



2012 Agenda for the Reference Committee on Education

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 2003	Increasing Proficiency in Medical Spanish
2. Resolution No. 2004	Performance of the Clinical Physical Exam
3. Resolution No. 2007	Impact of the 2010 Accreditation Council on Graduate Medical Education Duty Hours Reform
4. Resolution No. 2008	Provide Training on Mentorship of Medical Students
5. Resolution No. 2009	Leadership, Education and Curriculum for International Medical Graduates
6. Resolution No.2010	Improving Awareness of International Medical Graduates (IMGs) Visa Application Process Among Residency Program Directors
7. Resolution No. 2011	International Medical Graduate Parity with United States Medical Graduates
8. Resolution No. 2012	Requiring a Family Medicine Rotation
9. Resolution No. 2005	Gay, Lesbian, Bisexual, and Transgender (GLBT) Health Education in Medical and Graduate Medical Education
10. Resolution No. 2006	Family Physician and Care of the Transgendered Patient
11. Resolution No. 2001	Integrating Work-Life Balance Into Residency Training To Better Prepare Family Physicians For Practice
12. Resolution No. 2002	Address the Growing Epidemic of Prescription Drug Abuse



Resolution No. 2003

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1 Increasing Proficiency in Medical Spanish

2

3 Submitted by: Abayomi Jones, MD, FAAFP, Minority

4 Glen Aduana, MD, Minority

5

6 WHEREAS, People of Hispanic origin make up the largest ethnic minority in the United States,
7 and

8

9 WHEREAS, the inability to communicate with Spanish speaking patients remains a barrier to
10 access to care and may negatively impact quality of care, and

11

12 WHEREAS, the American Academy of Family Physicians (AAFP) provides comprehensive
13 patient health education in Spanish that its members are encouraged to use and explain, now,
14 therefore, be it

15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) survey its members
17 regarding their interests in medical Spanish related Continuing Medical Education (CME) with a
18 goal of eventually introducing a self-study CME packet to improve medical Spanish skills.



Resolution No. 2004

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1 Performance of the Clinical Physical Exam
2
3 Submitted by: Geetha Ambalavanan, MD, Minority
4 Tess Garcia, MD, FAAFP, Minority
5
6 WHEREAS, The increase in medical technology has led to relying on the test rather than the
7 physical exam; and
8
9 WHEREAS, not performing a physical exam may lead to the performance of unnecessary tests,
10 thereby increasing health care costs, and
11
12 WHEREAS, not performing the clinical exam leads to a failure in the development of the doctor-
13 patient relationship, especially the patient's trust in the physician, now, therefore, be it
14
15 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the American
16 Board of Family Medicine (ABFM) to add a self-assessment module (SAM) on physical exam skills,
17 covering them in a more thorough and comprehensive manner than was taught in medical school,
18 and be it further
19
20 RESOLVED, That continuing medical education (CME) in physical exam skills using live patients
21 be provided at the American Academy of Family Physicians (AAFP) Scientific Assembly on a
22 regular basis, and be it further
23
24 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the American
25 Board of Family Medicine (ABFM) to add demonstration of physical exam skills to the Maintenance
26 of Certification requirements, and be it further
27
28 RESOLVED, That the American Academy of Family Physicians (AAFP) call upon other specialists
29 to revive the art of medicine and return to the practice of the physical exam and perform a clinical
30 physical exam on all patients, especially those who have been referred to them by a family
31 physician.



Resolution No. 2007

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1 Impact of the 2010 Accreditation Council on Graduate Medical Education Duty Hours Reform

2

3 Submitted by: Janet West, MD, New Physicians

4 Sarah Roberts, MD, New Physicians

5 Aaron Heiar, DO, New Physicians

6 Melissa Jefferis, MD, General Registrant

7

8 WHEREAS, The Accreditation Council on Graduate Medical Education (ACGME) adopted
9 revised resident duty hour standards in 2010 that were implemented in 2011, and

10

11 WHEREAS, the implementation of these changes has posed challenges for training programs,
12 and

13

14 WHEREAS, the impact on family medicine faculty and residents' training and education is
15 unclear; and

16

17 WHEREAS, the American Board of Family Medicine reports a decrease in the breadth of scope
18 of medical practice of practicing family physicians; now, therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with other
21 specialty societies and professional organizations to request that the Accreditation Council on
22 Graduate Medical Education research the impact of the 2010 duty hour standards on resident
23 training and education, and be it further

24

25 RESOLVED, That the American Academy of Family Physicians (AAFP) collect data on
26 graduating family medicine residents regarding their self-assessment of their skill set and overall
27 preparedness for independent practice following the implementation of the 2010 Accreditation
28 Council on Graduate Medical Education duty hour standards.



