



Student 3 Agenda and Resolutions

National Conference of Family Medicine Residents and Medical Students
July 27 -29, 2017 – Kansas City, MO

1. Resolution No. S3-301 Support of Teen Pregnancy Prevention Research
2. Resolution No. S3-302 Preserve Funding for Teen Pregnancy Prevention Programs
3. Resolution No. S3-303 Public Service Loan Forgiveness Program Support
4. Resolution No. S3-304 Establish an Accessible Online Minority Mentorship Program
5. Resolution No. S3-305 Support Reproductive Health Education
6. Resolution No. S3-306 Request for Increasing Emphasis on End-of-Life Care Planning
7. Resolution No. S3-307 Expanding Technology Utilization in the Primary Care Environment
8. Resolution No. S3-308 Decreasing Cost and Increasing Environmental Sustainability of the National Conference
9. Resolution No. S3-309 Include the Papaya Workshop for Uterine Aspiration in the AAFP National Conference of Family Medicine Residents and Students
10. Resolution No. S3-310 Medical Student and Resident Advocacy Related to the AMA RUC Committee

1 **Resolution NO. S3-301**

2
3 **Support of Teen Pregnancy Prevention Research**

4
5 Introduced by: Anne Drolet, Flint, Michigan
6 Sway Wu, Detroit, Michigan
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8 WHEREAS, Teen pregnancy continues to be a significant health problem, with a prevalence of
9 22.3 births per 1,000 teenage females, and

10
11 WHEREAS, increases in contraception usage among adolescents and comprehensive sexual
12 education have led to declines in teen pregnancy rates, and

13
14 WHEREAS, the proposed budget reform would cut funding from the Teen Pregnancy
15 Prevention Program, which funds research on adolescent pregnancy prevention in 81
16 institutions, and

17
18 WHEREAS, current American Academy of Family Physicians policy supports comprehensive
19 sexual health education, and recognizes the need for increased programing, now, therefore, be
20 it

21
22 RESOLVED, That the American Academy of Family Physicians reaffirm its support for
23 comprehensive sexual education and research for teen pregnancy preventions, and be it further
24

25 RESOLVED, That the American Academy of Family Physicians write a letter to the United
26 States Department of Health and Human Services urging them to continue funding for research
27 and development of innovative pregnancy prevention programming.

1 **Resolution NO. S3-302**

2
3 **Preserve Funding for Teen Pregnancy Prevention Programs**

4
5 Introduced by: Allison Yeh, Houston, Texas
6 Emma Richardson, Chicago, Illinois
7 Maya Seigel, Baltimore, Maryland
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9 WHEREAS, The American Academy of Family Physicians (AAFP) position paper on Adolescent
10 Health Care, Sexuality, and Contraception states that the AAFP recognizes the importance of
11 reducing the incidence of unintended teenage pregnancies, and

12
13 WHEREAS, the Department of Health and Human Services released a budget cut of over \$213
14 million to current Teen Pregnancy Prevention Program grantees, and

15
16 WHEREAS, the budget cut proposed by the Department of Health and Human Services will
17 shorten the Teen Pregnancy Prevention Programs by two years, which currently funds 84
18 programs in over 30 states and is projected to reach 1.2 million teens from fiscal year 2015-
19 2019, and

20
21 WHEREAS, the president of the American College of Obstetricians and Gynecologists released
22 a statement opposing the budget cuts, now, therefore, be it

23
24 RESOLVED, That the American Academy of Family Physicians release a statement opposing
25 the Department of Health and Human Services proposed budget cuts to the Teen Pregnancy
26 Prevention Program grantees in 2018 fiscal year, and, be it further

27
28 RESOLVED, That the American Academy of Family Physicians send a letter to the Department
29 of Health and Human Services Secretary urging him to rescind the proposed budget cuts for the
30 2018 fiscal year to the Teen Pregnancy Prevention Program grantees.

