



Resident 3 Consent Calendar

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

1 **RECOMMENDATION: The Resident 3 Reference Committee recommends the following**
2 **consent calendar for adoption:**
3

4 **Item 1:** Not Adopt Resolution No. R3-601, “Recommendation of Preventive Care for Social
5 Service Assistance Recipients” (p. 1).
6

7 **Item 2:** Adopt Substitute Resolution No. R3-602, “Standardization of Annual Group Home
8 Physical Examinations” (pp. 1-2).
9

10 **Item 3:** Adopt Substitute Resolution No. R3-603, “Promoting Transparency in Medical
11 Education and Access to Training in Settings Affiliated with Religious Health Care
12 Organizations” (pp. 2-3).
13

14 **Item 4:** Not Adopt Resolution No. R3-604, “Addressing Burnout in Medical Training” (pp. 3-4).
15

16 **Item 5:** Adopt Substitute Resolution No. R3-605, “Expansion of Teaching Health Care Center
17 Funding” (pp. 4-5).
18

19 **Item 6:** Adopt Substitute Resolution No. R3-606, “Creating Self-Assessment Modules for
20 Reproductive Health” (p. 5).
21

22 **Item 7:** Adopt Substitute Resolution No. R3-607, “Improved Access to Medical Student Loans”
23 (pp. 5-6).
24

25 **Item 8:** Adopt Resolution No. R3-608, “Student Liaison to the Latino Medical Student
26 Association” (p. 6).
27

28 **Item 9:** Adopt Substitute Resolution No. R3-609, “Increasing American Academy of Family
29 Physicians Leadership Pipelines” (pp. 6-7).
30

31 **Item 10:** Adopt Resolution No. R3-610, “Clinical Tools to Assess a Patient’s Social
32 Determinants of Health” (p. 7).
33

34 **Item 11:** Adopt Substitute Resolution No. R3-611, “Support of Electronic Submission of
35 Resolutions at National Conference 2016” (p. 8).
36

37 **Item 12:** Adopt Substitute Resolution No. R3-612, “Ethics of Family Physicians in the Media”
38 (pp. 8-9).



Resident 3 Reference Committee Report

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

1 **The Resident 3 Reference Committee has considered each of the items referred to it and**
2 **submits the following report. The committee's recommendations will be submitted as a**
3 **consent calendar and voted on in one vote. Any item or items may be extracted for**
4 **debate.**

5
6 **ITEM NO. 1: RESOLUTION NO. R3-601: RECOMMENDATION OF PREVENTIVE CARE FOR**
7 **SOCIAL SERVICE ASSISTANCE RECIPIENTS**

8
9 RESOLVED, That the American Academy of Family Physicians advocate for obligatory
10 compliance with current Centers for Disease Control and Prevention established
11 vaccination recommendations for all individuals receiving U.S. governmental social
12 services; and be it further

13
14 RESOLVED, That the American Academy of Family Physicians support a requirement
15 for all individuals receiving U.S. governmental social services to have an established
16 primary care physician.

17
18 The reference committee heard testimony in support of this resolution, citing California's and
19 other states' recent exemption revocations. It was also noted that children of lower
20 socioeconomic status have lower rates of vaccination due to a presumed lack of access to
21 primary care. The reference committee heard testimony in opposition to this resolution
22 expressing concern that imposing additional requirements for patients may create barriers to
23 accessing social services. The reference committee was concerned about whether singling out
24 a social group may be unfair. The reference committee felt that the resolution risked creating
25 unintended barriers to care for vulnerable populations.

26
27 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-601**
28 **not be adopted.**

29
30 **ITEM NO. 2: RESOLUTION NO. R3-602: STANDARDIZATION OF ANNUAL GROUP HOME**
31 **PHYSICAL EXAMINATIONS**

32
33 RESOLVED, That the American Academy of Family Physicians develop a standardized
34 physical examination form for group home residents, and be it further

35
36 RESOLVED, That the American Academy of Family Physicians develop evidence-based
37 screening guidelines for group home residents, particularly as it relates to gynecologic
38 and prostate screening, while supporting flexibility for physician discretion.

