



# Congress of Delegates Resident/Student 2016 Annual Report

---

## CONGRESS OF DELEGATES RESIDENT/STUDENT REPRESENTATIVES

### Residents

Alex Mroszczyk-McDonald, MD  
Kaiser Permanente Fontana FMR  
Class of 2016

Stewart Decker, MD  
Klamath Falls Cascade East FMR  
Class of 2017

### Students

Cecilia Jojola, MD  
University of California, Davis FMR  
Class of 2019

Morgan Rogers, MD  
Williamsport FMR  
Class of 2019

## RESIDENT REPORT

The AAFP Congress of Delegates (COD) is the representative-based policy-making body of the AAFP. It is comprised of two physician representatives from each constituent (state)chapter, as well as two representatives each from other special constituencies including students, residents, new physicians, minority, LGBT, women, and international medical graduate physicians. Resident delegates are full voting members of COD and our input and testimony is actively sought at reference committees as well as the congress sessions. Furthermore, we have a full vote in electing new board members as well as president elect at each COD. We are active participants and it is very clear that our input is highly valued by other physicians, staff, and by the organization as a whole.

At the National Congress of Family Medicine Residents in 2015, we heard diverse resolutions that truly reflected the breadth of family medicine. Medical student and physician burnout was a featured conversation. Point-of-care ultrasound curriculum guidelines and the transparency of religious affiliation of residency were other Resident Congress resolutions that made their way to AAFP commissions this year. There was also passionate testimony regarding family physicians training with regard to pregnancy miscarriage management.

The 2015 National Congress of Family Medicine Residents elected us to a term serving as alternate delegates to the 2015 COD, voting delegates to the 2016 COD, and members of the AAFP Commission on Education for the year. As alternate delegates in 2015 we did not vote during the congress, however, we fully participated in resident and student caucus discussions clarifying "the will of the residents." We were also able to speak at reference committee hearings and the COD itself in order to communicate those opinions to the body at large. Some resolution topics we specifically spoke on included climate change, nuclear disarmament, human trafficking, physicians as certified medical examiners, support for education at underserved and rural areas, taking a stance on institutional racism, and buprenorphine education.

At the moment we are preparing for the 2016 COD. There are several exciting resolutions already on the table, including over-the-counter oral contraception, development of a social determinants of health tool kit, student loan repayment for teaching faculty in family medicine residency program, and the

development of a medical student campaign regarding family medicine as a career path. We are excited to get a sense of the residents' opinions on these proposals.

The opinions of our fellow residents, as expressed in direct conversation and through the resolution process, guide what we, as your representatives, bring to the AAFP via the COD and AAFP commissions. Resident and student voices are very important to the AAFP. What we do truly impacts opinion, so please share yours with us over the next several days.

An additional responsibility of our position is to serve on the Commission on Education (COE), as well as the Subcommittee of Resident and Student Issues (SRSI). Alex served on the Subcommittee on Graduate Curriculum (SGC) and Stewart served on the Subcommittee for Global Family Medicine (SGFM).

The COE discussed a wide range of topics pertaining to education of students, residents as well as some work with continuing medical education. Highlights included discussion of workforce diversity and inclusion within the AAFP as well as family medicine in general. Student choice of family medicine and development of workforce pipeline was a prominent topic discussed in COE as well as SRSI. We also discussed the modernization of medical, graduate medical education and continuing medical education. There was prominent discussion regarding helping osteopathic family medicine programs currently accredited by the American Osteopathic Association obtain accreditation through the Accreditation Council on Graduate Medical Education (ACGME) as family medicine graduate medical education moves to a single accreditation system. If those programs do not obtain accreditation they will close, further reducing family medicine residency positions and thus our workforce. During both the winter and summer commission meetings, affectionately known as "Cluster" meetings, we had the opportunity to hear from a variety of "disruptive innovators" to help break routine or preconceived notions to generate new and innovative ways to care for ourselves, our colleagues, and our patients.