1 **Resolution NO. S3-303**

2
3 **Public Service Loan Forgiveness Program Support**

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5 Introduced by: Connor Carmichael, Lebanon, Pennsylvania

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7 WHEREAS, The Public Service Loan Forgiveness Program (PSLF) was established to
8 incentivize employment in government and not-for-profit organizations by offering forgiveness of
9 remaining student debt following 120 qualifying payments at income-based rates, and

10
11 WHEREAS, bill H.R. 2725, the "Student Loan Lower Interest Rate and Lower Monthly
12 Repayment Refinancing Act of 2017" proposes capping the debt forgiveness through the PSLF
13 at \$57,500, and

14
15 WHEREAS, the median level of medical school debt for the class of 2015 was \$183,000 and the
16 total cost of that debt can be over \$400,000, and

17
18 WHEREAS, at least one-fourth of medical school graduates consistently report that their level of
19 educational debt had a strong or moderate influence on their choice of specialty, and that there
20 is a disinclination to enter primary care among students who owed more, and

21
22 WHEREAS, That the American Academy of Family Physicians is committed to increasing and
23 supporting the family medicine workforce and works to rebalance the composition and
24 distribution of the physician workforce in the United States, now, therefore, be it

25
26 RESOLVED, That the American Academy of Family Physicians advocate to the Department of
27 Education and United States Congress in support of the continuation and expansion of the
28 Public Service Loan Forgiveness Program, and be it further

29
30 RESOLVED, That the American Academy of Family Physicians oppose the passage of H.R.
31 2725, the "Student Loan Lower Interest Rate and Lower Monthly Repayment Refinancing Act of
32 2017."

1 **Resolution NO. S3-304**

2
3 **Establish an Accessible Online Minority Mentorship Program**

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5 Introduced by: Anita Pierre-Antoine, Chicago, Illinois
6 James Lee, Orlando, Florida
7 Stacy Arrington, Dothan, Alabama
8 Monica Medrano, Plainfield, Illinois
9 Evan Wittke, Chicago, Illinois

10
11 WHEREAS, The American Academy of Family Physicians policy calls for diversity in the
12 physician workforce and for equitable representation of minorities and women in medicine, and

13
14 WHEREAS, for medical students, having a physician who serves as a mentor may be one of the
15 most valuable resources on the path to becoming a doctor, and

16
17 WHEREAS, mentoring relationships are particularly important for minority students or students
18 who are in medical schools that do not have a department of family medicine, now, therefore, be
19 it

20
21 RESOLVED, That the American Academy of Family Physicians establish an accessible online
22 program for mentors who have a goal of supporting minority students and residents, and be it
23 further

24
25 RESOLVED, That in creating the mentorship program, the American Academy of Family
26 Physicians consider using mentor identifiers such as ethnic background, practice setting, clinical
27 interests, gender identity, sexual orientation and religion, and be it further

28
29 RESOLVED, That the American Academy of Family Physicians promote the mentorship
30 program as a benefit of membership.

1 **Resolution NO. S3-305**

2
3 **Support Reproductive Health Education**

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5 Introduced by: Mollie Nisen, Bronx, New York
6 Zoe Ginsburg, Bronx, New York
7 Dahlia Norry, Bronx, New York
8 Rachel Cohen, Bronx, New York
9

10 WHEREAS, The 2013 Congress of Delegates of the American Academy of Family Physicians
11 approved a resolution to “encourage every U.S. family medicine residency program to include
12 core curriculum evidence-based intrauterine device and other long-acting reversible
13 contraception indications and hands-on insertion training to competency,”
14 ([http://www.aafp.org/about/governance/congress-](http://www.aafp.org/about/governance/congress-delegates/previous/2013/resolutions/resolution-602.mem.html)
15 [delegates/previous/2013/resolutions/resolution-602.mem.html](http://www.aafp.org/about/governance/congress-delegates/previous/2013/resolutions/resolution-602.mem.html)), and
16

17 WHEREAS, the 2015 Congress of Delegates of the AAFP approved policy stating the AAFP
18 “supports provision of opportunities for residents to have access to supervised, expert training in
19 management techniques and procedures pertaining to reproductive health and decisions
20 commensurate with the scope of their anticipated future practices. (1995) (2015 COD)”
21 (<http://www.aafp.org/about/policies/all/reproductive-training.html>), and
22