Resolution No. 2008

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1 Provide Training on Mentorship of Medical Students

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3 Submitted by: Jarod Speer, MD, New Physicians

4 Michael Kalinowski, MD, New Physicians

5 Sharanjeet Sekhon, MD, New Physicians

6 Megan Janson, MD, General Registrant

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8 WHEREAS, Early exposure to well-trained, full-scope family medicine physicians is key to
9 fostering medical student interest in the specialty of family medicine, and

10

11 WHEREAS, many physicians in a community setting are hesitant to take on mentoring
12 responsibility secondary to feeling inadequately trained to mentor medical students in their
13 practices, and

14

15 WHEREAS, there is a paucity of easily available resources for physician members regarding
16 mentoring medical students, now, therefore, be it

17

18 RESOLVED, That the American Academy of Family Physicians (AAFP) consider offering
19 workshops or online continuing medical education courses to train community family physicians
20 to incorporate medical student mentoring efficiently in their busy medical practices.



Resolution No. 2009

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- 1 Leadership, Education and Curriculum for International Medical Graduates
2
3 Submitted by: Adnan Ahmed, MD, IMG
4 Asim K. Jaffer, MD, IMG
5 Kastoori Iyengar, MD, IMG
6
7 WHEREAS, Seventeen percent of practicing family physicians and 30% of resident family
8 physicians are of international origin, and
9
10 WHEREAS, there is a severe shortage of physicians with international medical training in
11 leadership positions at the present time in the United States, and
12
13 WHEREAS, there is a significant interest in leadership positions by physicians of international
14 origin, but there is a lack of information or opportunities at this time, now, therefore, be it
15
16 RESOLVED, That special leadership education modules be introduced by the American
17 Academy of Family Physicians (AAFP) to help international medical graduates (IMGs) prepare
18 to take leadership positions during residency, clinical practice or as part of the community, and
19 be it futher
20
21 RESOLVED, That the American Academy of Family Physicians (AAFP) is encouraged to
22 consider a partnership with the Society of Teachers of Family Medicine to develop such
23 modules as part of their Management of Health Systems curriculum.



Resolution No. 2010

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1 Improving Awareness of International Medical Graduates (IMGs) Visa Application Process
2 Among Residency Program Directors

3
4 Submitted by: Alexander Brzezny, MD, MPH, FAAFP, IMG
5 Luiz Lorenzo, MD, IMG
6 Elizabeth Seymour, MD, IMG
7 Isioma Okobah, MD, IMG
8 Vijaya Reddi, MD, IMG
9 Kathyayini Konuru, MD, IMG

10
11 WHEREAS, Many international medical graduates (IMGs) will require a visa to proceed with
12 graduate medical education in the United States, and

13
14 WHEREAS, some family medicine residency training programs do not consider qualified IMGs
15 due to concerns with potential visa application problems (www.infoimg.com/fp/novisa.htm; many
16 anecdotal reports), and

17
18 WHEREAS, program directors could become better informed to address the needs of a growing
19 IMG applicant pool, and

20
21 WHEREAS, the IMG caucus will work with the American Academy of Family Physicians (AAFP)
22 staff on designing a suitable educational program addressing perceived visa application issues
23 facing residency programs, now, therefore, be it

24
25 RESOLVED, That the American Academy of Family Physicians (AAFP) with cooperation from
26 the international medical graduates (IMGs) caucus create an informative presentation during the
27 annual AAFP Residency Program Director (PDW) meeting aimed at educating them about the
28 visa application process related to admission of qualified IMG residency applicants.



Resolution No. 2011

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1 International Medical Graduate Parity with United States Medical Graduates
2
3 Submitted by: Kastoori Iyengar, MD, IMG
4 Triin Minton, MD, IMG
5 Adnan Ahmed, MD, IMG
6
7 WHEREAS, The international medical graduates (IMGs) should be considered to have
8 equivalent training once they pass the United States Medical Licensing exams and obtain
9 Educational Commission for Foreign Medical Graduates (ECFMG) certification, and
10
11 WHEREAS, the IMGs are not given equal opportunities even after having ECFMG certification,
12 and
13
14 WHEREAS, there are a lot of IMGs interested in family medicine that will fulfill the shortages of
15 primary care in the future, and
16
17 WHEREAS, 17% of family physicians of the American Academy of Family Physicians (AAFP)
18 are IMGs, now, therefore, be it
19
20 RESOLVED, That the American Academy of Family Physicians (AAFP) make a statement that
21 international medical graduates (IMGs) who have completed the equivalent training and
22 successfully completed United States (US) medical licensing exams be recognized on parity
23 with US medical graduates.



