Student 3
Agenda and Resolutions

National Conference of Family Medicine Residents and Medical Students
July 30 - August 1, 2015 – Kansas City, MO

1. Resolution No. S3-301	Promoting Transparency in Medical Education and Access to Training in Settings Affiliated with Religious Health Care Organizations
2. Resolution No. S3-302	Investigating the Impact of Medical School Student Wellness Programs
3. Resolution No. S3-303	Addressing Burnout in Medical Training
4. Resolution No. S3-304	Endorsement of the Advancing Care for Exceptional Kids Act of 2015
5. Resolution No. S3-305	Support of Miscarriage Managements Training in Family Medicine Residencies
6. Resolution No. S3-306	Improved Access to Medical Student Loans
7. Resolution No. S3-307	Increase Endogenous Residency Program Funding
8. Resolution No. S3-308	Transparency in Medical School Tuition
9. Resolution No. S3-309	Providing Student Loan Repayment Information and Options on the American Academy of Family Physicians Website for Students, Residents, and Practicing Family Physicians

RESOLUTION NO. S3-301

Promoting Transparency in Medical Education and Access to Training in Settings Affiliated with Religious Health Care Organizations

Introduced by: Kaden William, Paseo, WA
My-Linh Nguyen, Baltimore, MD
Autumn Walker, Seattle, WA

WHEREAS, Under health care reform, hospital consolidations have led to an increasing number of affiliations and mergers with religiously affiliated hospitals around the country, and

WHEREAS, physicians, including trainees, treating patients at religiously affiliated health care institutions often must follow certain guidelines, such as the Ethical and Religious Directives for Catholic Health Care (ERDs) issued by the U.S. Conference of Catholic Bishops, and

WHEREAS, ERD may include limitations on the provision of heath care services prescribed by physicians, including but not limited to reproductive services, sexual health, treatment of pregnancy complications, end of life care, and health care services for the GLBTQ community, and

WHEREAS, increasing numbers of medical schools and graduate medical education training programs around the country have made affiliations with religiously affiliated organizations, and

WHEREAS, the scope and quality of medical training may be limited by religious guidelines for trainees (students, residents, and fellows) at religiously affiliated training programs, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians strongly encourage medical schools and graduate medical education training programs in all states to communicate with current and prospective medical students, residents, and fellows how affiliations and mergers among health care organizations may impact health care delivery, medical education, and training opportunities at the respective institutions, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) include information on the religious affiliation of residency programs on the AAFP Family Medicine Residency Directory (https://nf.aafp.org/Directories/Residency/Search), and be it further

RESOLVED, That the American Academy of Family Physicians recommend to the American Medical Association that information on religious affiliation be listed in the Fellowship and Residency Electronic Interactive Database (FREIDA), and be it further

RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council on Graduate Medical Education and other appropriate stakeholders to support transparency with medical education, recommending that medical schools and graduate medical education training programs communicate with current and prospective medical students, resident fellows, and faculty about how affiliations and mergers among health care organizations may impact health care delivery, medical education, and training opportunities.

RESOLUTION NO. S3-302

Investigating the Impact of Medical School Student Wellness Programs

Introduced by: Stuart Zeltzer, Cleveland, OH

WHEREAS, Medical school student wellness programs have emerged to address topics such as medical student burnout, sleep deprivation and nutrition, and

WHEREAS, the Association of American Medical Colleges identified and highlighted best practices among the emerging and existing wellness programs including a 2013 report on Student Wellness Initiatives by the Organization of Student Representatives, and

WHEREAS, many of these medical school student wellness programs include both curricular and extracurricular components focusing on a broad range of student wellness topics, some addressing the importance of wellness in professional practice as a physician, and

WHEREAS, it is unknown how the emergence of medical school student wellness programs will impact the perceptions and professional career decisions of medical students relating to primary care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians explore avenues and partnerships with interested constituents, such as the Association of American Medical Colleges, for evidence-based investigation of medical school student wellness programs in order to evaluate the impact of these wellness programs on student perceptions of, and professional decisions related to, primary care.

