~~
21 ~~medicine, help develop procedures for the safe and~~
22 ~~accurate reporting of bullying, and help determine specific~~
23 ~~strategies for the elimination of bullying within medicine~~
24 ~~(Directive to Take Action); and be it further~~

25
26
27 RECOMMENDATION D:

28
29 Mr. Speaker, your Reference Committee recommends that
30 the fourth Resolve be amended by deletion:

31
32 ~~RESOLVED, That our AMA promote existing educational~~
33 ~~resources and consider creation of an educational module~~
34 ~~on Bullying in Medicine. (Directive to Take Action)~~

35
36 RECOMMENDATION E:

37
38 Mr. Speaker, your Reference Committee recommends that
39 Resolution 3 be adopted as amended.

40
41 **FINAL ACTION: ADOPTED AS AMENDED TO READ AS**
42 **FOLLOWS:**

43
44 RESOLVED, That the AMA help establish a clear definition
45 of professional bullying ~~and work to eliminate,~~ establish
46 prevalence and impact of professional bullying and
47 establish guidelines for prevention of professional bullying
48 to promote a culture of learning within the practice of
49 medicine with a report back at Annual 2020. (New HOD
50 Policy);

1 Resolution 3 asks the AMA to help establish a clear definition of professional bullying
2 and work to eliminate bullying to promote a culture of learning within the practice of
3 medicine. This resolution also asks the AMA to conduct a survey to address the
4 occurrence of bullying in medical practice, work with relevant stakeholders to help
5 identify the incidence and prevalence of bullying in medicine, help develop procedures
6 for the safe and accurate reporting of bullying, and help determine specific strategies for
7 the elimination of bullying within medicine. Further, Resolution 3 asks the AMA to
8 promote existing educational resources and consider creation of an educational module
9 on bullying in medicine.

10
11 Your Reference Committee concurs that bullying in the workplace can have an adverse
12 impact on physicians and patients. Your Reference Committee also believes that the first
13 critical step is to establish a definition of bullying that is appropriate in scope and use
14 that definition as the foundation to properly determine the next steps such as developing
15 strategy, establishing safe and accurate reporting mechanisms, and creating additional
16 educational resources. Therefore, your Reference Committee recommends that
17 Resolution 3 be adopted as amended.

18
19 **(5) LATE RESOLUTION 1: WHITE HOUSE INITIATIVE ON**
20 **ASIAN AMERICANS AND PACIFIC ISLANDERS**

21
22 **FINAL ACTION: ADOPTED AS AMENDED**

23
24 RESOLVED, That our AMA advocate for restoration of
25 webpages on the Asian American and Pacific Islander
26 (AAPI) initiative (similar to those from prior administrations)
27 that specifically address disaggregation of health
28 outcomes related to AAPI data; and be it further

29
30 RESOLVED, That our AMA support the disaggregation of
31 data regarding Asian Americans and Pacific Islanders
32 (AAPI) in order to reveal the AAPI ethnic subgroup
33 disparities that exist in health outcomes; and be it further

34
35 RESOLVED, That our AMA support the disaggregation of
36 data regarding Asian Americans and Pacific Islanders
37 (AAPI) in order to reveal the AAPI ethnic subgroup
38 disparities that exist in representation in medicine,
39 including but not limited to leadership positions in
40 academic medicine; and be it further

41
42 RESOLVED, That our AMA report back on this issue at A-
43 20 on the issue of disaggregation of data regarding Asian
44 Americans and Pacific Islanders (and other ethnic
45 subgroups) with regards to the ethnic subgroup disparities
46 that exist in health outcomes and representation in
47 medicine, including leadership positions in academic
48 medicine.

1 **(6) REPORT A: GOVERNING COUNCIL**
2 **ACTIVITIES/ACTION PLAN UPDATE**

3
4 RECOMMENDATION:

5
6 Mr. Speaker, your Reference Committee recommends that
7 Report A be filed.

8
9 **FINAL ACTION: FILED**

10
11 Report A is a compilation of activities accomplished by the AMA-YPS since the 2018
12 Annual Meeting. Updates on AMA-YPS objectives are organized under four main
13 categories: focus; communications; leadership development; and membership and
14 involvement. No comments were provided during the online forum, and your Reference
15 Committee recommends that Report A be filed.

16
17 **(7) REPORT B: AMA ADVOCACY EFFORTS**

18
19 RECOMMENDATION:

20
21 Mr. Speaker, your Reference Committee recommends that
22 Report B be filed.

23
24 **FINAL ACTION: FILED**

25
26 Report B describes AMA and AMA-YPS advocacy efforts undertaken since the 2017
27 Interim Meeting. No comments were provided during the online forum, and your
28 Reference Committee recommends that Report B be filed.
29

- 1 Mr. Speaker, this concludes the report of the AMA-YPS Reference Committee. I would
- 2 like to thank Jerry Abraham, MD; Matthew Grierson, MD; Rachelle Klammer, MD; and
- 3 Nirali Patel, MD.

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