



## 2025 Student 3 Consent Calendar and Report

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National Congress of Student Members  
July 31 - August 2, 2025

**RECOMMENDATION: The Student 3 Reference Committee recommends the following consent calendar for adoption:**

**Item 1:** Not Adopt Resolution No. S301 on “Comprehensive Reproductive Healthcare Education: Inclusion of Fertility Awareness-Based Methods (FABMs).”

**Item 2:** Not Adopt Resolution No. S302 on “Training on Forensic Medical Examinations for Asylum Seekers.”

**Item 3:** Adopt Substitute Resolution No. S303 on “Comprehensive Reproductive Healthcare Education: Inclusion of Mifepristone Complications Following Chemically Induced Home Abortions” in lieu of Resolution No. S303.

**Item 4:** Adopt Resolution No. S304 on “Offering Continuing Medical Education Courses on Accommodations for Patients with Autism.”

**Item 5:** Not Adopt Resolution No. S305 on “Enhancing Behavioral Health Integration in Family Medicine Training.” [EXTRACTED](#)

**Item 6:** Not Adopt Resolution No. S306 on “Advancing Standardized Point-of-Care Ultrasound (POCUS) Training in Medical School Curriculum.”

**Item 7:** Adopt Substitute Resolution No. S307 on “Enhancing Musculoskeletal/Sports Medicine Training in Medical School’s Family Medicine/Primary Care Clinical Rotations” in lieu of Resolution No. S307.

**Item 8:** Not Adopt Resolution No. S308 on “Reimagining Medical Education for Efficiency and Resource Utilization.”



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

**Item No. 1: Resolution No. S301: Comprehensive Reproductive Healthcare Education: Inclusion of Fertility Awareness-Based Methods (FABMS)**

RESOLVED, That the American Academy of Family Physicians make a more concerted effort to provide continuing education on Fertility Awareness-Based Methods (FABMs) for medical students and residents, such as the FUTURE conference, and be it further

RESOLVED, That the American Academy of Family Physicians update its Recommended Curriculum Guidelines to incorporate evidence-based Fertility Awareness-Based Methods (FABMs) into family medicine residency and medical student education as part of comprehensive reproductive health training.

The reference committee heard limited testimony in favor of the resolution. Fertility Awareness-Based Methods, also known as Natural Family Planning, can be an appropriate avenue for patients unable to use or morally opposed to hormonal-based contraceptive treatment options. The reference committee anecdotally discussed their own medical school training on the topic, noting their personal training may have been brief but that it felt adequate. Most continuing medical education is not developed with residents or students in mind; there may be better approaches to create education for this audience.

**RECOMMENDATION: The reference committee recommends that Resolution No. S301 not be adopted.**

**Item No. 2: Resolution No. S302: Training on Forensic Medical Examinations for Asylum Seekers**

RESOLVED, That the American Academy of Family Physicians recommend that its members complete a nationally recognized Asylum Medicine Forensic Medical Exam training, and be it further

RESOLVED, That the American Academy of Family Physicians recommend that residents receive training and practice of Asylum Medicine Forensic Medical Exams, and be it further

RESOLVED, That the American Academy of Family Physicians recommend that student Family Medicine Interest Groups (FMIGs) educate their medical students on topics of immigrant healthcare and asylum medicine.

The reference committee heard testimony from the author in support of the resolution. The author testified that he and his colleague who live on opposite coasts, noted a "dire" need for more training and that lawyers are also suggesting physicians develop this competency. The reference committee discussed the importance of the topic and heard about the education offered by the AAFP, noting that the AAFP does not influence medical school curriculum. The reference committee concluded that "recommend" was not a specific enough call to action and that much of the second and third resolved

clauses were outside the scope of the AAFP but indicated that a policy statement or the creation of specific resources would be more actionable and within the institution's scope.

**RECOMMENDATION: The reference committee recommends that Resolution No. S302: not be adopted.**

**Item No. 3: Resolution No. S303: Comprehensive Reproductive Healthcare Education: Inclusion of Mifepristone Complications Following Chemically Induced Home Abortions**

RESOLVED, That the American Academy of Family Physicians update its Recommended Curriculum Guidelines to incorporate education on mifepristone complications and management of patients experiencing mifepristone adverse effects into family medicine residency and medical student education as part of comprehensive reproductive health training.

