Student 2 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
July 25-27, 2019 – Kansas City, MO

RECOMMENDATION: The Student 2 Reference Committee recommends the following consent calendar for adoption:

Item 1: Adopt Resolution No. S2-201 "Mental Health Disclosure on Health Care Credentialing and Licensing Applications"

Item 2: Not Adopt Resolution No. S2-202 "Medicaid Funded Nutritional Counseling for Obese Individuals"

Item 3: Not Adopt Resolution No. S2-203 "Mental Health Resources for Members"

Item 4: Not Adopt Resolution No. S2-204 "Diverse Definitions of Wellness"

Item 5: Adopt Substitute Resolution No. S2-205 "AAFP Member Health" in lieu of Resolution No. S2-205

Item 6: Adopt Substitute Resolution No. S2-206 "Clinical Clerkship Duty Hour Limits" in lieu of Resolution No. S2-206

Item 7: Reaffirm Resolution No. S2-207 "Minority Medical Student Success and Retention"

Item 8: Adopt Resolution No. S2-208 "Removing Barriers from Osteopathic Medical Students for Residency"

Item 9: Adopt Substitute Resolution No. S2-209 "Continuity of Care in Undergraduate Medical Education" in lieu of Resolution No. S2-209

Student 2
Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
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The Student 2 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. S2-201: MENTAL HEALTH DISCLOSURE ON HEALTH CARE CREDENTIALING AND LICENSING APPLICATIONS

RESOLVED, That the American Academy of Family Physicians provide physicians and physicians-in-training information on the wording of the mental health disclosure questions on credentialing and board licensing applications, legal interpretation of these questions, and overview of likely next steps if one were to disclose mental health illness/treatment, and be it further

RESOLVED, That the American Academy of Family Physicians endorses the American Medical Association policy H-275.970 that encourages state licensing boards to limit mental health disclosure questions to current functional impairment, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for change in the wording of state medical board physician license application questions to align with the American Medical Association policy H-275.970 on mental health disclosure and limit questions to current function by supporting state chapters in reaching out to their state medical boards, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for change in the wording of credentialing application questions to align with the American Medical Association policy H-275.970 on mental health disclosure and limit questions to current function by supporting legislation that mandates credentialing questions to align with the Americans with Disabilities Act, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with other national health care provider organizations to advocate for licensing and credentialing application questions to be limited to current functional impairment for all health care providers including those such as nursing assistants, nurses, and pharmacists.

The reference committee heard supportive testimony in favor of the resolution noting the imperative to destigmatize mental health in physician credentialing and board licensing because of consequences that include physicians-in-training avoiding care because of stigma. The

reference committee learned that the AAFP adopted a supportive stance on this issue and has written to the Federation of State Medical Boards (FSMB) recommending changes to the FSMB policy titled, "Physician Wellness and Burnout." The reference committee believed that the approach described in this resolution may further enhance the AAFP's current efforts to protect and ensure that learners and practicing family physicians can safely seek care for mental health symptoms as they would for physical health symptoms.

RECOMMENDATION: The reference committee recommends that Resolution No. S2-201 be adopted.

ITEM NO. 2: RESOLUTION No. S2-202: MEDICAID FUNDED NUTRITIONAL COUNSELING FOR OBESE INDIVIDUALS

> RESOLVED, That the American Academy of Family Physicians endorse Medicaid coverage for a professional nutrition consult for obese individuals amicable to lifestyle modification so that obese patients without other comorbidities are permitted access to nutritional counselling without financial barriers.

The reference committee heard testimony from the author in support of the resolution. The author stated that the United States Preventative Services Task Force recommends behavioral weight interventions but less than half of the states offer Medicaid coverage for nutritional consult. The reference committee considered the important role family physicians should play in nutrition counseling and the value of conducting these services in the family physician's office. The reference committee believed that the AAFP is already actively advocating federally and at the state level to improve awareness and use of obesity-related services by Medicaid eligible individuals.

RECOMMENDATION: The reference committee recommends that Resolution No. S2-202 not be adopted.

ITEM NO. 3: RESOLUTION No. S2-203: MENTAL HEALTH RESOURCES FOR MEMBERS

> RESOLVED, That the American Academy of Family Physicians investigate the enhancement of the HealthLandscape platform to include a mental health component that highlights culturally sensitive mental health providers, and be it further
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> RESOLVED, That the American Academy of Family Physicians identify virtual platforms that allow members to share information about mental health resources.