39 The reference committee heard testimony from the resolution author describing how, based on
40 his clinical experience, group homes often have their own exams and requirements that may or
41 may not be consistent with current guidelines resulting in the administration of unnecessary
42 testing. The reference committee felt that the resolution as written could be clarified to support
43 the use of existing evidence-based screening guidelines for group home residents.
44

45 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
46 **No. R3-602 be adopted in lieu of Resolution R3-602, which reads as follows:**
47

48 **RESOLVED, That the American Academy of Family Physicians develop a**
49 **standardized physical examination form for group home residents, and be it**
50 **further**
51

52 **RESOLVED, That the American Academy of Family Physicians support the use of**
53 **evidence-based screening guidelines for all patients including group home**
54 **residents.**
55

56 **ITEM NO. 3: RESOLUTION NO. R3-603: PROMOTING TRANSPARENCY IN MEDICAL**
57 **EDUCATION AND ACCESS TO TRAINING IN SETTINGS AFFILIATED WITH RELIGIOUS**
58 **HEALTH CARE ORGANIZATIONS**
59

60 RESOLVED, That the American Academy of Family Physicians strongly encourage
61 medical schools and graduate medical education training programs in all states to
62 communicate with current and prospective medical students, residents, and fellows how
63 affiliations and mergers among health care organizations may impact health care
64 delivery, medical education, and training opportunities at the respective institutions, and
65 be it further
66

67 RESOLVED, That the American Academy of Family Physicians (AAFP) include
68 information on the religious affiliation of residency programs on the AAFP Family
69 Medicine Residency Directory (<https://nf.aafp.org/Directories/Residency/Search>), and be
70 it further
71

72 RESOLVED, That the American Academy of Family Physicians recommend to the
73 American Medical Association that information on religious affiliation be listed in the
74 Fellowship and Residency Electronic Interactive Database (FREIDA), and be it further
75

76 RESOLVED, That the American Academy of Family Physicians work with the
77 Accreditation Council on Graduate Medical Education and other appropriate
78 stakeholders to support transparency with medical education, recommending that
79 medical schools and graduate medical education training programs communicate with
80 current and prospective medical students, resident fellows, and faculty about how
81 affiliations and mergers among health care organizations may impact health care
82 delivery, medical education, and training opportunities.
83

84 The reference committee heard significant testimony in support of this resolution including
85 several personal experiences by residents in which a lack of transparency resulted in undue
86 stress on applicants. Concerns about transparency relative to women's health, LGBTQ
87 discrimination and end of life care were highlighted. The reference committee reviewed a similar
88 resolution adopted by the Washington Academy of Family Physicians (WAFP) and submitted to
89 the 2015 AAFP Congress of Delegates, but noted that the WAFP resolution does not reference

90 religious affiliation. The reference committee noted that listing a program’s religious affiliation
91 does not necessarily tell an applicant whether specific training may be offered. However, the
92 reference committee felt that transparency regarding religious affiliation could be used in a
93 variety of different ways by potential applicants to assist in identifying potential programs.

94
95 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
96 **No. R3-603 be adopted in lieu of Resolution No. R3-603, which reads as follows:**

97
98 **RESOLVED, That the American Academy of Family Physicians strongly encourage**
99 **medical schools and graduate medical education training programs in all states to**
100 **communicate with current and prospective medical students, residents, and**
101 **fellows how affiliations and mergers among health care organizations may impact**
102 **health care delivery, medical education, and training opportunities at the**
103 **respective institutions, and be it further**

104
105 **RESOLVED, That the American Academy of Family Physicians (AAFP) include**
106 **information on the religious affiliation of residency programs on the AAFP Family**
107 **Medicine Residency Directory (<https://nf.aafp.org/Directories/Residency/Search>),**
108 **and be it further**