The Reference Committee heard testimony largely in support of the resolution, with two of the authors citing data on mifepristone complications (e.g., 13% of patients required surgical intervention) and the need for more focused training on how to manage adverse effects. One member testified in opposition, pointing to existing AAFP curriculum guidelines in women's health and gynecologic care and expressing concern that the resolution called for unnecessary specificity. Substitute language for the resolved clause was offered. The reference committee discussed the proposed substitute language, which clarified that the AAFP's role would be to advocate rather than directly develop curriculum, which the reference committee agreed falls within the AAFP's scope.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S303 be adopted in lieu of Resolution No. S303 which reads as follows:**

**RESOLVED, That the American Academy of Family Physicians encourage the Society of Teachers of Family Medicine (STFM) to update their National Clerkship Curriculum to incorporate education on mifepristone complications and management of patients experiencing mifepristone adverse effects into family medicine residency and medical student education as part of comprehensive reproductive health training.**

**Item No. 4: Resolution No. S304: Offering Continuing Medical Education Courses on Accommodations for Patients with Autism**

RESOLVED, That the American Academy of Family Physicians should offer continuing medical education courses on establishing accommodations or modifications for the reduction of health disparities for patients with autism.

The reference committee heard testimony in support of the resolution from several individuals. Those testifying in support of the resolution noted that the ask is concise, doable and there is a need for autism specific resources. Testimony given also cited evidence of increasing rates of autism diagnoses as well as unique barriers those with autism have that can lead to lower vaccination rates or a feeling of a lacking personal autonomy. Another attendee mentioned ASPIRE and CORE as two robust external resources. The reference committee discussed the AAFP's current CME offerings and concluded they do not adequately address the specific ask offered in the resolution. The reference committee talked about how ASPIRE and CORE could be linked as a supplement to any education the AAFP develops.

**RECOMMENDATION: The reference committee recommends that Resolution No. S304: be adopted.**

**Item No. 5: Resolution No. S305: Enhancing Behavioral Health Integration in Family Medicine Training**

RESOLVED, That the American Academy of Family Physicians officially support and advocate for the integration of robust, longitudinal behavioral health curricula within medical school and family medicine residency programs, and be it further

RESOLVED, That this advocacy effort shall specifically include a call for enhanced pre-clinical curricula, focused on providing medical students with foundational knowledge, communication skills, and an understanding of integrated care models, setting the stage for more advanced clinical practice, and be it further

RESOLVED, That this advocacy effort also emphasize the critical need for training models that include direct, supervised practice and continuous feedback from behavioral health specialists, thereby preparing future family physicians to confidently and competently address the full scope of their patients' needs, and be it further

RESOLVED, That the American Academy of Family Physicians call upon all relevant stakeholders—including medical schools, residency programs, accrediting bodies, and health systems—to collaborate on the implementation of these recommendations, with the goal of ensuring that all medical students applying for primary care specialties and family physicians are equipped with the skills and support necessary to serve as the front line for comprehensive patient well-being.

No testimony was offered on the resolution. The reference committee noted that the American Academy of Family Physicians (AAFP) already supports the implementation of Behavioral Health Integration (BHI) education in medical school and family medicine residency programs. The extent that educational support and efforts could be further expanded, and in what specific manner, is unclear. The reference committee also wished to have heard greater specificity regarding who is considered a behavioral health specialist as referred to in the third resolved clause. Lastly, the reference committee debated the broad request for the AAFP to involve stakeholders in expanding BHI curricula implementation and that greater specificity from the author would allow the AAFP to act with a clearer outcome in mind.

**RECOMMENDATION: The reference committee recommends that Resolution No. S305 not be adopted.**

**RESOLVED: that the American Academy of Family Physicians (AAFP) advocate for the standardization and integration of longitudinal behavioral health curricula in undergraduate and graduate medical education for all medical students and residents, with structured opportunities for skills-based learning and supervised practice, as these are foundational for effective trauma-informed and behavioral health care in primary care settings, and be it further NOT ADOPTED**

RESOLVED: that the American Academy of Family Physicians advocate for promotion of accessible, competency-based certification in psychological first aid for medical students and other healthcare providers, recognizing that Psychological First Aid training is designed to be inclusive of all provider levels and has demonstrated benefits in improving knowledge, self-efficacy, and practical skills for responding to acute psychological distress and trauma, and be it further ADOPTED

RESOLVED, that the AAFP advocate for faculty development and resource allocation to ensure the delivery of high-quality, standardized behavioral health education, including the integration of behavioral health faculty as core educators to facilitate curriculum development and assessment, and be it further NOT ADOPTED

RESOLVED: Advocacy for the inclusion of these competencies in national accreditation standards, to address current variability and ensure all trainees are prepared to meet the behavioral and mental health needs of diverse patient populations. NOT ADOPTED

Extracted - Divide the question - Adopted as Amended.

