Student 2
Agenda and Resolutions

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

Item No.	Resolution Title
1. Resolution No. S2-201	Mental Health Disclosure on Health Care Credentialing and Licensing Applications
2. Resolution No. S2-202	Medicaid Funded Nutritional Counseling for Obese Individuals
3. Resolution No. S2-203	Mental Health Resources for Members
4. Resolution No. S2-204	Diverse Definitions of Wellness
5. Resolution No. S2-205	AAFP Member Health
6. Resolution No. S2-206	Clinical Clerkship Duty Hour Limits
7. Resolution No. S2-207	Minority Medical Student Success and Retention
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RESOLUTION NO. S2-201

Mental Health Disclosure on Health Care Credentialing and Licensing Applications

Introduced by: Sameena Ahmed-Buehler

WHEREAS, Nearly one in three medical students and residents screen positively for depression (2-5 times the rate of the general population), and

WHEREAS, more than one physician dies every day by suicide (>2 times the rate of the general population), and

WHEREAS, mental illness and suicide is just as prevalent (if not more) amongst nursing assistants, pharmacists, and nurses compared to physicians, and

WHEREAS, physicians and physicians-in-training choose not to seek mental health treatment for fear of discrimination with credentialing and board licensing, and

WHEREAS, the current requests for disclosure of mental health illness on the majority of state medical licensing applications likely violate the Americans with Disabilities Act (ADA), and

WHEREAS, there is no convincing evidence that mental health disclosure by health care providers protects patients, especially since past episodes of the most common mental illnesses, such as anxiety and depression, do not necessarily predict current functioning, and

WHEREAS, the Federation of State Medical Boards (FSMB) states that “the duty of state medical boards to protect the public include responsibility to ensure physician wellness and to work to minimize the impact of policies and procedures that impact negatively on the wellness of licensees, both prospective and current”, and

WHEREAS, the American Medical Association (AMA) has a policy H-275.970 encourages state licensing boards to require physicians to disclose only physical or mental health conditions that currently impair their judgment or would otherwise adversely affect their ability to practice medicine in a competent, ethical, and professional manner, or when the physician presents a public health danger, and

WHEREAS, the AMA policy urges any state medical board that wishes to retain questions about the health of applicants on medical licensing applications to use the language recommended by the FSMB, which reads, “Are you currently suffering from any condition for which you are not appropriately being treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? (Yes/No)”, and

WHEREAS, the American Academy of Family Physicians policy states that “family physicians should advocate for the elimination of the stigma that accompanies poor mental health, as well as support policies that improve access to behavioral and mental health services” and that “the AAFP strongly believes that physician burnout is a health system, organization, practice, and physician culture problem, not just an individual concern. Therefore, the AAFP takes a systems-based approach to identifying and combating root causes of physician burnout at all levels of the family physician ecosystem”, and

WHEREAS, AAFP policy states that “family physicians can support appropriate public mental health policy, and when possible support and coordinate with other organizations to promote better mental health services for those with mental illness. These efforts include prevention of mortality through early intervention and appropriate and timely treatment, and prevention of mortality through careful use of medications and suicide prevention”, now, therefore, be it

RESOLVED, That the American Academy to 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 to 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 to 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 to 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 to 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.

RESOLUTION NO. S2-202

Medicaid Funded Nutritional Counseling for Obese Individuals

Introduced by: Katherine Shoemaker
Ryan Fischer
Cynthia Ciccotelli

WHEREAS, The obesity epidemic affects over 93 million Americans including 34% of adults and 15-20% of children and adolescents in the United States, and

WHEREAS, the United States Preventive Services Task Force (USPSTF) currently recommends referral to comprehensive behavioral weight interventions for adults, adolescents, and children, and

WHEREAS, less than half of the states in our nation offer Medicaid coverage for nutrition counseling for obese individuals without other comorbidities, now, therefore, be it

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.

RESOLUTION NO. S2-203

Mental Health Resources for Members

Introduced by: Monique Hedmann

WHEREAS, Family medicine physicians and students experience very high levels of burnout/moral injury, and

WHEREAS, physicians and medical students of color have significant mental health stressors, have less access to mental health services, and must contend with stigma around seeking mental health services, and

WHEREAS, consultation with psychotherapists may be an effective means by which to combat burnout/moral injury in concert with institution-specific wellness initiatives, and

WHEREAS, the HealthLandscape platform offers a searchable database through which users can identify resources that impact their social determinants of health, and

WHEREAS, social media and other online communities have been shown to offer physicians "additional coping mechanisms, provide new avenues for sharing information and allow experiences to be shared and validated", now, therefore, be it

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

RESOLVED, That the American Academy of Family Physicians identify virtual platforms that allow members to share information about mental health resources.