109
110 **RESOLVED, That the American Academy of Family Physicians recommend to the**
111 **American Medical Association that information on religious affiliation be listed in**
112 **the Fellowship and Residency Electronic Interactive Database (FREIDA), and be it**
113 **further**

114
115 **RESOLVED, That the American Academy of Family Physicians work with the**
116 **Accreditation Council on Graduate Medical Education (ACGME), Liaison Council**
117 **on Medical Education (LCME) and Association of American Medical Colleges**
118 **(AAMC) to support transparency with medical education, recommending that**
119 **medical schools and graduate medical education training programs communicate**
120 **with current and prospective medical students, resident fellows, and faculty about**
121 **how affiliations and mergers among health care organizations may impact health**
122 **care delivery, medical education, and training opportunities.**

123
124 **ITEM NO. 4: RESOLUTION NO. R3-604: ADDRESSING BURNOUT IN MEDICAL TRAINING**

125
126 **RESOLVED, That the American Academy of Family Physicians prioritize the unique**
127 **aspects of medical training in their efforts related to burnout prevention on a systems**
128 **level, including addressing a culture of dehumanization within medical training, and be it**
129 **further**

130
131 **RESOLVED, That the American Academy of Family Physicians specifically target**
132 **medical educators and those involved in medical training to model behaviors and**
133 **attitudes that prevent burnout among medical trainees.**

134
135 The reference committee heard testimony in support of this resolution, citing the stress of
136 residency and need for additional support for residents. While the reference committee
137 recognized the urgency of the problem of resident burnout and supported the spirit of the
138 resolution, the reference committee was concerned about the ambiguity of the resolution’s
139 language and lack of specific solutions.

140 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-604**
141 **not be adopted.**

142
143 **ITEM NO. 5: RESOLUTION NO. R3-605: EXPANSION OF TEACHING HEALTH CARE**
144 **CENTER FUNDING**

145
146 RESOLVED, That the American Academy of Family Physicians advocate for expansion
147 of Teaching Health Center funding, and be it further

148
149 RESOLVED, That the American Academy of Family Physicians advocate for a
150 permanent stream of Teaching Health Center funding, and be it further

151
152 RESOLVED, That the American Academy of Family Physicians' position is that the
153 Teaching Health Center model be the primary solution to graduate medical education
154 funding reform.

155
156 The reference committee heard extensive testimony from residents at teaching health centers in
157 support of expansion of teaching health center funding and the need to establish a stable,
158 permanent funding stream to teaching health centers. The reference committee acknowledged
159 the testimony in support of the value and benefit of teaching health centers as well as AAFP's
160 ongoing advocacy in support of teaching health centers. The reference committee noted that the
161 recent two-year extension of teaching health center funding as part of sustainable growth rate
162 (SGR) legislation includes less support for teaching health centers than previously provided.
163 The reference committee heard compelling testimony from residents at the Northwestern
164 McGraw Teaching Health Center Program describing the recent decision to reduce the number
165 of residents in the program's intern class from eight to six as a result of the cuts and uncertainty
166 of Teaching Health Center Graduate Medical Education (THCGME) funding. The reference
167 committee further heard testimony that the AAFP had expressed support for the recent HRSA
168 decision to reduce funding per resident in opposition to the position of the American Association
169 of Teaching Health Centers (AATHC), which had urged HRSA to fund teaching health centers
170 near existing levels during the first year of the Medicare Access and CHIP Reauthorization Act
171 (MACRA) two-year extension. Given the tangible effect THCGME cuts are having on evidence-
172 based teaching health center programs, the reference committee was concerned that the
173 AAFP's position may undermine AATHC's advocacy efforts.