The reference committee heard limited but supportive testimony describing the importance of having resources to support physician and learner well-being. The reference committee appreciated the testimony but because the author did not speak to the specifics of the ideas, the reference committee had difficulty understanding which platforms the authors were suggesting that the AAFP develop and deploy. In addition, there was significant ambiguity about utilizing the AAFP community health needs assessment resource and interactive-web-based mapping resources to combat burnout/moral injury. The committee learned that HealthLandscape exists to allow health professionals, policy makers, academic researchers, and planners to combine, analyze, and display information in ways that promote better understanding of health and the forces that affect it. The tool brings together various sources of health, socio-economic and

environmental information in a convenient, central location to help answer questions about and improve health and health care. The committee believed that both concepts set forth in the resolution were too ambiguous to support.

RECOMMENDATION: The reference committee recommends that Resolution No. S2-203 not be adopted.

ITEM NO. 4: RESOLUTION No. S2-204: DIVERSE DEFINITIONS OF WELLNESS

> RESOLVED, That the American Academy of Family Physicians conduct a survey with its members to define "wellness" and determine what kinds of wellness activities may appeal to diverse populations of family medicine physicians and students.

The reference committee heard supporting testimony from one person. The reference committee was in favor of exploring innovative ways to enhance well-being for AAFP members. The reference committee learned that AAFP currently surveys members about well-being and utilizes that data to inform specific programming and activities that are currently available. The reference committee was confused about the intention of the language, specifically related to AAFP student and resident members. The reference committee believed the resolution is too vague to necessitate clear action.

RECOMMENDATION: The reference committee recommends that Resolution No. S2-204 not be adopted.

ITEM NO. 5: RESOLUTION No. S2-205: AAFP MEMBER HEALTH

> RESOLVED, That the mission and/or member value statement be updated to reflect the American Academy of Family Physicians commitment to the health and wellness of members using explicit language which is inclusive of mental and physical health, and be it further
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> RESOLVED, That the mission read "The Mission of the American Academy of Family Physicians is to improve the health of patients, families, and communities by promoting member wellness and serving the needs of members with professionalism and creativity" and be it further
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> RESOLVED, That the member value statement read "The American Academy of Family Physicians provides value to its members by advancing the specialty of family medicine, strengthening members' collective voice, promoting member wellness, and providing solutions to enhance the patient care members provide."

The author and others testified in favor of deepening the AAFP's commitment to address members' health and well-being. The reference committee learned of the AAFP's standing among its peer organizations as a leader in addressing the factors that influence physician well-being including information about existing resource materials and a dedicated conference. The reference committee was also supportive and agreed that at the next opportunity to reconsider changes to the member value statement these suggestions should be given high consideration. The reference committee was not in favor of recommending amendments to the mission

statement because the current language of “serving the needs of members” is already inclusive of addressing member well-being as well as other pertinent issues impacting AAFP members.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S2-205 be adopted in lieu of Resolution S2-205, which reads as follows:

> **RESOLVED, That the American Academy of Family Physicians update the member value statement be updated to reflect the organization’s commitment to the health and wellness of members using explicit language which is inclusive of mental and physical health, and be it further**
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> **RESOLVED, That the American Academy of Family Physicians member value statement read, “The American Academy of Family Physicians provides value to its members by advancing the specialty of family medicine, strengthening members’ collective voice, promoting member wellness, and providing solutions to enhance the patient care members provide.”**

ITEM NO. 6: RESOLUTION No. S2-206: CLINICAL CLERKSHIP DUTY HOUR LIMITS

> RESOLVED, That the American Academy of Family Physicians advocate to the Liaison Committee on Medical Education/Commission on Osteopathic College Accreditation for protected breaks during shifts longer than eight hours for medical students with a minimum of a 30-minute uninterrupted lunch break, and be it further
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> RESOLVED, That the American Academy of Family Physicians advocate to the Liaison Committee on Medical Education/Commission on Osteopathic College Accreditation for medical students to work a maximum of 50 hours per week averaged over 4 weeks, require one day off in seven, and require have at least eight hours off between shifts, and be it further
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> RESOLVED, That the American Academy of Family Physicians advocate to the Liaison Committee on Medical Education/Commission on Osteopathic College Accreditation to research medical student work hours guidelines to achieve minimum standards for continued student wellness.