RESOLUTION NO. S3-303

Addressing Burnout in Medical Training

Introduced by: Margarette Shegog, MD, Asheville, NC
Diana Mokaya, MD, San Jose, CA
Michelle Henne, MD, St. Petersburg, FL
Douglas Borst, MD, Coeur D'Alene, ID
Sarah Waterman, Omaha, NE

WHEREAS, Burnout is an organizational priority for the American Academy of Family Physicians (AAFP), and

WHEREAS, there are unique issues related to burnout in medical training that may differ from the drivers of burnout in practicing physicians, including but not limited to a system of dehumanization and a standard of attempting to achieve and exceed one's maximal capacities at all times, and

WHEREAS, the skills and experience needed to cultivate a supportive environment in medical training is widely variable amongst institutions, and

WHEREAS, many active projects pertaining to burnout are being pursued through various other family medicine organizations, including but not limited to Society of Teachers of Family Medicine and Association of Family Medicine Residency Directors, and

WHEREAS, developing a cohesive system to support medical trainees could benefit from coordination of efforts within the family of family medicine organizations, and

WHEREAS, contributors to medical trainee burnout include lack of autonomy, frequent schedule changes, difficulty in scheduling break time, lack of support for personal or family medical emergencies, and

WHEREAS, strategic solutions for these things could potentially be shared amongst programs if a coordinated effort were made, and

WHEREAS, addressing burnout has typically been approached on a systems level, including teaching medical educators to model behaviors consistent with a culture of humanization and to recognize their role within that culture, and

WHEREAS, the AAFP might also target medical educators by acting as a liaison between the various family medicine organizations in their efforts surrounding burnout and the unique challenges posed by medical training, now therefore, be it

RESOLVED, That the American Academy of Family Physicians prioritize the unique aspects of medical training in their efforts related to burnout prevention on a systems

level, including addressing a culture of dehumanization within medical training, and be it further

RESOLVED, That the American Academy of Family Physicians specifically target medical educators and those involved in medical training to model behaviors and attitudes that prevent burnout among medical trainees.

RESOLUTION NO. S3-304

Endorsement of the Advancing Care for Exceptional Kids Act of 2015

Introduced by: Joshua Hollabaugh, Nashville, TN
Orlando Sola, MD, New York, NY
Joseph Brodine, Washington, DC
Stewart Decker, MD, Klamath Falls, OR

WHEREAS, The American Academy of Family Physicians (AAFP) supports the goals of access to comprehensive and continuing medical care for all, and

WHEREAS, nearly 65 percent of family physicians participate in Medicaid and provide care for children, and

WHEREAS, AAFP members have a major stake in ensuring the Children's Health Insurance Program (CHIP) and Medicaid remain a viable and useful means for providing care to children, and

WHEREAS, approximately 2 million children with complex medical issues are enrolled under Medicaid, accounting for an estimated six percent of Medicaid enrollees and approximately 40 percent of children's Medicaid spending, and

WHEREAS, Medicaid is an integrated state-federal program whose recipients currently cannot receive care covered by the program across state boundaries even when medically indicated or geographically requisite, and

WHEREAS, the Advancing Care for Exceptional Kids Act of 2015 (ACE Kids Act of 2015) would establish a national Medicaid and CHIP care coordination program for children with medically complex conditions as an option for state Medicaid programs in better coordination and integration of care for such pediatric population, coverage of care across state boundaries, improved health outcomes and savings under the Medicaid program and CHIP, and

WHEREAS, family physicians care for patients across the full spectrum of life, and

WHEREAS, family physicians recognize that complex medical issues persist across all ages, and that the barriers to care to be addressed by the ACE Kids Act of 2015 also inhibit optimal care for all, and

WHEREAS, the ACE Kids Act of 2015 is a positive step towards achieving the goal of comprehensive and continuing medical care for all, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians endorse the Advancing Care for Exceptional Kids Act of 2015.