174
175 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
176 **No. R3-605 be adopted in lieu of Resolution No. R3-605, which reads as follows:**

177
178 **RESOLVED, That the American Academy of Family Physicians advocate for a**
179 **expansion of teaching health center funding, and be it further**

180
181 **RESOLVED, That the American Academy of Family Physicians advocate for a**
182 **permanent stream of teaching health center funding, and be it further**

183
184 **RESOLVED, That the American Academy of Family Physicians' position be that**
185 **the teaching health center model be the primary solution to graduate medical**
186 **education funding reform, and be it further**

187
188 **RESOLVED, That the AAFP revise its statement to the Health Resources and**
189 **Services Administration (HRSA) to urge immediate full allocation of teaching**

190 health center funding to all qualified programs under the Medicare Access and
191 CHIP Reauthorization Act (MACRA) two-year extension, and be it further

192
193 RESOLVED, That the AAFP consult with the American Association of Teaching
194 Health Centers (AATHC) prior to making any future recommendations regarding
195 teaching health center funding.
196

197 **ITEM NO. 6: RESOLUTION NO. R3-606: CREATING SELF-ASSESSMENT MODULES FOR**
198 **REPRODUCTIVE HEALTH**
199

200 RESOLVED, That the American Academy of Family Physicians support the creation of a
201 Self- assessment Module (SAM) on the topic of reproductive health, including but not
202 limited to sexually transmitted infections, contraception, and miscarriage management.
203

204 The reference committee heard testimony in support of this resolution describing the value of
205 SAMs and the importance of comprehensive and robust reproductive health training for family
206 physicians. The reference committee noted, however, that the AAFP does not create SAMs;
207 rather, the American Board of Family Medicine (ABFM) is responsible for creation of new SAMs.
208

209 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
210 **No. R3-606 be adopted in lieu of Resolution No. R3-606, which reads as follows:**
211

212 RESOLVED, That the American Academy of Family Physicians urge the American
213 Board of Family Medicine (ABFM) to create Self-Assessment Modules (SAMs) on
214 the topic of reproductive health, including but not limited to sexually transmitted
215 infections, contraception, and miscarriage management.
216

217 **ITEM NO. 7: RESOLUTION NO. R3-607: IMPROVED ACCESS TO MEDICAL STUDENT**
218 **LOANS**
219

220 RESOLVED, That the American Academy of Family Physicians support that medical
221 students with similar education, training, and qualifications should not face disparate
222 barriers to accessing financial aid and loan repayment resources, and be it further
223

224 RESOLVED, That the American Academy of Family Physicians identify and work with
225 stakeholders to advocate for the eligibility of undocumented medical students for federal
226 loan programs for medical students enrolled in any accredited medical schools.
227

228 RESOLVED, That the American Academy of Family Physicians ask the Robert Graham
229 Center to study the potential impact of DACA (Delayed Action for Childhood Arrivals)
230 and other unauthorized immigrant medical students on the primary care shortage in the
231 United States.
232

233 The reference committee heard testimony describing the relationship between lack of access to
234 medical education experienced by undocumented students and gaps in access to care
235 experienced by undocumented patients. The committee discussed concerns about eligibility for
236 licensure for undocumented medical graduates in many U.S. states; however, the committee felt
237 that this concern was not a reason to continue to deny undocumented students access to
238 medical student loans. The committee felt that resolution language regarding eligibility for
239 federal loan programs required clarification.

240 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
241 **No. R3-607 be adopted in lieu of Resolution No. R3-607, which reads as follows:**

242
243 **RESOLVED, That the American Academy of Family Physicians support that**
244 **medical students with similar education, training, and qualifications should not**
245 **face disparate barriers to accessing financial aid and loan repayment resources,**
246 **and be it further**

247
248 **RESOLVED, That the American Academy of Family Physicians identify and work**
249 **with stakeholders to advocate for the eligibility of undocumented medical**
250 **students for federal loan programs for medical students enrolled in any accredited**
251 **medical schools.**

252
253 **RESOLVED, That the American Academy of Family Physicians ask the Robert**
254 **Graham Center to study the potential impact of Delayed Action for Childhood**
255 **Arrivals (DACA) and other unauthorized immigrant medical students on the**
256 **primary care shortage in the United States.**

257
258 **ITEM NO. 8: RESOLUTION NO. R3-608: STUDENT LIAISON TO THE LATINO MEDICAL**
259 **STUDENT ASSOCIATION**

260
261 RESOLVED, That the American Academy of Family Physicians create an elected
262 position titled “Student Liaison to the Latino Medical Student Association” with the same
263 duties and responsibilities as the Student Liaison to the Student National Medical
264 Association.

