

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 211
(A-24)

Introduced by: Organized Medical Staff Section

Subject: Deceptive Hospital Badging 2.0

Referred to: Reference Committee B

1 Whereas, the public is wholly unaware of the false labeling for care personnel in the hospital,
2 with the increasing introduction of lesser trained people appearing to be equivalent caregivers;
3 and
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5 Whereas, the most recent addition to this group of non-physicians are certified registered nurse
6 anesthetists (CRNAs), increasingly replacing anesthesiologists; and
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8 Whereas, this has crept into the cardiac suites of our operating rooms with increasing fallout as
9 surgeons are being tasked with assuming responsibility and therefore enhanced liability for
10 these non-physician personnel; and
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12 Whereas, anesthesia was also overing perfusion, which will now fall to surgeons who may not
13 be up to speed to perform these additional tasks; and
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15 Whereas, this is unquestionably a quality of care issue as well as safety related, along with a
16 public relations, cost, and billing problem; and
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18 Whereas, we were able to correct the previous deception at our hospital with a push by the
19 organized medical staff taking action, along with the support of the AMA; therefore be it
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21 RESOLVED, that our American Medical Association promote and prioritize public awareness of
22 the difference and importance of having the proper level of training and clear identification and
23 labeling of caregivers as that relates to quality and safety of healthcare (Directive to Take
24 Action); and be it further
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26 RESOLVED, that our AMA work with state and county medical societies to highlight to
27 physicians the growing practice of creating false equivalencies between physicians and non-
28 physicians in the healthcare team and encourage action in local institutions to assure the quality
29 and safety of patient care. (Directive to Take Action)
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Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 4/17/2024

RELEVANT AMA POLICY

Clarification of the Title "Doctor" in the Hospital Environment D-405.991

1. Our AMA Commissioners will, for the purpose of patient safety, request that The Joint Commission develop and implement standards for an identification system for all hospital facility staff who have direct contact with patients which would require that an identification badge be worn which indicates the individual's name and credentials as appropriate (i.e., MD, DO, RN, LPN, DC, DPM, DDS, etc), to differentiate between those who have achieved a Doctorate, and those with other types of credentials.
2. Our AMA Commissioners will, for the purpose of patient safety, request that The Joint Commission develop and implement new standards that require anyone in a hospital environment who has direct contact with a patient who presents himself or herself to the patient as a "doctor," and who is not a "physician" according to the AMA definition (H-405.969, ?that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine?) must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree.
3. Our AMA will request the American Osteopathic Association (AOA) to (1) expand their standards to include proper identification of all medical staff and hospital personnel with their applicable credential (i.e., MD, DO, RN, LPN, DC, DPM, DDS, etc), and (2) Require anyone in a hospital environment who has direct contact with a patient presenting himself or herself to the patient as a "doctor", who is not a "Physician" according to the AMA definition (AMA Policy H-405.969 .. that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine) must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree.

Citation: Res. 846, I-08; Modified: BOT Rep. 9, I-09; Reaffirmed: CCB/CLRPD Rep. 01, A-23

Need to Expose and Counter Nurse Doctoral Programs (NDP) Misrepresentation D-35.992

Our AMA will: (1) work jointly with state attorneys general to identify and prosecute those individuals who misrepresent themselves as physicians to their patients and mislead program applicants as to their future scope of practice; (2) pursue all other appropriate legislative, regulatory and legal actions through the Scope of Practice Partnership, as well as actions within hospital staff organizations, to counter misrepresentation by nurse doctoral programs and their students and graduates, particularly in clinical settings; and (3) work with all appropriate entities to ensure that all persons engaged in patient contact be clearly identified either verbally, or by name badge or similar identifier, with regard to their professional licensure in order that patients are aware of the professional educational background of that person.

Citation: Res. 211, A-06; Reaffirmed: BOT Rep. 6, A-16

Professional Nurse Staffing in Hospitals H-360.986

The AMA: (1) encourages medical and nursing staffs in each facility to closely monitor the quality of medical care to help guide hospital administrations toward the best use of resources for patients; (2) encourages medical and nursing staffs to work together to develop and implement in-service education programs and promote compliance with established or pending guidelines for unlicensed assistive personnel and technicians that will help assure the highest and safest standards of patient care; (3) encourages medical and nursing staffs to use identification mechanisms, e.g. badges, that provide the name, credentials, and/or title of the physicians, nurses, allied health personnel, and unlicensed assistive personnel in facilities to enable patients to easily note the level of personnel providing their care; (4) encourages medical and nursing staffs to develop, promote, and implement educational guidelines for the training of all unlicensed personnel working in critical care units, according to the needs at each facility; and

(5) encourages medical and nursing staffs to work with hospital administrations to assure that patient care and safety are not compromised when a hospital's environment and staffing are restructured.

Citation: BOT Rep. 11, I-96; Reaffirmed: CMS Rep. 8, A-06; Reaffirmed: CMS Rep. 01, A-16