Resolution No. 2012

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1 Requiring a Family Medicine Rotation

2

3 Submitted by: Luiz Lorenzo, MD, IMG

4 Jun David, MD, FAAFP, General Registrant

5 Suben Naidu, MD, FAAFP, IMG

6 Vijaya Reddi, MD, IMG

7 Alex Brzezny, MD, MPH, FAAFP, IMG

8

9 WHEREAS, Some medical students graduate from medical schools in the United States without
10 any exposure or rotation in family medicine, and

11

12 WHEREAS, some international medical schools do not require any exposure or rotation in
13 family medicine, and

14

15 WHEREAS, only 11.4% of the medical students in the United States choose family medicine as
16 their specialty according to the National Residency Matching Program (NRMP) data, and

17

18 WHEREAS, the United States has an estimated deficit of about 40,000 family physicians and
19 students with no exposure to family medicine are less likely to choose this specialty thereby
20 increasing the workforce shortage, now, therefore, be it

21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the
23 Federation of State Medical Boards to require all new physician applicants for licensure to
24 complete a minimum of a four week block rotation in family medicine or two weeks of a
25 longitudinal family medicine rotation (including outpatient experience).



Resolution No. 2005

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1 Gay, Lesbian, Bisexual, and Transgender (GLBT) Health Education in Medical and Graduate
2 Medical Education

3
4 Submitted by: Keisa Bennett, MD, MPH, GLBT
5 Folashade Omole, MD, FAAFP, GLBT
6 Luis Otero, Jr., MD, FAAFP, GLBT
7 Carlos Gonzales, MD, FAAFP, GLBT
8 Gerry Tolbert, MD, New Physicians
9 Adnan Ahmed, MD, IMG

10
11 WHEREAS, It is well established that lesbian, gay, bisexual, and transgender (GLBT) persons
12 suffer from a number of health disparities, including increased risk for experiencing mental
13 health problems, engaging in substance use and abuse, experiencing discrimination and
14 violence victimization, and reduced access to preventive care, and

15
16 WHEREAS, GLBT-focused health issues have been neglected in medical education due to
17 issues including lack of awareness, discomfort with the topic, time demands, and lack of faculty
18 development, and

19
20 WHEREAS, studies support the position that medical education efforts regarding the health
21 needs of GLBT people improve learner attitudes and willingness to clinically engage GLBT
22 patients, and

23
24 WHEREAS, the American Academy of Family Physicians (AAFP) has already implicitly
25 acknowledged the importance of GLBT health as a curricular topic through the development of a
26 Recommended Curriculum Guideline for Residents and Students, and

27
28 WHEREAS, the American Medical Association (AMA) has a policy statement encouraging
29 Liaison Committee on Medical Education (LCME) and Accreditation Council on Graduate
30 Medical Education (ACGME) to include GLBT health in the cultural competency curriculum, and

31
32 WHEREAS, the Association of American Medical Colleges (AAMC) has a policy statement
33 supporting the inclusion of GLBT health in medical student education and has also formed a
34 Task Force to address GLBT education in medical schools, and

35
36 WHEREAS, the American College of Obstetrics and Gynecology (ACOG) has also issued a
37 recommendation to address GLBT issues in obstetrics and gynecology curricula, now,
38 therefore, be it

39
40 RESOLVED, That the American Academy of Family Physicians (AAFP) engage in dialog with
41 the Review Committee for Family Medicine (RC-FM) and Accreditation Council of Graduate
42 Medical Education (ACGME) supporting the inclusion of gay, lesbian, bisexual, and transgender
43 (GLBT) health knowledge and skills as a required element of the residency curriculum, and be it
44 further

45
46 RESOLVED, That the American Academy of Family Physicians (AAFP) engage in a dialogue
47 with Liaison Committee on Medical Education (LCME) supporting the inclusion of in gay,
48 lesbian, bisexual, and transgender (GLBT) health knowledge and skills as a required element of
49 the medical student curriculum, and be it further
50
51 RESOLVED, That the American Academy of Family Physicians (AAFP) engage in dialog with
52 the American Board of Family Medicine (ABFM) supporting the inclusion of questions relevant
53 and specific to gay, lesbian, bisexual, and transgender (GLBT) health in the Family Medicine
54 board exam, and be it further
55
56 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the
57 American Board of Family Medicine (ABFM) to develop a Self-Assessment Module focusing on
58 gay, lesbian, bisexual, and transgender (GLBT) health, and be it further
59
60 RESOLVED, That the American Academy of Family Physicians (AAFP) recognize the particular
61 disparity involving training in transgender care and emphasize course requirements and
62 curricular development targeted to this population, and be it further
63
64 RESOLVED, That the American Academy of Family Physicians (AAFP) offer
65 courses/workshops at the AAFP Scientific Assembly focused on transgender healthcare.