265
266 The reference committee heard testimony in support of this resolution noting that family
267 medicine may be losing Latino medical students to other specialties as a result of the lack
268 relationship between the Academy and the Latino Medical Student Association (LMSA). The
269 committee discussed recent efforts to strengthen the relationship between the AAFP and LMSA
270 including recent AAFP sponsorship of the LMSA conference. The committee further discussed
271 the estimated financial implication of this resolution, which would require additional funding for a
272 new liaison position. The committee was concerned about the potential precedent an additional
273 liaison position might set based on identity politics; however, the committee felt that the
274 arguments for such an LMSA position given the existing SNMA liaison position were compelling.

275
276 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-608**
277 **be adopted.**

278
279 **ITEM NO. 9: RESOLUTION NO. R3-609: INCREASING AMERICAN ACADEMY OF FAMILY**
280 **PHYSICIANS LEADERSHIP PIPELINES**

281
282 RESOLVED, That the American Academy of Family Physicians offer a leadership
283 workshop at its National Conference of Family Medicine Residents and Medical
284 Students for students and residents interested in exploring leadership roles, and be it
285 further

286
287 RESOLVED, That the American Academy of Family Physicians increase the
288 dissemination of publicity materials before the National Conference of Family Medicine

289 Residents and Medical Students that promote student and resident members to join
290 commissions, reference committees, and run for local delegate and national level
291 positions, and be it further

292
293 **RESOLVED, That the American Academy of Family Physicians also offer a leadership**
294 **workshop at its National Conference of Family Medicine Residents and Medical**
295 **Students for under-represented populations.**

296
297 The Reference committee heard testimony about the lack of well-advertised leadership
298 opportunities in advance of national conference. The reference committee discussed
299 communication barriers including the lack of a listserv for all resident AAFP members. The
300 reference committee noted, however, that leadership opportunities are currently publicized in a
301 few different ways and this resolution lacked specific recommendations for improving
302 dissemination.

303
304 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
305 **No. R3-609 be adopted in lieu of Resolution No. R3-609, which reads as follows:**

306
307 **RESOLVED, That the American Academy of Family Physicians offer leadership**
308 **workshops at its National Conference of Family Medicine Residents and Medical**
309 **Students for students and residents interested in exploring leadership roles**
310 **including specific programming for under-represented populations, and be it**
311 **further**

312
313 **RESOLVED, That the American Academy of Family Physicians increase the**
314 **dissemination of publicity materials before the National Conference of Family**
315 **Medicine Residents and Medical Students that promote student and resident**
316 **members to join commissions, reference committees, and run for local delegate**
317 **and national level positions.**

318
319 **ITEM NO. 10: RESOLUTION NO. R3-610: CLINICAL TOOLS TO ASSESS A PATIENT'S**
320 **SOCIAL DETERMINANTS OF HEALTH**

321
322 **RESOLVED, That the American Academy of Family Physicians (AAFP) explore clinical**
323 **tools, for example, a pre-encounter questionnaire, to be used by practicing family**
324 **physicians to assess patients' needs in regard to social determinants of health identified**
325 **by the AAFP.**

326
327 The reference committee heard testimony from the author in support of the resolution. The
328 reference committee discussed other related ongoing social determinants of health projects and
329 initiatives by other organizations including the Institute of Medicine and the World Health
330 Organization. The committee felt that exploration of clinical tools would ideally include
331 consideration of existing efforts by other organizations and potential collaboration.

