



Resident 3 Agenda and Resolutions

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

1. Resolution No. R3-601 Recommendation of Preventive Care for Social Service Assistance Recipients
2. Resolution No. R3-602 Standardization of Annual Group Home Physical Examinations
3. Resolution No. R3-603 Promoting Transparency in Medical Education and Access to Training in Settings Affiliated with Religious Health Care Organizations
4. Resolution No. R3-604 Addressing Burnout in Medical Training
5. Resolution No. R3-605 Expansion of Teaching Health Care Center Funding
6. Resolution No. R3-606 Creating Self-Assessment Modules for Reproductive Health
7. Resolution No. R3-607 Improved Access to Medical Student Loans
8. Resolution No. R3-608 Student Liaison to the Latino Medical Student Association
9. Resolution No. R3-609 Increasing American Academy of Family Physicians Leadership Pipelines
10. Resolution No. R3-610 Clinical Tools to Assess a Patient's Social Determinants of Health
11. Resolution No. R3-611 Support of Electronic Submission of Resolution at National Conference 2016
12. Resolution No. R3-612 Ethics of Family Physicians in the Media

1 **RESOLUTION NO. R3-601**

2
3 **Recommendation of Preventive Care for Social Service Assistance Recipients**

4
5 Introduced by: Jason R. Woloski, MD, Hershey, PA
6 Nadine S. Hewamudalige, MD, Hershey, PA
7

8 WHEREAS, Socioeconomic factors are known contributors to an individual's current
9 state of health, and

10
11 WHEREAS, the Department of Health and Human Services Welfare Indicators and Risk
12 Factors Report to the 13th Congress identified over 20 percent of Americans receiving
13 some type of welfare, and

14
15 WHEREAS, an estimated 72.2 million Americans currently receive Medicaid and

16
17 WHEREAS, more than 1,000 federally funded benefit and assistance programs exist,
18 and

19
20 WHEREAS, health inequalities have been linked to complex social and economic
21 systems, and

22
23 WHEREAS, Healthy People 2020 highlights the importance of addressing social
24 determinants of health, and

25
26 WHEREAS, the American Academy of Family Physicians (AAFP) currently endorses
27 the concept that all children and adults, regardless of economic and insurance status,
28 have access to all immunizations recommended by the AAFP, and

29
30 WHEREAS, mandatory vaccination requirements for recipients of social service
31 programs would positively influence "herd immunity" and contribute to the health of the
32 population that the federal assistance programs were designed to aid, and

33
34 WHEREAS, experts estimate 92-94 percent of the population needs to be immune to a
35 disease, such as measles, in order to achieve "herd immunity," which, in turn, protects
36 the whole community, now, therefore, be it

37
38 RESOLVED, That the American Academy of Family Physicians advocate for obligatory
39 compliance with current Centers for Disease Control and Prevention established
40 vaccination recommendations for all individuals receiving U.S. governmental social
41 services; and be it further

42
43 RESOLVED, That the American Academy of Family Physicians support a requirement
44 for all individuals receiving U.S. governmental social services to have an established
45 primary care physician.

1 **RESOLUTION NO. R3-602**

2
3 **Standardization of Annual Group Home Physical Examinations**

4
5 Introduced by: Jason R. Woloski, MD, Hershey, PA

6
7 WHEREAS, Group homes are becoming an increasingly popular option for individuals
8 and families caring for persons with increased care and supervision requirements, and

9
10 WHEREAS, many of these group home residents have chronic disabilities and/or
11 intellectual challenges which prohibit independent living, and

12
13 WHEREAS, most group homes require annual physical examination and preventive
14 health screenings for residents to be completed by health care providers, and

15
16 WHEREAS, the strict screening forms by group homes often include mandatory
17 gynecologic and prostate screening, and

18
19 WHEREAS, subsequent refusal of incomplete forms, leaves the physician without
20 flexibility to assess the best interest of the patient, and

21
22 WHEREAS, performing these invasive physical examinations is often without the
23 patient's ability to provide informed consent or share in the decision making process,
24 and

25
26 WHEREAS, gynecologic and prostate examinations on this vulnerable group home
27 population at times may require the need for mild sedation with medication, and

28
29 WHEREAS, screening guidelines continue to change and there is currently no
30 mechanism in place to monitor group home compliance with these new screening
31 recommendations, and