23 WHEREAS, the resident and student congresses have passed resolutions in favor of more
24 reproductive health training in family medicine, including at the National Conference of Family
25 Medicine Residents and Medical Students
26 (<http://www.aafp.org/dam/AAFP/documents/events/nc/nc17-resident-ra.pdf>), yet there has been
27 only rare formal reproductive health programing despite the passage of these resolutions, and
28

29 WHEREAS, women of reproductive age are an important vulnerable population served by family
30 physicians across the nation with specific needs including pregnancy options counseling,
31 education on birth control methods, and access to contraception, and
32

33 WHEREAS, state and hospital restrictions may limit resident training and physician practice in
34 reproductive health procedures, especially in the current political climate, and
35

36 WHEREAS, the organizations that currently provide reproductive health care are under intense
37 political attack and are at risk of losing their federal funding, it becomes all the more important
38 that family medicine graduates be prepared to provide this care in our family medicine settings,
39 and
40

41 WHEREAS, current AAFP policy does not address protection of family physicians who provide
42 and teach reproductive health procedures, now, therefore, be it
43

44 RESOLVED, That the American Academy of Family Physicians advocate on behalf of family
45 physicians who perform and teach contraception, options counseling for unintended pregnancy,
46 miscarriage management, and abortion care, many of whom are subjected to legislation or
47 hospital restrictions that may limit scope of practice or training opportunities, and be it further
48

49 RESOLVED, That planners of the American Academy of Family Physicians National
50 Conference of Family Medicine Residents and Medical Students support and encourage
51 inclusion of reproductive health topics such as contraception, abortion, miscarriage, and options

52 counseling for unintended pregnancy, as well as procedural topics like intrauterine device
53 insertion and implant insertion at the National Conference of Family Medicine Residents and
54 Medical Students.

1 **Resolution NO. S3-306**

2
3 **Request for Increasing Emphasis on End-of-Life Care Planning**

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5 Introduced by: Kimberly Vu, Irvine, California
6 Paul Stadem, Rochester, Minnesota
7 Michelle Lough, Los Angeles, California
8 Olivia Bolen, Saginaw, Michigan
9

10 WHEREAS, Family physicians are uniquely poised to have end-of-life care discussions with
11 patients, and

12
13 WHEREAS, end-of-life care is a common and difficult situation encountered in both acute
14 inpatient and chronic outpatient settings for family physicians at all stages of training, and

15
16 WHEREAS, earlier conversations about patient goals and priorities for living with serious illness
17 is associated with improved quality of life, reduced suffering, better patient and family coping,
18 and higher patient satisfaction, and

19
20 WHEREAS, medical students and residents report feeling unprepared to provide end-of-life care
21 to patients, and

22
23 WHEREAS, the American Academy of Family Physicians (AAFP) currently promotes policy of
24 physician-directed end-of-life care through advanced directive and physician orders for life-
25 sustaining treatment, and has recommended curriculum guidelines for family medicine residents
26 in palliative and end-of-life care and

27
28 WHEREAS, there has been no educational programming at the AAFP National Conference for
29 Family Medicine Residents and Medical Students regarding end-of-life care planning in the past
30 4 years, now, therefore, be it

31
32 RESOLVED, That the American Academy of Family Physicians explore and incorporate
33 education on end-of-life care into programming at the AAFP National Conference for Family
34 Medicine Residents and Medical Students or other appropriate educational venues.