SRSI included several actions on excellently written resident resolutions, including one from the 2015 National Congress of Student Members asking for the AAFP to create a student leadership positions to serve as a liaison to the Latino Medical Student Association, and one asking for action to improve access to medical education loans for Deferred Action of Childhood Arrivals (DACA) students. SRSI agreed with both of those resolutions, as well as a resolution to advocate for as well improve education on the subject of human trafficking and refugee health. There is ongoing work to improve and address the culture of burnout and resilience in medical student as well as residents. A large amount of time was dedicated to brainstorming how to increase medical student choice in family medicine and building the of family medicine pipeline, starting as young as middle school.

The SGC reviews and updates curriculum guidelines for family medicine residencies and addresses other issues pertinent to graduate medical education in family medicine. Some of the key work we did on this committee was to begin development of curriculum guidelines for point-of-care ultrasound as well as emergency medicine/urgent care for family medicine residents. We began working on curricular guidelines for care of underserved and/or at risk populations and drafted a position paper protecting family medicine scope of practice in ER and urgent care. Finally, we engaged in some conversation regarding resident duty hours and how the ACGME is currently reviewing resident duty hour guidelines.

The Subcommittee for Global Family Medicine enjoyed its last meeting during the Summer Cluster, as its role has largely been folded into the work of the AAFP Center for Global Health Initiatives and its advisory board. However, loathe to go silently into the night, we pushed the AAFP to express solidarity and offer support to our European colleagues as they face an unprecedented refugee crisis and urged the AAFP to address the growing "Islamophobia" and pungent, exclusionary nationalism within our own borders.

On a personal note (Alex), the leadership seminars as well as the mentoring of the AAFP leaders, both physician and nonphysician staff, has been inspiring. Working with and learning from such experienced

clinicians and staff has altered the trajectory of my career. I often feel that the problems we are facing within medicine are insurmountable and overwhelming; however, by working together, being persistent and taking small steps we can make medicine work better for physicians and patients. Furthermore, I continue to be impressed with just how much the AAFP values its student and resident members and really wants to hear from this constituency. I strongly encourage students and residents to apply for leadership positions on both the state and national level of AAFP.

This position has stretched my own skills and abilities such as public speaking, critical thinking, and, most importantly, active listening and engaging with others in collaborative dialogue. I am better positioned to advocate for myself, my patients and my colleagues.

I (Stewart) found myself in what I can only describe as “home.” The experience of representing such an impactful group is monumentally empowering. Our caucus spent dozens of hours clarifying the opinions, passions and areas of importance for our resident and student members nationally. When we spoke, we spoke confidently with the authority of thousands. When we spoke, the AAFP listened. I want to take the time to assure you that the AAFP makes things happen. It makes big things happen, and while it can be a slow and ponderous ship, we are the rudder that steers it. Keep thinking creatively, keep thinking thoughtfully, and keep asking the AAFP to do the things that are important to you, because we have your back, and all of a sudden I love public speaking.

We very much look forward to discussing any and all resolutions and ideas with you while at National Conference or via email at any time. Please don't stop pushing envelopes.

Cheers,

Alex and Stewart

## STUDENT REPORT

### **Fall 2015 Congress of Delegates Meeting in Denver, Colorado**

“The COD is the AAFP’s policy-making body. Its membership consists of two delegates and two alternates from each constituent chapter and from member constituencies including new physicians, residents, students, and other constituency groups represented at the National Conference of Constituency Leaders.” There are five reference committees that submit recommendations about resolutions to the COD: Advocacy, Education, Health of the Public and Science, Organization and Finance, and Practice Enhancement. Subject matter of resolutions ranges from curriculum guidelines and CME content to climate change and nuclear disarmament. A full summary of the actions taken by the 2015 COD can be found of the AAFP website under Congress of Delegates.

Duties of student delegate: duties are explicitly outlined online. Each student delegate will have one vote during COD voting. Delegate term begins after the current year’s COD meeting (i.e. the 4 delegates elected during National Conference will be alternates at the upcoming COD). Time commitment is approximately 3 three day weekends plus national conferences as well as any phone conference meetings that need to take place. Reimbursement is provided for in-person meetings throughout the year that require travel.