RESOLUTION NO. S2-204

Diverse Definitions of Wellness

Introduced by: Monique Hedmann

WHEREAS, Wellness initiatives for residents and medical students, i.e., mindfulness meditation, are commonplace in medical education, and

WHEREAS, wellness initiatives do not always appeal to residents and medical students because of their unique identities and backgrounds, and

WHEREAS, the concept of wellness may vary depending on a person's race/ethnicity, culture, personality, and other characteristics, and

WHEREAS, current models may prevent people from engaging in burnout prevention efforts, now, therefore, be it

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.

RESOLUTION NO. S2-205

AAFP Member Health

Introduced by: Shelby Owens
Sara Robinson

WHEREAS, Vast amounts of community, state, and federal resources are allocated to the training of physicians, and

WHEREAS, physicians are experiencing high rates of burnout, and

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

WHEREAS, there is currently no specific language outlining member wellness in the Mission or Member Value Statement, now, therefore, be it

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

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

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.”

RESOLUTION NO. S2-206

Clinical Clerkship Duty Hour Limits

Introduced by: Tisha Van Pelt

WHEREAS, The currently adopted Accreditation Council for Graduate Medical Education requirements written for students to the Liaison Committee on Medical Education/Commission on Osteopathic College Accreditation medical resident population are not applicable to the medical student population, and

WHEREAS, medical students would benefit from upholding responsibilities appropriate to their stage/phase in clinical training, and

WHEREAS, the responsibility of medical students during clinical training is to learn clinical medicine, which is attainable within duty hour limits, and

WHEREAS, when medical students are at home, their primary responsibility is to continue to study for clerkship examinations which is often difficult after extended clinical hours, leading to unsustainable student compromises with sacrifices in work life balance and student wellness, and

WHEREAS, with current discussions revolving around making United States Medical Licensing Examination exams pass/fail, duty hour recommendations are needed to ensure continued balance in the required curriculum for medical students, now, therefore, be it

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

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

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.

RESOLUTION NO. S2-207

Minority Medical Student Success and Retention

Introduced by: Alexander Matlock
Tatiana Kelley

WHEREAS, According to the *Journal of Health Care for the Poor and Underserved*, Blacks and Asians only constitute 5.8% and 7.5% of family medicine physicians respectively, and

WHEREAS, in 2018 the Association of American Medical Colleges predicted that there would be approximately a 50,000 primary care physician shortage by 2030, and

WHEREAS, development of the 25 x 2030 initiative established by the American Academy of Family Physicians has a set goal to increase the amount of primary care physicians by combining U.S. allopathic and osteopathic medical school seniors to select family medicine as their specialty, now, therefore, be it

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.

RESOLUTION NO. S2-208

Removing Barriers From Osteopathic Medical Students For Residency

Introduced by: Anna Tran

WHEREAS, According to the 2018 National Resident Matching Program Charting Outcomes in the Match, there were 37,103 active applicants participated in the main Residency Match; those, 11.5 percent were seniors of osteopathic medical schools, and

WHEREAS, according to the 2018 National Resident Matching Program Program Director Survey, 12% of residency programs state that they never interview osteopathic medical students, and

WHEREAS, one reason for this is that osteopathic medical students had access to exclusive osteopathic and residency programs, and

WHEREAS, the transition to a single accreditation system will be completed in 2020, and

WHEREAS, there will no longer be residencies which are limited to osteopathic medical students, now, therefore, be it

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.

RESOLUTION NO. S2-209

Continuity of Care in Undergraduate Medical Education

Introduced by: Jeremiah Lee
Julia Wang

WHEREAS, The American Association of Medical Colleges projects a shortage of up to 55,200 primary care physicians by 2032, and

WHEREAS, the American Academy of Family Phyicians has launched the 25x2030 Student Choice Collaborative which works to ensure that 25% of combined U.S. medical school seniors select family medicine as their specialty, and

WHEREAS, continuity of care in primary care settings is the backbone of family medicine, and

WHEREAS, continuity of care clinical training is not yet widely implemented nor mandated for accreditation of U.S. medical schools, now, therefore, be it

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.