1 **Resolution NO. S3-307**

2
3 **Expanding Technology Utilization in the Primary Care Environment**

4
5 Introduced by: Eric Kim, Royal Oak, Michigan
6 DeAundre Dyer, Southfield, Michigan
7

8 WHEREAS, Technology has opened the door to tremendous change in primary medical care,
9 patient management, and medical informatics and

10
11 WHEREAS, the Association of Public Health Laboratories has recently invested in technology in
12 the primary care environment through the creation of a bioinformatics fellowship, and

13
14 WHEREAS, the American Academy of Family Physicians (AAFP) has existing policy that states
15 the use of telehealth technologies can improve access and quality of care, and

16
17 WHEREAS, Family Medicine Health Technology Strategy for Achieving the Triple Aim for U.S.
18 Health Care recommends enhancement of family physicians' technology leadership, among
19 other things, as key to achieving patient-centered medical care, and

20
21 WHEREAS, achieving widespread telehealth care is a key objective of many international
22 strategies for healthcare improvement, and

23
24 WHEREAS, AAFP states as policy that, "Telehealth technologies can enhance patient-physician
25 collaborations, increase access to care, improve health outcomes by enabling timely care
26 interventions, and decrease costs when utilized as a component of, and coordinated with,
27 longitudinal care," and

28
29 WHEREAS, a Family Medicine Health Technology Strategy for Achieving the Triple Aim for US
30 Health Care - Family Medicine 2015, states "there is a need for a new and more comprehensive
31 family medicine strategy for technology," and " Specific suggestions include: a shared primary
32 care health IT center, meaningful primary care quality measures and capacity to assess/report
33 them, increased primary care technology research, a national family medicine registry,
34 enhancement of family physicians' technology leadership, and championing patient-centered
35 technology functionality,"

36
37 WHEREAS, the 'Digital Agenda for Europe', the UK's NHS Information Strategy, and major
38 healthcare providers in the United States such as the Veterans Administration, aims to offer
39 daily telehealthcare to over 28,000 of its members by 2014, now, therefore, be it

40
41 RESOLVED, That the American Academy of Family Physicians continue to support and expand
42 the presence of technology integration and implementation discussion at workshops and talks at
43 the National Conference, and be it further

44
45 RESOLVED, That the American Academy of Family Physicians advocate to state and federal
46 governments for health policies supportive of the implementation of technology in patient
47 management, including but not limited to, advocacy for reimbursement for telemedicine visits,
48 and be it further

49
50 RESOLVED, That the American Academy of Family Physicians provide support for interested
51 students and residents seeking to expand their skill in medical technology development, quality

52 measurement, and implementation by posting current opportunities in a tech digest section of
53 *American Family Physician*.

1 **Resolution NO. S3-308**

2

3 **Decreasing Cost and Increasing Environmental Sustainability of the National Conference**

4

5 Introduced by: Bryan Dahms, Palmer, Alaska
6 Anthony Markuson, Great Falls, Montana

7

8 WHEREAS, The American Academy of Family Physicians' mission statement is to improve the
9 health of patients, families, and communities by serving the needs of members with
10 professionalism and creativity, and

11

12 WHEREAS, medical students, residents, and physicians are largely proficient with viewing of
13 documents electronically, and

14

15 WHEREAS, there is already an effective mobile application in place to distribute information,
16 and

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18 WHEREAS, printing paper and providing members with unnecessary bags is wasteful of
19 monetary and material resources, now, therefore, be it

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21 RESOLVED, That the American Academy of Family Physicians' National Conference Planning
22 Committee consider doing away with gift bags and transitioning documents, promotional
23 information, and other paper-based printing to electronic forms.

1 **Resolution NO. S3-309**

2
3 **Include the Papaya Workshop for Uterine Aspiration in the AAFP National Conference of**
4 **Family Medicine Residents and Students**

5
6 Introduced by: Mollie Nisen, Bronx, New York
7 Dahlia Norry, Bronx, New York
8 Zoe Ginsburg, Bronx, New York
9 Rachel Cohen, Bronx, New York

10
11 WHEREAS, Nearly one in four women will experience miscarriage at some point in their lives,
12 and

13
14 WHEREAS, nearly one in three women will have an abortion at some point in their lives, and

15
16 WHEREAS, miscarriage management and abortion care are integral parts of comprehensive
17 reproductive health care, and

18
19 WHEREAS, comprehensive reproductive health care is within the scope of family medicine,
20 making miscarriage management and abortion care a part of the care family physicians should
21 be able to provide, and