### **Summer Cluster June 2016**

#### **Commission on Education (COE)**

The Commission on Education is a commission of the AAFP that meets twice per year. Student delegates (2) and resident delegates (2) are voting members of this commission. Two delegates (one resident and one student) also serve on each of the subcommittees of the COE. These subcommittees include the Subcommittee on Resident and Student Issues (SRSI), Subcommittee on Graduate Curriculum (SGC), Subcommittee on National Conference Planning, and Subcommittee on Global Family Medicine (SGFM). These commissions advise the AAFP Board of Directors and the resident and student delegates on the commissions act as the voice of its student and resident members.

## **Highlights**

1. Presentation on workforce diversity prompted brainstorming several ways the AAFP can promote diversity. These ideas included exploring how old diversity efforts failed, creating funding for an initiative, and looking at action at the governmental level. As a result, the AAFP Board will examine how best to proceed in promoting diversity.

## **Subcommittee on Resident and Student Issues (SRSI)**

The Subcommittee on Resident and Student Issues is a subcommittee of the Commission on Education (COE). This subcommittee was designed to “protect the interests and well-being of all students and residents as learners and developing professionals as well as to increase the AAFP resident member engagement and competency in population health by demonstrating knowledge and competency of applying risk stratification to a patient population.”

## **Highlights**

1. SRSI voted to accept the 2015 NCFMR Res No. R3-608: Student Liaison to the Latino Medical Student Association with modification. In committee opinion, benefit of increasing the diversity of the AAFP outweighed the fiscal cost per year (\$7500 per liaison). As a result, this resolution creates a new appointed student liaison position with similar responsibilities to the Student National Medical Association student liaison.
2. Discussed NCSM S3-308 “Transparency in Medical School Tuition” and lack of transparency’s relation to student frustration and burnout. Overall sentiments included a need for the AAFP to take a public stance encouraging transparency. This resolution was accepted with modification. As a result, the AAFP endorses encouraging entities to be transparent about their fiscal allocations.
3. ‘SRSI recommends continuing the AAFP-CFPC (college of family physicians Canada) resident exchange by sending the 2016-17 resident member of the AAFP Board of Director to a CFPC leadership meeting to serve as a liaison.’ (from COE report)
4. SRSI recommends the development of 2 working groups: one to identify educational gaps for pain management and opioid use and 2) one to study student wellness.

## **Subcommittee on Graduate Curriculum (SGC)**

The Subcommittee on Graduate Curriculum (SGC) is a subcommittee of the Commission on Education (COE). This subcommittee was designed to evolve current curriculum guidelines as well as create new training curriculum to meet the needs of the future.

## **Highlights**

1. In response to a request for curriculum guidelines on human trafficking, the committee agreed that this information is important to family physicians and is better placed into the larger general category of “vulnerable populations.” As a result, the committee will design a new curriculum guideline for Vulnerable Populations and include information on human trafficking in these guidelines.
2. There will be an upcoming Focus Group run by AAFP staff to examine how the curriculum guidelines are used and how they can be improved.

## **Subcommittee on Global Family Medicine (SGFM)**

SGFM is a subcommittee of the Commission on Education. This subcommittee was designed to “support family medicine development globally through the sharing of COE expertise as well as focus on global health issues.”

## **Highlight**

The refugee crisis was discussed thoroughly as well as what role American family physicians should take in aiding the WONCA. We decided to write a letter of support to WONCA and offered services if needed. Details of services were not discussed as it is yet unclear what is needed abroad.

Personal Experience (Morgan): I thoroughly enjoyed representing the students to the COD and the subcommittees I was appointed to. This experience allowed me to gain a better understanding of the structure of the AAFP and how policy is made as well as the scope of work that the AAFP performs – all of which were foreign to me before this year. I would highly recommend this position to anyone that is passionate about many different issues and wants to learn more about the AAFP's impact.

My personal experience (Cecilia): The AAFP truly cares about the thoughts and opinions of its students, and grants us a voice unparalleled in organized medicine. It not only creates space for the sharing of ideas, but takes the creative processes of its students and makes them reality. This has been a fantastic opportunity!

Regards,

Morgan and Cecilia

***Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit [aafp.org](http://aafp.org).***