332
333 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-610**
334 **be adopted.**

335

336 **ITEM NO. 11: RESOLUTION NO. R3-611: SUPPORT OF ELECTRONIC SUBMISSION OF**
337 **RESOLUTION AT NATIONAL CONFERENCE 2016**

338
339 RESOLVED, That the American Academy of Family Physicians National Conference
340 utilize simple electronic submission forms on the member section of the aafp.org website
341 for all resolutions that can then be made available electronically two weeks prior to
342 National Conference 2016, and be it further

343
344 RESOLVED, That the reference committee reports from the National Conference of
345 Family Medical Residents and Medical Students be made available on the member
346 section of the aafp.org website during National Conference.
347

348 The Reference committee heard testimony from the author in support of the resolution noting
349 that an almost identical resolution was adopted by the Resident Congress in 2014. Nonetheless,
350 the reference committee noted that electronic submission was not available at this year's
351 National Conference. This resolution's language was modified to include a specific timeline for
352 the availability of electronic resolution submission. The reference committee expressed
353 appreciation that reference committee reports from this year's National Conference will be made
354 available on the aafp.org website as well as through the mobile application.
355

356 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
357 **No. R3-611 be adopted in lieu of Resolution No. R3-611, which reads as follows:**

358
359 **RESOLVED, That the American Academy of Family Physicians National**
360 **Conference utilize simple electronic submission forms on the member section of**
361 **the aafp.org website for all resolutions that can then be made available**
362 **electronically two weeks prior to National Conference 2016.**
363

364 **ITEM NO. 12: RESOLUTION NO. R3-612: ETHICS OF FAMILY PHYSICIANS IN THE MEDIA**

365
366 RESOLVED, That the American Academy of Family Physicians write a letter of support
367 for the American Medical Association's resolution, affirming the professional and ethical
368 obligations of physicians in the media to provide quality medical advice supported by
369 evidence-based principles and be transparent to any conflicts of interest, while
370 denouncing the dissemination of unsubstantiated or harmful medical information through
371 the public media including television, radio, internet, and print media, and be it further
372

373 RESOLVED, That the American Academy of Family Physicians develop
374 recommendations on the professional and ethical obligations of physicians in the media,
375 including guidelines for the endorsement and dissemination of general medical
376 information and advice via television, radio, internet, print media, or other forms of mass
377 audio or video communication, and be it further
378

379 RESOLVED, That the American Academy of Family Physicians discuss existing and
380 potential disciplinary pathways for physicians who violate ethical responsibilities through
381 their communication on the media platform.
382

383 The reference committee heard testimony in support of the resolution describing potential harms
384 associated with inaccurate public statements by physicians. The reference committee also
385 heard testimony in opposition to this resolution which expressed concern about implementation
386

387 of this resolution including potential ambiguity in identifying unethical, unprofessional or
388 inaccurate statements. The reference committee questioned the role of the AAFP and
389 appropriateness of possible “disciplinary pathways.”

390

391 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
392 **No. R3-612 be adopted in lieu of Resolution No. R3-612, which reads as follows:**

393

394 **RESOLVED, That the American Academy of Family Physicians write a letter of**
395 **support for the American Medical Association’s resolution, affirming the**
396 **professional and ethical obligations of physicians in the media to provide quality**
397 **medical advice supported by evidence-based principles and be transparent to any**
398 **conflicts of interest, while denouncing the dissemination of unsubstantiated or**
399 **harmful medical information through the public media including television, radio,**
400 **internet, and print media.**

401

402

403 **I wish to thank those who appeared before the reference committee to give testimony**
404 **and the reference committee members for their invaluable assistance. I also wish to**
405 **commend the AAFP staff for their help in the preparation of this report.**

406

407 Respectfully submitted,

408

409

410

411 _____
Liz Wiley, MD, JD, MPH, Chair

412 Jake Anderson, DO

413 Irene Gutierrez, MD, MPH

414 Keisha Harvey, MD

415 Farhad Modarai, DO

416 Brian Park, MD, MPH

417 Pradeepa Vimalachandran, MD, MPH