22
23 WHEREAS, miscarriage management and early abortions can both be provided through uterine
24 aspiration (MVA), and

25
26 WHEREAS, the American Academy of Family Physicians (AAFP) Recommended Curriculum
27 Guidelines for Family Medicine Residents for Women's Health and Gynecologic Care identifies
28 uterine aspiration as a routine gynecologic procedure that residents should be competent in,
29 and

30
31 WHEREAS, the AAFP Recommended Curriculum Guidelines for Family Medicine Residents for
32 Maternity Care identifies uterine aspiration as a method for managing miscarriage that residents
33 should be knowledgeable about, and

34
35 WHEREAS, family medicine residents are not routinely trained in miscarriage management and
36 early abortion care, and there is a specific gap in opportunities to train in uterine aspiration, and

37
38 WHEREAS, medical students who participate in abortion education not only find it valuable, but
39 recommend its inclusion in standard curriculum, and

40
41 WHEREAS, a majority of the medical students who receive abortion education and clinical
42 training in medical school do not feel that it is adequate, and

43
44 WHEREAS, the American College of Obstetricians and Gynecologists recommends that
45 abortion training should be integrated into medical education as a critical part of comprehensive
46 reproductive health care, and

47
48 WHEREAS, practice with simulation models improves physicians' skill, efficiency, and
49 confidence, and

50 WHEREAS, using papayas as uterine simulation models in MVA training workshops has been
51 shown to positively affect participants' perceptions about clinical abortion training and practice
52 as well as increase their procedural confidence, and
53

54 WHEREAS, the Papaya Workshop for Uterine Aspiration has been denied as an official session
55 at the AAFP National Conference of Family Medicine Residents and Medical Students multiple
56 times, most recently in the 2017 Conference submission process, and
57

58 WHEREAS, RHEDI (Reproductive Health Education in Family Medicine) has hosted an
59 increasingly popular, off-site, faculty and resident led Papaya Workshop for AAFP residents and
60 students conference attendees for a number of years, and
61

62 WHEREAS, the off-site workshop was attended by almost 60 residents, students, and faculty in
63 2016, and
64

65 WHEREAS, the AAFP supports provision of opportunities for residents to have access to
66 supervised, expert training in management techniques and procedures pertaining to
67 reproductive health and decisions commensurate with the scope of their anticipated future
68 practices, now, therefore, be it
69

70 RESOLVED, That the American Academy of Family Physicians support an annual Papaya
71 Workshop for Uterine Aspiration at the National Conference of Family Medicine Residents and
72 Medical Students, and be it further
73

74 RESOLVED, That the delegates of the American Academy of Family Physicians (AAFP)
75 Resident and Student Congress present a resolution to the AAFP COD to include a Papaya
76 Workshop for training in Uterine Aspiration in the residents and students conference curriculum.

1 **Resolution NO. S3-310**

2

3 **Medical Student and Resident Advocacy Related to the AMA RUC Committee**

4

5 Introduced by: Devesh (Dev) Vashishtha, San Diego, California
6 Allen Rodriguez, Los Angeles, California
7 Antoinette Mason, San Diego, California
8

9 WHEREAS, the AMA's Specialty Society Relative Value Scale Update Committee (abbreviated
10 RUC) plays a pivotal role in determining physician reimbursements for Medicare and therefore
11 for other public and private insurers as well, and
12

13 WHEREAS, these reimbursement rates have an important impact on physician salaries and
14 therefore affect medical students' specialty choice, and
15

16 WHEREAS, the RUC is composed of 30 members of whom only a small minority are primary
17 care physicians, and this lack of representation has been linked to lower reimbursement for
18 primary care doctors, and
19

20 WHEREAS, the AAFP has made advocacy related to RUC a priority but this advocacy has not
21 been led by the AAFP student and resident branches, now, therefore, be it,
22

23 RESOLVED, That the student and resident branches of the AAFP actively lobby the AMA to
24 increase the representation of family physicians on AMA's RUC, and be it further
25

26 RESOLVED, That the student and resident branches of the AAFP create a sub-committee or
27 special designated member dedicated to RUC reform.