**Item No. 6: Resolution No. S306: Advancing Standardized Point-of-Care Ultrasound (POCUS) Training in Medical School Curriculum**

RESOLVED, That the American Academy of Family Physicians advocate for the increased and standardized integration of point-of-care ultrasound training into the core curricula of all accredited medical schools, and be it further

RESOLVED, That the American Academy of Family Physicians commit to developing a model point-of-care ultrasound curriculum for medical students, complete with defined learning objectives, a scope of practice relevant to primary care, and suggested methods for competency assessment, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with other relevant organizations, including the Society of Teachers of Family Medicine and the American Institute of Ultrasound in Medicine, to facilitate the widespread adoption of this curriculum and to provide resources and mentorship to medical school faculty tasked with its implementation.

The reference committee heard no testimony on the resolution. The reference committee learned that the STFM already has a POCUS curriculum as part of its certificate program and is hosting a summit to improve implementation, with AAFP staff attending. The reference committee recognized that the AAFP has limited influence over medical school curricula, and LCME standards are unlikely to mandate specific content like POCUS. The reference committee also noted that existing workshops and on-demand activities already offer POCUS training to residents and medical students.

**RECOMMENDATION: The reference committee recommends that Resolution No. S306 not be adopted.**

**Item No. 7: Resolution No. S307: Enhancing Musculoskeletal/Sports Medicine Training in Medical School's Family Medicine/Primary Care Clinical Rotations**

RESOLVED, That the American Academy of Family Physicians advocate for the Society of Teachers of Family Medicine (STFM) to expand its teaching resources to include the musculoskeletal (MSK) topics found in STFM's National Clerkship Curriculum such as standardized, MSK curricula for family medicine/primary care medical school clinical rotations, including model modules, and or faculty development, and/or handouts, and be it further

RESOLVED, That the American Academy of Family Physicians explore mechanisms for the support of musculoskeletal (MSK) education in the family medicine/primary care clinical rotations through grants, partnerships, or internal resources.

The reference committee heard testimony in support of the resolution from the author, who noted the prevalence of musculoskeletal certification exam questions in board certification and emphasized that many medical students felt their education in this area was insufficient. The reference committee discussed the need to advocate for more structured educational content and faculty support, agreeing that the ask in the first resolved clause is reasonable. The reference committee perceived the second resolved clause to be too vague and therefore not actionable.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S307 be adopted in lieu of Resolution No. S307 which reads as follows:**

**RESOLVED, That the American Academy of Family Physicians advocate for the Society of Teachers of Family Medicine (STFM) to expand its teaching resources to include the musculoskeletal (MSK) topics found in STFM's National Clerkship Curriculum such as standardized, MSK curricula for family medicine/primary care medical school clinical rotations, including model modules, and or faculty development, and/or handouts.**

**Item No. 8: Resolution No. S308: Reimagining Medical Education for Efficiency and Resource Utilization**

RESOLVED, That the American Academy of Family Physicians advocate for medical education reforms that move from rote memorization towards the efficient utilization of resources and problem-solving skills, and be it further

RESOLVED, That the American Academy of Family Physicians encourage the reconstruction of medical examinations to assess the ability to effectively apply knowledge and utilize resources in clinical scenarios, and be it further

RESOLVED, That the American Academy of Family Physicians support medical schools in shifting their focus from institutional prestige and intellectual property control to student-centered, effective educational approaches.

The reference committee heard testimony from solely the author in support of the resolution, noting the frustration experienced by her and her classmates as technology (such as Artificial Intelligence), study techniques, and the practice environment changes while teaching methodologies and examination



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practices have remained largely unchanged. The reference committee recognized the concerns expressed by the author but was uncertain what actions could be taken based on the information in the resolved clauses. The reference committee also noted that teaching methodologies and examination practices are changing to reflect many of the concerns expressed.

**RECOMMENDATION: The reference committee recommends that Resolution No. S308 not be adopted.**



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

Respectfully submitted,

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