32
33 WHEREAS, the United States Preventative Services Task Force cites PSA screening
34 as Grade D evidence, yet this is a common mandatory requirement on physical
35 examination forms for patients over age 40 in group homes, and

36
37 WHEREAS, the Choosing Wisely campaign launched by the American Board of Internal
38 Medicine Foundation (ABIM) addresses physician responsibility to prevent the overuse
39 or misuse of tests and procedures that offer little benefit and may sometimes inflict harm
40 (choosingwisely.org), and

41
42 WHEREAS, current American Academy of Family Physicians policy does not
43 specifically address examinations and screening recommendations for group home
44 residents, now, therefore, be it

45

46 RESOLVED, That the American Academy of Family Physicians develop a standardized
47 physical examination form for group home residents, and be it further

48
49 RESOLVED, That the American Academy of Family Physicians develop evidence-
50 based screening guidelines for group home residents, particularly as it relates to
51 gynecologic and prostate screening, while supporting flexibility for physician discretion.

1 **RESOLUTION NO. R3-603**

2
3 **Promoting Transparency in Medical Education and Access to Training in Settings**
4 **Affiliated with Religious Health Care Organizations**

5
6 Introduced by: Kaden William, Paseo, WA
7 My-Linh Nguyen, Baltimore, MD
8 Autumn Walker, Seattle, WA
9

10 WHEREAS, Under health care reform, hospital consolidations have led to an increasing
11 number of affiliations and mergers with religiously affiliated hospitals around the
12 country, and
13

14 WHEREAS, physicians, including trainees, treating patients at religiously affiliated
15 health care institutions often must follow certain guidelines, such as the Ethical and
16 Religious Directives for Catholic Health Care (ERDs) issued by the U.S. Conference of
17 Catholic Bishops, and
18

19 WHEREAS, ERD may include limitations on the provision of health care services
20 prescribed by physicians, including but not limited to reproductive services, sexual
21 health, treatment of pregnancy complications, end of life care, and health care services
22 for the GLBTQ community, and
23

24 WHEREAS, increasing numbers of medical schools and graduate medical education
25 training programs around the country have made affiliations with religiously affiliated
26 organizations, and
27

28 WHEREAS, the scope and quality of medical training may be limited by religious
29 guidelines for trainees (students, residents, and fellows) at religiously affiliated training
30 programs, now, therefore, be it
31

32 RESOLVED, That the American Academy of Family Physicians strongly encourage
33 medical schools and graduate medical education training programs in all states to
34 communicate with current and prospective medical students, residents, and fellows how
35 affiliations and mergers among health care organizations may impact health care
36 delivery, medical education, and training opportunities at the respective institutions, and
37 be it further
38

39 RESOLVED, That the American Academy of Family Physicians (AAFP) include
40 information on the religious affiliation of residency programs on the AAFP Family
41 Medicine Residency Directory (<https://nf.aafp.org/Directories/Residency/Search>), and
42 be it further
43

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

47 RESOLVED, That the American Academy of Family Physicians work with the
48 Accreditation Council on Graduate Medical Education and other appropriate
49 stakeholders to support transparency with medical education, recommending that
50 medical schools and graduate medical education training programs communicate with
51 current and prospective medical students, resident fellows, and faculty about how
52 affiliations and mergers among health care organizations may impact health care
53 delivery, medical education, and training opportunities.
54

1 **RESOLUTION NO. R3-604**

2
3 **Addressing Burnout in Medical Training**

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

10
11 WHEREAS, Burnout is an organizational priority for the American Academy of Family
12 Physicians (AAFP), and

13
14 WHEREAS, there are unique issues related to burnout in medical training that may
15 differ from the drivers of burnout in practicing physicians, including but not limited to a
16 system of dehumanization and a standard of attempting to achieve and exceed one's
17 maximal capacities at all times, and

18
19 WHEREAS, the skills and experience needed to cultivate a supportive environment in
20 medical training is widely variable amongst institutions, and

21
22 WHEREAS, many active projects pertaining to burnout are being pursued through
23 various other family medicine organizations, including but not limited to Society of
24 Teachers of Family Medicine and Association of Family Medicine Residency Directors,
25 and

26
27 WHEREAS, developing a cohesive system to support medical trainees could benefit
28 from coordination of efforts within the family of family medicine organizations, and

