

SUBJECT: Resident Burnout Prevention During Medical Education

SUBMITTED BY: Student Association of the ACOFP on behalf of Brett Platis, OMS IV, Texas College of Osteopathic Medicine

REFERRED TO: 2022 American College of Osteopathic Family Physicians (ACOFP) Congress of Delegates

RESOLUTION NO. 19

- 1 WHEREAS, burnout is defined as a pathological syndrome due to emotional and physical exhaustion
2 and reduced sense of accomplishment from prolonged occupational stress^{1,2}; and
- 3 WHEREAS, burnout is most common when job demands are high and organizational support,
4 autonomy, efficacy, and recognition is perceived to be low¹; and
- 5 WHEREAS, significant causes contributing to physician burnout are reported to include long work
6 hours and excessive workloads, sleep deprivation, insufficient reward, frequency of call duties,
7 increased Electronic Medical Record documentation, risk of malpractice suits, and loss of
8 autonomy^{2,3,4}; and
- 9 WHEREAS, medical education associated debt has continued to increase leaving new medical
10 graduates with increasing amounts of debt, with the median cost of attending a public medical
11 school for the class of 2017 to be \$240,351 and a private education costing a median of
12 \$314,203⁵, and students with higher debt burdens reporting greater stress during training and
13 higher rates of burnout^{4,5}; and
- 14 WHEREAS, burnout affects over 33% of residents and licensed physicians across all specialties^{1,3}, with
15 younger physicians experiencing nearly twice the risk of burnout compared with older
16 colleagues and physicians working in front lines of care access like primary care experiencing
17 the highest risk of burnout¹; and
- 18 WHEREAS, burnout is a contributing factor to physicians leaving the workforce, as well as job
19 dissatisfaction, poor performance, negative attitudes, and decreased productivity^{1,2,3,6}; and
- 20 WHEREAS, burnout has negative psychosocial effects including increased depersonalization and
21 cynicism, decreased energy, and higher rates of clinical depression and risk of suicide^{1,3,7}; and
- 22 WHEREAS, burnout has been shown to be contagious, affecting colleagues by straining professional
23 relationships, causing interpersonal conflict, and disrupting job tasks^{3,8}; and
- 24 WHEREAS, burnout is associated with a higher incidence of medical errors, which are estimated to kill
25 251,000 people in the United States every year⁹ and cost the health system billions of dollars¹⁰;
26 and
- 27 WHEREAS, burnout is associated with lower patient satisfaction scores and suboptimal patient care
28 outcomes^{2,8,11}; and

- 29 WHEREAS, the best proven strategies to stop physician burnout include decreasing the administrative
30 burden, increasing frequency of breaks and the number of days off, increasing pay, and
31 encouraging wellness strategies like therapy and coaching^{1,12}; now, therefore be it
- 32 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) encourage
33 residencies and the ACGME to improve financial compensation for residents to reflect the level
34 of education, cost of training, and hours worked; and, be it further
- 35 RESOLVED, that the ACOFP encourage residencies and the ACGME to promote organizational cultures
36 that are free of abuse and advocate for policies promoting resident self-care, including
37 increased access to counseling and integrating mental health counseling into residency
38 curriculum; and, be it further
- 39 RESOLVED, that the ACOFP advocate for higher compensation for primary care providers by
40 supporting policies that reduce focus on throughput or patient volume while increasing
41 emphasis on patient outcomes and the determinants of health for each provider's unique
42 patient population as a way to ensure financial security for future family medicine physicians
43 and keep medical students and residents interested and engaged in the specialty; and, be it
44 further
- 45 RESOLVED, that the ACOFP advocate for a reduction in the administrative burdens imposed by
46 insurance companies and regulatory bodies, and encourage residency programs to institute
47 dedicated administration time to help alleviate these burdens for residents.

FINAL ACTION: REFERRED as of March 16, 2022

Explanatory Statement from Committee: This resolution addresses multiple intentions. We recommend the author rework this resolution to address in multiple resolutions. Additionally, resolve statements 1, 3 and 4 all have financial implications and, as such, would automatically need to be referred to the Finance Committee. Furthermore, the concerns in resolve statement 2 have been addressed by the ACGME under six different standards, of which ACOFP was already a part of helping develop.

References:

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