2012 Agenda for the Reference Committee on Education

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

Item No.	Resolution Title
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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Increasing Proficiency in Medical Spanish

Submitted by: Abayomi Jones, MD, FAAFP, Minority
Glen Aduana, MD, Minority

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

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

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

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

Resolution No. 2004

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Performance of the Clinical Physical Exam

Submitted by: Geetha Ambalavanan, MD, Minority
Tess Garcia, MD, FAAFP, Minority

WHEREAS, The increase in medical technology has led to relying on the test rather than the physical exam; and

WHEREAS, not performing a physical exam may lead to the performance of unnecessary tests, thereby increasing health care costs, and

WHEREAS, not performing the clinical exam leads to a failure in the development of the doctor-patient relationship, especially the patient's trust in the physician, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the American Board of Family Medicine (ABFM) to add a self-assessment module (SAM) on physical exam skills, covering them in a more thorough and comprehensive manner than was taught in medical school, and be it further

RESOLVED, That continuing medical education (CME) in physical exam skills using live patients be provided at the American Academy of Family Physicians (AAFP) Scientific Assembly on a regular basis, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the American Board of Family Medicine (ABFM) to add demonstration of physical exam skills to the Maintenance of Certification requirements, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) call upon other specialists to revive the art of medicine and return to the practice of the physical exam and perform a clinical physical exam on all patients, especially those who have been referred to them by a family physician.

Resolution No. 2007

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

Submitted by: Janet West, MD, New Physicians
Sarah Roberts, MD, New Physicians
Aaron Heiar, DO, New Physicians
Melissa Jefferis, MD, General Registrant

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

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

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

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

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

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

Resolution No. 2008

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Provide Training on Mentorship of Medical Students

Submitted by: Jarod Speer, MD, New Physicians
Michael Kalinowski, MD, New Physicians
Sharanjeet Sekhon, MD, New Physicians
Megan Janson, MD, General Registrant

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

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

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

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

Resolution No. 2009

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Leadership, Education and Curriculum for International Medical Graduates

Submitted by: Adnan Ahmed, MD, IMG
Asim K. Jaffer, MD, IMG
Kastoori Iyengar, MD, IMG

WHEREAS, Seventeen percent of practicing family physicians and 30% of resident family physicians are of international origin, and

WHEREAS, there is a severe shortage of physicians with international medical training in leadership positions at the present time in the United States, and

WHEREAS, there is a significant interest in leadership positions by physicians of international origin, but there is a lack of information or opportunities at this time, now, therefore, be it

RESOLVED, That special leadership education modules be introduced by the American Academy of Family Physicians (AAFP) to help international medical graduates (IMGs) prepare to take leadership positions during residency, clinical practice or as part of the community, and be it futher

RESOLVED, That the American Academy of Family Physicians (AAFP) is encouraged to consider a partnership with the Society of Teachers of Family Medicine to develop such modules as part of their Management of Health Systems curriculum.

Resolution No. 2010

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

Submitted by: Alexander Brzezny, MD, MPH, FAAFP, IMG
Luiz Lorenzo, MD, IMG
Elizabeth Seymour, MD, IMG
Isioma Okobah, MD, IMG
Vijaya Reddi, MD, IMG
Kathyayini Konuru, MD, IMG

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

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

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

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

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

Resolution No. 2011

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International Medical Graduate Parity with United States Medical Graduates

Submitted by: Kastoori Iyengar, MD, IMG
Triin Minton, MD, IMG
Adnan Ahmed, MD, IMG

WHEREAS, The international medical graduates (IMGs) should be considered to have equivalent training once they pass the United States Medical Licensing exams and obtain Educational Commission for Foreign Medical Graduates (ECFMG) certification, and

WHEREAS, the IMGs are not given equal opportunities even after having ECFMG certification, and

WHEREAS, there are a lot of IMGs interested in family medicine that will fulfill the shortages of primary care in the future, and

WHEREAS, 17% of family physicians of the American Academy of Family Physicians (AAFP) are IMGs, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) make a statement that international medical graduates (IMGs) who have completed the equivalent training and successfully completed United States (US) medical licensing exams be recognized on parity with US medical graduates.

Resolution No. 2012

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Requiring a Family Medicine Rotation

Submitted by: Luiz Lorenzo, MD, IMG
Jun David, MD, FAAFP, General Registrant
Suben Naidu, MD, FAAFP, IMG
Vijaya Reddi, MD, IMG
Alex Brzezny, MD, MPH,FAAFP, IMG

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

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

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

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

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

Resolution No. 2005

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

Submitted by: Keisa Bennett, MD, MPH, GLBT
Folashade Omole, MD, FAAFP, GLBT
Luis Otero, Jr., MD, FAAFP, GLBT
Carlos Gonzales, MD, FAAFP, GLBT
Gerry Tolbert, MD, New Physicians
Adnan Ahmed, MD, IMG

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

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

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

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

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

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

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

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

RESOLVED, That the American Academy of Family Physicians (AAFP) engage in a dialogue with Liaison Committee on Medical Education (LCME) supporting the inclusion of in gay, lesbian, bisexual, and transgender (GLBT) health knowledge and skills as a required element of the medical student curriculum, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) engage in dialog with the American Board of Family Medicine (ABFM) supporting the inclusion of questions relevant and specific to gay, lesbian, bisexual, and transgender (GLBT) health in the Family Medicine board exam, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the American Board of Family Medicine (ABFM) to develop a Self-Assessment Module focusing on gay, lesbian, bisexual, and transgender (GLBT) health, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) recognize the particular disparity involving training in transgender care and emphasize course requirements and curricular development targeted to this population, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) offer courses/workshops at the AAFP Scientific Assembly focused on transgender healthcare.

Resolution No. 2006

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Family Physician and Care of the Transgendered Patient

Submitted by: Andrew Goodman, MD, GLBT
Werner Brammer, MD, FAAFP, GLBT
Laura Ellis, MD, FAAFP, GLBT

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

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

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

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

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

Resolution No. 2001

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

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

Submitted by: Shana O. Ntiri, MD, MPH, Women
Jen Brull, MD, FAAFP, Women
Elvan C Daniels, MD, MPH, Women
Dana Nguyen, MD, FAAFP, Women

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

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

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

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

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

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

Resolution No. 2002

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Address the Growing Epidemic of Prescription Drug Abuse

Submitted by: Mary Rutherford, MD, MPH, Women
Kandie Tate, MD, Women
Alice Daniels, MD, Women
Renee Crichlow, MD, FAAFP, Women
Karen Hulbert, MD, Women
Pamela Tuck, MD, Women
Leanne Zakrzewski, MD
Carey Lindeman, MD, Women

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

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

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

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

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

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

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

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

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

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