29
30 WHEREAS, contributors to medical trainee burnout include lack of autonomy, frequent
31 schedule changes, difficulty in scheduling break time, lack of support for personal or
32 family medical emergencies, and

33
34 WHEREAS, strategic solutions for these things could potentially be shared amongst
35 programs if a coordinated effort were made, and

36
37 WHEREAS, addressing burnout has typically been approached on a systems level,
38 including teaching medical educators to model behaviors consistent with a culture of
39 humanization and to recognize their role within that culture, and

40
41 WHEREAS, the AAFP might also target medical educators by acting as a liaison
42 between the various family medicine organizations in their efforts surrounding burnout
43 and the unique challenges posed by medical training, now therefore, be it

44
45 **RESOLVED**, That the American Academy of Family Physicians prioritize the unique
46 aspects of medical training in their efforts related to burnout prevention on a systems

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

49

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

1 **RESOLUTION NO. R3-605**

2

3 **Expansion of Teaching Health Care Center Funding**

4

5 Introduced by: Jessica Reader, MD, Chicago, IL

6

7 WHEREAS, The United States is facing a serious primary care work force shortage,
8 and

9

10 WHEREAS, there is a need for reform of the current system of funding for graduate
11 medical education, and

12

13 WHEREAS, the Teaching Health Center pilot program has been shown to be an
14 effective model for training and retaining primary care physicians who are more likely to
15 continue to practice primary care and work in underserved settings such as Federally
16 Qualified Health Centers, and

17

18 WHEREAS, the Teaching Health Center grant was renewed for only two years as part
19 of the Sustainable Growth Rate repeal bill, now, therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians advocate for expansion
22 of Teaching Health Center funding, and be it further

23

24 RESOLVED, That the American Academy of Family Physicians advocate for a
25 permanent stream of Teaching Health Center funding, and be it further

26

27 RESOVED, That the American Academy of Family Physicians' position is that the
28 Teaching Health Center model be the primary solution to graduate medical education
29 funding reform.

1 **RESOLUTION NO. R3-606**

2

3 **Creating Self-Assessment Modules for Reproductive Health**

4

5 Introduced by: Jessica Reader, MD, Chicago, IL

6

7 WHEREAS, Reproductive health is a primary care topic well within the scope of family
8 medicine, and

9

10 WHEREAS, increasing physician knowledge about reproductive health will provide
11 more access to reproductive health services for patients, now, therefore, be it

12

13 RESOLVED, That the American Academy of Family Physicians support the creation of
14 Self Assessment Modules (SAMS) on the topic of reproductive health, including but not
15 limited to sexually transmitted infections, contraception, and miscarriage management.

1 **RESOLUTION NO. R3-607**

2
3 **Improved Access to Medical Student Loans**

4
5 Introduced by: Allen Rodriguez, Los Angeles, CA
6 Chetan Patel, MD, Columbus, GA
7

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

10
11 WHEREAS, undocumented medical students originate from all over the world, are
12 commonly multilingual, multicultural and from low-income backgrounds, and have
13 excelled academically to be accepted into accredited U.S. medical programs, and
14

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

19
20 WHEREAS, financial barriers faced by undocumented medical students adversely affect
21 their mental health, academic performance, and puts them at risk for not completing
22 medical education, and

23
24 WHEREAS, some states have partnered with medical schools to create state-backed
25 loan programs for undocumented students enrolled at schools of medicine, and
26

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

30
31 RESOLVED, That the American Academy of Family Physicians support that medical
32 students with similar education, training, and qualifications should not face disparate
33 barriers to accessing financial aid and loan repayment resources, and be it further
34

35 RESOLVED, That the American Academy of Family Physicians identify and work with
36 stakeholders to support the creation and funding of loan programs for medical students
37 enrolled in any accredited medical school who are unable to secure federal loans that
38 are comparable to loans offered through the Federal Government, and be it further
39

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

1 **RESOLUTION NO. R3-608**

2
3 **Student Liaison to the Latino Medical Student Association**

4
5 Introduced by: Orlando I. Sola, MD, MPH, New York, New York
6 Luis Rivera, MD, Chicago, IL
7 Joseph Brodine, Washington, DC
8 Joshua Hollabaugh, Eagle Point, OR
9

