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TITLE: **Statement of Commitment from California Family Medicine Residency Programs to Improve Resident Well-Being and Reduce Burnout**

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Endorsements: Napa and Solano Chapters

WHEREAS, physician burnout increased significantly from 45.5% to 54.4% between 2011 and 2014.[1] This increase has been attributed to various factors such as; loss of autonomy in practice, loss of doctor-patient relationship, decreased continuity of care, mandated electronic health records, and student loan burden[1], and

WHEREAS, family physicians experience the highest rates of depression and burnout among all medical specialties[2], and

WHEREAS, the prevalence of burnout is greater among residents and fellows than among medical students, physicians, or college graduates of similar age[3,4], and

WHEREAS, American Academy of Family Physicians (AAFP) is addressing the issue of clinician burnout through its partnership with the National Academy of Medicine (NAM) by providing resources for physicians to develop resiliency while concurrently taking a systems-based approach[5], and

WHEREAS, AAFP alongside over 150 organizations, has formally committed to addressing burnout and promoting physician well-being through its "Statement on Commitment to Clinician Well-being and Resilience"[6], now, therefore be it

RESOLVED, that the California Academy of Family Physicians (CAFP), in conjunction with AAFP and NAM will urge family medicine residency programs to provide a statement of commitment, addressing plans of action to promote resident well-being and reducing burn-out in clinical training. Provisions in their plans of action should include but not be limited to:

1. Promote the resources already in place through the Physician Health First portal to help residents and their mentors identify each resident's goals, assess their well-being, plan and track progress (https://www.aafp.org/membership/benefits/physician-health-first/planner/get-started.mem.html)
2. Establish a wellness committee at each residency to engage all parties involved on the drivers of burnout specific to the program and workplace/personal strategies to promote well-being[7]
3. Improve access to and encourage residents to utilize mental health resources through residency training[8]
4. Encourage training and support through CAFP, AAFP, and NAM for Family Medicine Residency Program leadership on identifying and addressing resident burnout (ex. online workshops, conferences, and on-site consultations).

References:

1. Alexander, AG et al. Work–Life Balance, Burnout, and the Electronic Health Record. *The American Journal of Medicine*, 2018;131(8): 857-858
2. Medscape National Physician Burnout & Depression Report 2018
3. Dyrbye LN, West CP, Satele D, et al. Burnout among US medical students, residents, and early career physicians relative to the general US population. *Acad Med*. 2014;89(3):443–45
4. Hull, S.K., DiLalla, L.F. & Dorsey, J.K. Prevalence of Health-Related Behaviors Among Physicians and Medical Trainees *Acad Psychiatry*, 2008; 32: 31.
5. National Academy of Medicine. Action Collaborative of Clinician Well-Being and Resilience. https://nam.edu/initiatives/clinician-resilience-and-well-being/. Accessed January 6, 2019
6. National Academy of Medicine. AAFP on Commitment to Physician Well-Being and Resilience. https://nam.edu/wp-content/uploads/2017/10/American-Academy-of-Family-Physicians-Commitment-Statement.pdf. Accessed January 6, 2019
7. Shanafelt, Tait D. et al. Executive Leadership and Physician Well-being. *Mayo Clinic Proceedings*. 2017; 92 (1): 129 – 146
8. Maneesh, B. et al. Improving Resident Use of Mental Health Resources: It's Time for an Opt-Out Strategy to Address Physician Burnout and Depression. *Journal of Graduate Medical Education*. 2018; 10(1): 67-69

Speaker's Notes:

Existing CAFP and AAFP policy on family physician burnout, well-being and professional satisfaction is extensive and supports the passage of this resolution.

Fiscal Note:

The resource implications of this resolution are minimal for CAFP, consisting primarily of communication to family medicine residency programs via existing networks, such as the CAFP Residency Network (CRN) and CAFP communications. The resolution does not set out accountability or tracking of efforts by residency programs by CAFP, limiting CAFP action to 'urging' programs to create and implement plans.

The resource implications for family medicine residency programs, however, are more significant, especially establishing and supporting a wellness committee at each residency program. It is possible that the additional resource implications for residency programs will result in requests for support from CAFP.

1. **PROBLEM STATEMENT: What specific practice problem does this resolution seek to solve, or, if this resolution pertains to a proposed new CAFP policy or change of policy, what issue does it seek to address?**

   While systemic challenges contribute to the increasing rates of burnout in physicians, studies show that burnout starts in medical school and is prevalent throughout residency. Moreover, medical students who burnout in medical school are less likely to enter primary care and more likely to choose specialties which offer better work-life balance and flexible schedules. The AAFP has taken significant steps to address physician burnout through its collaboration with NAM and the initiative "Physician Health First". But, additional steps are necessary to engage Family

Medicine Residency Programs to prioritize resident wellness and to address this issue which affects all levels of medical training.

2. **PROBLEM UNIVERSE: Approximately how many CAFP members or members' patients are affected by this problem or proposed policy?**

   All CAFP members, their patients, colleagues and families are affected by this proposed policy.

3. **WHAT SPECIFIC SOLUTION ARE YOU PROPOSING TO RESOLVE THE PROBLEM OR POLICY, i.e., what action do you wish CAFP to take?**

   CAFP should advocate for physician-in-training wellness initiatives in place by AAFP and NAM, and support California residency programs to help navigate their unique challenges (individual, organizational, and work-place) with addressing resident burnout.

4. **WHAT EVIDENCE EXISTS TO: 1) INDICATE THAT A PROBLEM EXISTS; OR 2) THAT THERE IS NEED FOR A NEW OR REVISED POLICY?**

   Please see above resolution statements and references for explanation.