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Beating burnout: Confidential access to health services for trainees

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[Troy Parks](https://wire.ama-assn.org/users/troy-parks#profile-main)

Staff Writer

AMA Wire

[@Troy\_AMAWire](http://www.twitter.com/Troy_AMAWire)

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In response to the mental and physical toll that medical education and training can exact on medical students, residents, fellows and physicians, delegates at the 2016 AMA Interim Meeting developed and revised existing AMA policy on medical student and physician health. The new policy addresses burnout by supporting access to confidential health services to tackle not only physical health but mental health as well.

“Many physicians-in-training do not seek out treatment for physical, mental health or addiction issues because they are concerned about confidentiality, the possible negative impact that receiving treatment could have on their future career in medicine, or burdening colleagues with extra work,” AMA Board Member and medical student Omar Z. Maniya said in a statement. “With a high number of medical students and residents experiencing depression, burnout and suicide, and too many physicians overlooking their own health needs, we must do everything we can to reduce the barriers and stigmas that keep them from receiving care.”

When physicians do not feel equipped to take care of their own health, be it mental or physical, the unintended consequences can endanger patients and lead to physician impairment, substance abuse or even suicide. That is the focus of a report of the AMA [Council on Medical Education](https://www.ama-assn.org/about-council-medical-education), which points out five of the major issues affecting medical student, resident, fellow and physician health:

* Balancing personal life with the need to master a growing body of knowledge and develop the needed skills to practice medicine
* The “hidden curriculum” of medical education, which can expose students to an unhealthy emotional environment and contribute to burnout
* The longstanding and deeply ingrained stigma attached to physicians seeking care for either physical or mental health issues, partly due to concerns about career and license implications
* Issues with confidentiality of care, particularly in training or practice settings in geographically isolated areas, as a significant barrier to seeking needed services
* Acculturation during medical education and training to ignore one’s own personal health needs rather than expose colleagues and team members to more work

The report resolves that through two of its strategic focus areas—Accelerating Change in Medical Education and Professional Satisfaction and Practice Sustainability—the AMA can play a key role in addressing these systemic issues in medical education and practice and ensure a healthier environment for the benefit of physicians, doctors-in-training and  patients as well.

This report’s recommendations, which delegates adopted as AMA policy, include revisions to existing policy on medical student and physician health to streamline and consolidate this policy into a more cohesive, coherent body.

Guidelines for training programs

The adopted policy calls on all training programs to provide trainees with urgent and emergent access to low-cost, confidential health care, including mental health and substance use disorder counseling services. These services should  allow for appropriate follow-up, be outside the trainee’s grading and evaluation pathways, and be available near their education or training site, or through telemedicine.

Encouraging routine health screening among medical trainees is also covered in the policy, which urges programs to consider designating some segment of already-allocated personal time off specifically for preventive services, including physical, mental and dental care. The recommendations direct programs to remind trainees and practicing physicians to treat attention to their own health as a professional obligation to ensure their fitness for duty as well as the safety of their patients.

The new policy calls on the AMA to urge state medical boards to refrain from asking applicants about any past history of mental health or substance use disorder diagnosis or treatment. Instead, they should focus only on current impairment by mental illness or addiction and to accept “safe haven” non-reporting for physicians seeking licensure or re-licensure who are undergoing treatment. These changes are designed to help lessen fears of stigma and career repercussions among physicians who may now be reluctant to seek needed treatment.

It is also important, the policy points out, that timely, confidential, accessible and affordable medical and mental health services be made more available to medical students, residents and fellows. Information on where and how to access those services should be  readily available at all training and education sites, the policy says.

In an effort to ensure medical students make use of health services, the policy seeks protection for those students by encouraging medical schools to create substance abuse awareness and suicide prevention screening programs that would:

* Be available to all medical students on an opt-out basis
* Ensure anonymity, confidentiality and protection from administrative action
* Provide proactive intervention for identified at-risk students by mental health professionals
* Inform students and faculty about personal mental health, substance use and addiction and other risk factors that may contribute to suicidal ideation

Learn how to [improve physician resiliency](https://www.stepsforward.org/modules/improving-physician-resilience) and [prevent burnout](https://www.stepsforward.org/modules/physician-wellness) with the AMA's STEPS Forward™ collection of practice improvement strategies, which also offer CME credit.