10 WHEREAS, The American Academy of Family Physicians (AAFP) mission is to
11 “improve the health of patients, families, and communities”, and yet the AAFP has no
12 official ties with organizational representatives of the Latino advocacy communities, and
13

14 WHEREAS, Latinos are the fastest growing ethnic-minority community in the United
15 States, currently composed of 17% of the U.S. population, a number which will grow to
16 30% of the U.S. population by 2060, and
17

18 WHEREAS, despite recent health care reform Latino communities continue to suffer
19 disproportionately from chronic diseases such as diabetes and obesity, and
20

21 WHEREAS, to ensure the growing Latino patient population receives culturally sensitive
22 primary health care, primary care advocacy groups will need to make inroads into
23 organizations that support the development of physicians trained in Latino health care,
24 and
25

26 WHEREAS, the Latino Medical Student Association (LMSA) exists to support the
27 professional growth of Latino medical students and to advocate for Latino patient
28 communities and their providers, and
29

30 WHEREAS, LMSA has recently created a resolution-based policy development process
31 that address issues also addressed by the National Conference of Constituency
32 Leaders such as: immigration in medicine, international medical graduates, LBGTQ
33 health care, and
34

35 WHEREAS, attempts to engender a relationship of collaboration between LMSA and
36 the AAFP has been hindered by the lack of infrastructure designed to improve the
37 communication between the two organizations, now, therefore, be it
38

39 RESOLVED, That the American Academy of Family Physicians create an elected
40 position titled “Student Liaison to the Latino Medical Student Association” with the same
41 duties and responsibilities as the Student Liaison to the Student National Medical
42 Association.

1 **RESOLUTION NO. R3-609**

2
3 **Increasing American Academy of Family Physicians Leadership Pipelines**

4
5 Introduced by: Phillip So, Detroit, MI
6 Chetan Patel, MD, Columbus, GA
7

8 WHEREAS, Many students and residents may be interested in becoming more involved
9 in the American Academy of Family Physicians (AAFP), but lack information about
10 leadership opportunities and tracks within the AAFP, and

11
12 WHEREAS, many students and residents are only initially exposed to the workings of
13 the AAFP Congress of Delegates and leadership positions through direct participation
14 as a delegate, and

15
16 WHEREAS, delegates make up a very small number of the conference participants and
17 are already likely to be involved in leadership, and

18
19 WHEREAS, if general AAFP members were more aware of the leadership tracks and
20 the role of participant voices in the organization, they would be more likely to seek
21 further involvement, increasing the number of more active AAFP members, and

22
23 WHEREAS, the AAFP seeks to promote increased diversity in its leadership roles in
24 existing policy, now, therefore, be it

25
26 RESOLVED, That the American Academy of Family Physicians offer a leadership
27 workshop at its National Conference of Family Medicine Residents and Medical
28 Students for students and residents interested in exploring leadership roles, and be it
29 further

30
31 RESOLVED, That the American Academy of Family Physicians increase the
32 dissemination of publicity materials before the National Conference of Family Medicine
33 Residents and Medical Students that promote student and resident members to join
34 commissions, reference committees, and run for local delegate and national level
35 positions, and be it further

36
37 RESOLVED, That the American Academy of Family Physicians also offer a leadership
38 workshop at its National Conference of Family Medicine Residents and Medical
39 Students for under-represented populations.

1 **RESOLUTION NO. R3-610**

2

3 **Clinical Tools to Assess a Patient’s Social Determinants of Health**

4

5 Introduced by: Cheryl Monteiro, Newark, NJ
6 Emily Graber, Chicago, IL
7 Kresta Antillon, MD, Albuquerque, NM

8

9 WHEREAS, The American Academy of Family Physicians (AAFP) has a policy that
10 family physicians identify and address the social determinants of health for individuals
11 and families, incorporating this information in the biopsychosocial model, and

12

13 WHEREAS, the AAFP identifies 17 factors that “strongly influence health outcomes,” for
14 example, access to nutritious foods, neighborhood safety etc., and

15

16 WHEREAS, physicians play a role in referring patients to social services in order to
17 address social determinants of care, thus physicians need to be able to identify patients
18 in need of these service, and

19

20 WHEREAS, many tools exist that identify socioeconomic needs on a population level,
21 and

22

23 WHEREAS, the AAFP does not currently have resources to guide physicians in
24 recognizing patients in need of social services to address their social determinants of
25 health, now, therefore, be it

26

27 RESOLVED, That the American Academy of Family Physicians (AAFP) explore clinical
28 tools, for example, a pre-encounter questionnaire, to be used by practicing family
29 physicians to assess patients’ needs in regard to social determinants of health identified
30 by the AAFP.