Resolution No. 2006

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1 Family Physician and Care of the Transgendered Patient

2

3 Submitted by: Andrew Goodman, MD, GLBT

4 Werner Brammer, MD, FAAFP, GLBT

5 Laura Ellis, MD, FAAFP, GLBT

6

7 WHEREAS, Physicians are inadequately trained to care for transgendered individuals, and

8

9 WHEREAS, the care of the transgendered individual should be included in the scope of family
10 medicine, now, therefore, be it

11

12 RESOLVED, That the American Academy of Family Physicians (AAFP) acknowledge that the
13 care of transgender individuals, including providing cross-gender hormone treatment, is within
14 the scope of family medicine, and be it further

15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) take a leadership
17 position in the education of family physicians in the care of transgendered individuals, and be it
18 further

19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the
21 American Board of Family Medicine (ABFM) to develop a Part III module on gay, bisexual,
22 lesbian, transgender (GLBT) care.



Resolution No. 2001

2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Integrating Work-Life Balance Into Residency Training To Better Prepare Family Physicians For
2 Practice

3
4 Submitted by: Shana O. Ntiri, MD, MPH, Women
5 Jen Brull, MD, FAAFP, Women
6 Elvan C Daniels, MD, MPH, Women
7 Dana Nguyen, MD, FAAFP, Women

8
9 WHEREAS, Reports indicate the United States will face a shortage of 55,000 – 85,000
10 physicians by the year 2020, and

11
12 WHEREAS, residents in the final years of education must be prepared to enter the
13 unsupervised practice of medicine and care of patients over irregular or extended periods of
14 time, and

15
16 WHEREAS, extended work hours increase the physical and emotional stress levels for
17 physicians, and

18
19 WHEREAS, the quality of care delivered to patients is adversely impacted by poor physician
20 well being, now, therefore, be it

21
22 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a curriculum
23 guideline for work-life balance for family medicine residents, and be it further

24
25 RESOLVED, That the American Academy of Family Physicians (AAFP) develop tools for family
26 medicine residents and practicing physicians to help adequately prepare them to perform self-
27 assessment and action planning regarding personal work-life balance.



Resolution No. 2002

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1 Address the Growing Epidemic of Prescription Drug Abuse

2
3 Submitted by: Mary Rutherford, MD, MPH, Women
4 Kandie Tate, MD, Women
5 Alice Daniels, MD, Women
6 Renee Crichlow, MD, FAAFP, Women
7 Karen Hulbert, MD, Women
8 Pamela Tuck, MD, Women
9 Leanne Zakrzewski, MD
10 Carey Lindeman, MD, Women

11
12 WHEREAS, Substance abuse affects 23.5 million persons aged 12 or older needing treatment
13 for illicit drug or alcohol abuse problems in 2009 and most of them did not receive appropriate
14 treatment, and

15
16 WHEREAS, greater than 5 million people in the United States reported non-medical use of
17 prescription analgesic drugs in one month, and

18
19 WHEREAS, opioid prescriptions increased by 22% over a two year period and over 40% were
20 written by primary care physicians, and

21
22 WHEREAS, the cost of opioid prescription to the health care system can be reflected in the
23 increase of emergency room visits by 44% (2004-2006) for illicit drug use, and

24
25 WHEREAS, family physician training has not kept pace with the growing epidemic of
26 prescription drug abuse, now, therefore, be it

27
28 RESOLVED, That the American Academy of Family Physicians (AAFP) reaffirm its existing
29 policy listed under Substance and Alcohol Abuse and Addiction, and be it further

30
31 RESOLVED, That the American Academy of Family Physicians (AAFP) educate its members
32 about the Continuing Medical Education opportunities available on treatment and guidelines of
33 chronic pain management, and be it further

34
35 RESOLVED, That the American Academy of Family Physicians (AAFP) develop guidelines and
36 recommendations for diagnosis and treatment of addiction, and be it further

37
38 RESOLVED, That the American Academy of Family Physicians (AAFP) include addiction and
39 substance abuse as a competency in the curriculum of training family medicine residents, and
40 be it further

41
42 RESOLVED, That the American Academy of Family Physicians (AAFP) support National All
43 Schedules Prescription Electronic Reporting Act (NASPER) and advocate for all states to
44 develop a prescription drug monitoring system and report back in two years with an update.