The author testified in favor of the resolution noting that medical students do not currently have regulations on work hours and that Accreditation Council for Graduate Medical Education (ACGME) work hours for residents should not apply to students. The author also testified that not having a maximum number of work hours could possibly lead to burnout and increase in recent medical student suicides. The reference committee agreed that medical students should have defined work hours but were unsure of what those hours should be. On research of the topic the committee could not find data specifying how many hours would be appropriate for medical students to work and were unsure of why the author chose to have a 50-hour limit. The committee also agreed that the AAFP should discuss with the Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation about researching the maximum number of hours that medicals students should work. After much discussion of the testimony and resolved clauses, the reference committee recommended adoption of a substitute resolution.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S2-206 which reads as follows, be adopted in lieu of Resolution No. S2-206:

RESOLVED, That the American Academy of Family Physicians advocate to the Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation for protected breaks during shifts longer than eight hours for medical students with a minimum of a 30-minute uninterrupted lunch break, and be it further

RESOLVED, That the American Academy of Family Physicians advocate to the Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation that medical students be required to have one day off in seven and required to have at least eight hours off between shifts, and be it further

RESOLVED, That the American Academy of Family Physicians advocate to the Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation to research medical student work hours.

ITEM NO. 7: RESOLUTION No. S2-207: MINORITY MEDICAL STUDENT SUCCESS AND RETENTION

RESOLVED, That the American Academy of Family Physicians collaborate with minority medical organizations to promote the retention and success of minority and underrepresented medical students.

The reference committee heard testimony in support of this resolution. One of the authors spoke about the need for collaboration with minority medical organizations to increase the number of minority and underrepresented family physicians in the family medicine work force. As part of the America Needs More Family Doctors, 25 X 2030 initiative, he said it is imperative that the AAFP increase outreach to other organizations to meet the goal. It was also stated that increasing the diversity of family physicians in practice would better serve patients and lead to better health outcomes. It was also stated that collaborating with minority medical organizations would lead to increased diversity in medical school faculty which would provide appropriate role models to minority and underrepresented medical students considering family medicine as a specialty.

Information was offered to the reference committee that the AAFP is currently collaborating and doing outreach with a number of student and cross-sector organizations to increase those underrepresented in medicine to be admitted to medical school and ultimately make a choice of family medicine. The committee believed the intention of the resolution has been initiated and is being supported by all eight family medicine organizations working collaboratively.

RECOMMENDATION: The reference committee recommends that Resolution No. S2-207 be reaffirmed as current policy.

ITEM NO. 8: RESOLUTION No. S2-208: REMOVING BARRIERS FROM OSTEOPATHIC MEDICAL STUDENTS FOR RESIDENCY

RESOLVED, That the American Academy of Family Physicians support and promote equal evaluation of osteopathic and allopathic undergraduate candidates for residency based on the merits of the application and the needs of the program rather than the type of medical school attended.

Several speakers testified in support of this resolution, including the author. They noted that allopathic and osteopathic students should have equal opportunities for residency interviews. One speaker noted that while visiting programs in the expo hall she was told by residency programs that they do not interview osteopathic students. The author noted that her intention was to socialize the AAFP to this issue and spark a conversation about ways to address potential inequities for medical school graduates that aren't related to documented competencies and personal characteristics. The reference committee agreed that students should be evaluated more holistically and that they should not be disadvantaged because they carry the credential of DO.

RECOMMENDATION: The reference committee recommends that Resolution No. S2- 208 be adopted.

ITEM NO. 9: RESOLUTION No. S2-209: CONTINUITY OF CARE IN UNDERGRADUATE MEDICAL EDUCATION

RESOLVED, That the American Academy of Family Physicians lobby the Liaison Committee on Medical Education to require an element of continuity of care clinical training in a primary care setting for accreditation of United States medical schools.

The committee heard testimony from the author and one other person in favor of the resolution. Those testifying stated that continuity of care as part of medical student education was not being implemented or mandated; it is an important component of primary care, and in turn, family medicine. It was determined that there is currently language on the Liaison Committee on Medical Education (LCME) website stating that continuity of care in clinical training in a primary care setting is recommended. The committee noted that the language was only a recommendation that proposes the minimum requirement for training and they recognized the need for continuity of care to carry a heavier emphasis in medical school training. The committee also considered some of the language in the original resolution to be difficult to enforce and opted to propose a substitute resolution.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S2-209 be adopted in lieu of Resolution No. S2-209, which reads as follows:

RESOLVED, That the American Academy of Family Physicians lobby the Liaison Committee on Medical Education to strengthen standards to encourage continuity of care clinical training in a primary care setting for accreditation of United States medical schools.

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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Amanda Stisher, Chair

Nadine Grace
Emily Logue
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