1 **RESOLUTION NO. R3-611**

2
3 **Support of Electronic Submission of Resolution at National Conference 2016**

4
5 Introduced by: Stewart Decker, MD, Klamath Falls, OR
6 Elizabeth Wiley, MD, JD, MPH, Baltimore, MD
7 Naomi Gorfinkle, Baltimore, MD
8

9 WHEREAS, The National Congress of Family Medicine adopted a resolution in support
10 of electronic submission of resolutions, and

11
12 WHEREAS, the American Academy of Family Physicians Congress of Delegates (COD)
13 allows electronic submission from chapters of resolutions, and

14
15 WHEREAS, paper continues to make up 33% of the municipal solid waste, nearing
16 almost 600 pounds of paper wasted per person in the United States alone, and

17
18 WHEREAS, all student and resident resolutions submitted each year at the AAFP
19 National Conference are still submitted in paper form despite last year's resolution –
20 and then retyped and printed again by AAFP staff, often taking hours of unnecessary
21 work, and

22
23 WHEREAS, electronic submissions would save time and money and reduce our
24 environment burden, now, therefore, be it

25
26 RESOLVED, That the American Academy of Family Physicians National Conference
27 utilize simple electronic submission forms on the member section of the aafp.org
28 website for all resolutions that can then be made available electronically two weeks prior
29 to National Conference 2016, and be it further

30
31 RESOLVED, That the reference committee reports from the National Conference of
32 Family Medical Residents and Medical Students be made available on the member
33 section of the aafp.org website during National Conference.

1 **RESOLUTION NO. R3-612**

2
3 **Ethics of Family Physicians in the Media**

4
5 Introduced by: Julie Petersen, DO, Columbus, OH
6 Brandon Crouch, MD, Columbus, OH
7

8 WHEREAS, Patients receive their medical information from a multitude of venues,
9 including television, social media, radio, and print media, and

10
11 WHEREAS, the medical information disseminated in media has been shown to reach
12 millions of Americans, alter public opinion, and affect health behaviors, and

13
14 WHEREAS, a recent study published in the British Medical Journal found that on two
15 popular television shows featuring physicians providing medical advice, 38% to 54% of
16 all advice provided had either no supporting evidence or directly contradicted evidence-
17 based medicine, and on 0.4% of all were accompanied by disclosure of conflict of
18 interest, and

19
20 WHEREAS, The American Academy of Family Physicians has existing policy on
21 television ethics that “supports television programming that encourages healthier
22 lifestyles, promotes positive social behavior, portrays social and political issues, and
23 avoids modeling the use of tobacco, alcohol and other abused drugs,” but lacks policy
24 directly addressing the ethical obligations of physicians disseminating evidence-based
25 information in the media, and

26
27 WHEREAS, The American Medical Association (AMA) passed a similar medical
28 student-sponsored resolution at its annual meeting in May 2015 encouraging the AMA
29 to report on the ethical obligations of physicians in the media and explore disciplinary
30 pathways for those who violate these obligations, now therefore, be it

31
32 RESOLVED, That the American Academy of Family Physicians write a letter of support
33 for the American Medical Association’s resolution, affirming the professional and ethical
34 obligations of physicians in the media to provide quality medical advice supported by
35 evidence-based principles and be transparent to any conflicts of interest, while
36 denouncing the dissemination of unsubstantiated or harmful medical information
37 through the public media including television, radio, internet, and print media, and be it
38 further

39
40 RESOLVED, That the American Academy of Family Physicians develop
41 recommendations on the professional and ethical obligations of physicians in the media,
42 including guidelines for the endorsement and dissemination of general medical
43 information and advice via television, radio, internet, print media, or other forms of mass
44 audio or video communication, and be it further
45

46 RESOLVED, That the American Academy of Family Physicians discuss existing and
47 potential disciplinary pathways for physicians who violate ethical responsibilities through
48 their communication on the media platform.