RESOLUTION NO. S3-305

Support of Miscarriage Managements Training in Family Medicine Residencies

Introduced by: Natalie Hinchcliffe, DO, New York, NY
Elizabeth Wiley, MD, Baltimore, MD
Stewart Decker, MD, Klamath Falls, OR
Andres Mallipudi, Baltimore, MD

WHEREAS, Nearly one in four women will experience miscarriage at some point in their lives, and

WHEREAS, the rate of pregnancies which end in miscarriage is approximately 15% with the percentage increasing along with the sensitivity of pregnancy testing to between 20%-62%, and

WHEREAS, miscarriage management is an integral part of the comprehensive reproductive health care, and

WHEREAS, comprehensive reproductive health care is within the scope of family medicine, making miscarriage management a part of the care family physicians should provide, and

WHEREAS, miscarriage management can be provided through expectant management, medical management with misoprostal, or uterine aspiration (MVA), and

WHEREAS, procedural interventions, such as uterine aspiration may be necessary in the case of retained products or failed medical management, and

WHEREAS, expectant management has higher rates of incomplete miscarriage, unplanned procedural intervention, higher rates of bleeding, and increased need for transfusion, and

WHEREAS, uterine aspiration has the highest success rate of uterine evacuation of all options for women experiencing miscarriage, and

WHEREAS, family physicians are the only providers some patients have access to, particularly in rural areas, and

WHEREAS, 57% of chief residents in family medicine residencies reported that they lacked clinical experience in miscarriage management, and

WHEREAS, current data show that operating room-based surgery is the most common way of managing miscarriage, despite the three options which can be offered by family physicians being equally as safe, and

WHEREAS, there are many benefits to family physicians providing miscarriage management, and

WHEREAS, it is more cost-effective, more conducive to continuity of care, enabling follow-up care to process the experience, and helps to avoid overtreatment, and

WHEREAS, family medicine residents are not routinely trained in miscarriage management, and

WHEREAS, there is a specific gap in opportunities to train in uterine aspiration, and

WHEREAS, by including office-based miscarriage management training in family medicine residency training, more women could access care from their own family physicians, and

WHEREAS, family medicine residents need to have direct, hands-on training during residency in order to be able to provide miscarriage management, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians write a letter to the Accreditation Council for Graduate Medical Education requesting the inclusion of miscarriage management within their training requirements, and be it further

RESOLVED, That the American Academy of Family Physicians include miscarriage management as a hands-on, skill-building workshop emphasizing procedural skills in uterine aspiration with manual aspiration at the National Conference of Family Medicine Residents and Medical Students, and be it further

RESOLVED, That the American Academy of Family Physicians support the overall integration of comprehensive miscarriage management training including uterine aspiration with manual vacuum aspiration into family medicine residencies, and be it further

RESOLVED, That the resolution titled, “Support of Miscarriage Management Training in Family Medicine Residencies” be referred to the American Academy of Family Physicians Congress of Delegates.

RESOLUTION NO. S3-306

Improved Access to Medical Student Loans

Introduced by: Allen Rodriguez, Los Angeles, CA
Chetan Patel, MD, Columbus, GA

WHEREAS, The number of undocumented medical students applying and being accepted into U.S. medical programs has increased since 2012, and

WHEREAS, undocumented medical students originate from all over the world, are commonly multilingual, multicultural and from low-income backgrounds, and have excelled academically to be accepted into accredited U.S. medical programs, and

WHEREAS, undocumented students remain ineligible for most federal benefits including federal loans, which comprise an integral part of a typical medical student's financial aid package and puts these students at risk of not completing their medical education, and

WHEREAS, financial barriers faced by undocumented medical students adversely affect their mental health, academic performance, and puts them at risk for not completing medical education, and

WHEREAS, some states have partnered with medical schools to create state-backed loan programs for undocumented students enrolled at schools of medicine, and

WHEREAS, the American Academy of Family Physicians has a long history of supporting equal access to medical education for minority and disadvantaged students, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support that medical students with similar education, training, and qualifications should not face disparate barriers to accessing financial aid and loan repayment resources, and be it further

RESOLVED, That the American Academy of Family Physicians identify and work with stakeholders to support the creation and funding of loan programs for medical students enrolled in any accredited medical school who are unable to secure federal loans that are comparable to loans offered through the Federal Government, and be it further

RESOLVED, That the American Academy of Family Physicians ask the Robert Graham Center to study the potential impact of DACA (Delayed Action for Childhood Arrivals) and other unauthorized immigrant medical students on the primary care shortage in the United States.

RESOLUTION NO. S3-307

Increase Endogenous Residency Program Funding

Introduced by: Chetan Patel, Columbus, GA
Phillip So, Detroit, MI

WHEREAS, Many family medicine residency programs are facing financial pressures to reduce losses or increase profits, and

WHEREAS, many training programs are tasked with providing care for the underserved and financially challenged, and

WHEREAS, residents are typically not given extensive formal teaching of billing and coding in the first two years of training, and

WHEREAS, the new Medicare chronic management codes can greatly improve the financial health of outpatient clinics with minimal initial investment, and

WHEREAS, the patient-centered medical home is the new standard for primary care offices yet most programs are yet to be or in process of becoming certified, and

WHEREAS, stronger programs will attract stronger candidates and augment the development of future leaders of our American Academy of Family Physicians, as well as the healthcare system as a whole, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians invest resources to develop a toolkit for billing and coding for residency programs so they may adapt to the changing financial environment of medicine by increasing revenue and sustainability of clinics.

RESOLUTION NO. S3-308

Transparency in Medical School Tuition

Introduced by: Laura Murphy, Pomona, CA
Allen Rodriguez, Los Angeles, CA

WHEREAS, The cost of medical education continues to increase beyond the rate of inflation without reasonable cause, and

WHEREAS, the average debt of graduating U.S. medical students continues to rise significantly with a compound growth rate of 5.7 percent, and

WHEREAS, there is great variation in tuition and fees from program to program, and

WHEREAS, transparency is a way to clarify use of funds and prevent misuse in order to ensure reasonable medical education costs, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians write a letter to the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine encouraging accredited American medical schools to publicize annually and release to students the breakdown of how student tuition and fees are used, and be it further

RESOLVED, That the American Academy of Family Physicians ask the U.S. Congress to benchmark medical school tuition around the rate of inflation and limit future increases in medical school tuitions to only be used for known costs associated with medical education.

RESOLUTION NO. S3-309

Providing Student Loan Repayment Information and Options on the American Academy of Family Physicians Website for Students, Residents, and Practicing Family Physicians

Introduced by: Elizabeth McIntosh, Syracuse, NY
Scott Hippe, Seattle, WA
Clayton Cooper, State College, PA
Brandon Crouch, MD, Columbus, OH

WHEREAS, The average U.S. medical student graduates with $176,348 in student loans, and

WHEREAS, seventy-nine percent of U.S. medical students graduate with over $100,000 in student loans, and

WHEREAS, U.S. medical students graduating from public schools with a total debt of $50,000 to $100,000 are more likely to practice family medicine, when compared to students with larger amounts of debt, and

WHEREAS, knowing more about available loan repayment programs and schedules will provide encouragement to students who are interested in family medicine but concerned about high debt levels and the financial viability of primary care to continue pursuing their interest, and

WHEREAS, many loan repayment programs currently exist for family physicians, including National Health Service Corps, Indian Health Service, and state-funded programs, and

WHEREAS, the Association of American Medical College's FIRST (Financial Information, Resources, Services, and Tools) website already provides general information about calculating loan repayment and financial literacy, but this is not specifically tailored to meet the needs of students interested in family medicine, and

WHEREAS, the current American Academy of Family Physicians website provides little information about student loan repayment or scholarships that are specific to family medicine, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians investigate the creation and implementation of an addition to its website that provides resources which will help students, residents, and practicing family physicians to effectively manage their student loan finances and debt.