



2013 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. <u>Resolution No. 2001</u>	Educate Adolescents on Consensual Sex (Don't Rape)
2. <u>Resolution No. 2002</u>	Promotion of Forensic Sexual Assault & Child Abuse Examination Training
3. <u>Resolution No. 2003</u>	Enhancing the Training of Family Physicians in Addiction Medicine
4. <u>Resolution No. 2004</u>	Curriculum for End-of-Life Care
5. <u>Resolution No. 2005</u>	Education Resources for Non-Pharmacologic Approaches to Chronic Disease
6. <u>Resolution No. 2006</u>	Educational Resources for Environmental Influences on Health and Disease Processes
7. <u>Resolution No. 2007</u>	Resident Training in Reproductive Options
8. <u>Resolution No. 2008</u>	Breastfeeding Educations for Patients and Providers
9. <u>Resolution No. 2009</u>	Protected Time for Organized Medicine in Residency Education
10. <u>Resolution No. 2010</u>	Collaboration with Non-Physician Medical Providers
11. <u>Resolution No. 2011</u>	AAFP Advocates to American Board of Family Medicine on Behalf of Those Holding Certificates of Added Qualifications
12. <u>Resolution No. 2012</u>	Partnership and Promotion of Family Medicine to International Medical Graduate Residency Applicants
13. <u>Resolution No. 2013</u>	Education to Combat Gender Inequality for Family Medicine Physicians



Resolution No. 2001

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1 Educate Adolescents on Consensual Sex (Don't Rape)

2
3 Submitted by: Cathleen London, MD, Women
4 Divya Reddy, MD, Women
5 Melodie Mope, MD, Women
6 Regina Kim, MD, Women
7 Barbara Walker, MD, Women
8

9 WHEREAS, Ninety-nine percent of people who rape are men, and

10
11 WHEREAS, 8% of men admit committing acts that meet the legal definition of rape or attempted
12 rape. Of these men who committed rape, 84% said that what they did was definitely not rape,
13 and

14
15 WHEREAS, 84% of men who admit to committing acts that meet the legal definition of rape or
16 attempted rape said that what they did was definitely not rape, and

17
18 WHEREAS, more than one in five men report "becoming so sexually aroused that they could
19 not stop themselves from having sex, even though the woman did not consent," and

20
21 WHEREAS, 35% of men, almost 60% on college campuses, report at least some degree of
22 likelihood of raping if they could be assured they wouldn't be caught or punished, and

23
24 WHEREAS, the American Academy of Family Physicians has policy on screening and treatment
25 of victims of domestic violence, but no such policy for perpetrators, now, therefore, be it

26
27 RESOLVED, That the American Academy of Family Physicians create an educational toolkit for
28 screening and prevention of sexual assault aimed at potential perpetrators.

- 29
30 1. Warsaw, R. *I Never Called it Rape*. New York: HarperCollins Publishers, 1994.
31 2. Greenfeld, L. A. *Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault*, Washington, D.
32 C.: U.S. Department of Justice, Bureau of Justice Statistics, 1997.
33 3. Peterson, S. A., and B. Franzese. "Correlates of College Men's Sexual Abuse of Women." *Journal of College*
34 *Student Personnel* 28 (1987): 223-28
35 4. Malamuth, N. M. "Rape Proclivity Among Males." *Journal of Social Issues* 37 (1981): 138-57.



Resolution No. 2002

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1 Promotion of Forensic Sexual Assault & Child Abuse Examination Training
2
3 Submitted by: Megan Guffey, MD, Women
4 Amy McIntyre, MD, MPH, Women
5 Erika Noonan, MD, Women
6
7 WHEREAS, Every two minutes, someone in the United States is sexually assaulted, and
8
9 WHEREAS, survivors of sexual assault can be of any age or gender, and
10
11 WHEREAS, family physicians are the best trained physicians to manage the broadest range of
12 patients, and
13
14 WHEREAS, the American Academy of Family Physicians has current policy that supports
15 providers in deciding which services they provide to rape victims, and
16
17 WHEREAS, the AAFP has no current information on the availability of or links to currently
18 available training in sexual assault forensic examiner training, now, therefore, be it
19
20 RESOLVED, That the American Academy of Family Physicians identify and promote the
21 availability of existing training for the forensic exam of sexual assault and child abuse survivors
22 to its membership.



Resolution No. 2003

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1 Enhancing the Training of Family Physicians in Addiction Medicine

2
3 Submitted by: Mary Rutherford, MD, MPH, Women
4 Marjorie Broussard, MD, Women
5 Esther Rivera-Gambaro, MD, Women
6 Ilona Farr, MD, Women
7

8 WHEREAS, The American Academy of Family Physicians (AAFP) has published *Pain*
9 *Management and Opioid Abuse: A Public Health Concern* to address the prescription drug
10 abuse epidemic in the United States (U.S.), and
11

12 WHEREAS, states enact legislation to restrict, and thereby decrease, the prescribing of opioids
13 for chronic pain, and
14

15 WHEREAS, 100 people die every day in the U.S. because of overdose of prescribed
16 medications, and
17

18 WHEREAS, evidence lacks support for the use of opioids in the treatment of chronic non-cancer
19 pain, and
20

21 WHEREAS, the AAFP recognizes addiction as a chronic, relapsing disease, and
22

23 WHEREAS, opioid addiction is a lethal disease and is treatable, and
24

25 WHEREAS, family physicians encounter addiction and substance abuse daily but receive
26 insufficient training in the diagnosis and treatment of substance use disorders, now, therefore,
27 be it
28

29 RESOLVED, That the American Academy of Family Physicians (AAFP) develop specific
30 guidelines for the treatment of acute and chronic pain, emphasizing alternatives to opioids, and
31 be it further
32

33 RESOLVED, That the American Academy of Family Physicians (AAFP) offer an online CME
34 course for practicing physicians on the treatment of acute and chronic pain, and be it further
35

36 RESOLVED, That the American Academy of Family Physicians' (AAFP) website include a link
37 to a list of physicians who are licensed to provide office-based treatment with buprenorphine for
38 opioid dependence, and be it further
39

40 RESOLVED, That the American Academy of Family Physicians (AAFP) develop guidelines and
41 recommendations for diagnosis and treatment of addiction, and be it further
42

43 RESOLVED, That the American Academy of Family Physicians (AAFP) include addiction and
44 substance abuse as a competency in the curriculum of training family medicine residents,
45 including education on medication-assisted treatment with buprenorphine, and be it further
46

47 RESOLVED, That the American Academy of Family Physicians (AAFP) partner with the
48 American Society of Addiction Medicine to recruit additional family physicians to treat addiction
49 and obtain board certification in addiction medicine, and be it further
50

51 RESOLVED, That the American Academy of Family Physicians (AAFP) continue to support
52 National All Schedules Prescription Electronic Reporting Act (NASPER) and advocate for all
53 states to develop a prescription drug monitoring system.



Resolution No. 2004

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1 Curriculum for End-of-Life Care

2

3 Submitted by: Rosiland Harrington, MD, Minority

4 Ross Jones, MD, Minority

5 Jennifer Triev, MD, Minority

6 Jose Tiburcio, MD, Minority

7

8 WHEREAS, The percentage of Americans 65 and older is expected to grow to 19% in 2030,

9 and

10

11 WHEREAS, 1,059,000 patients died in hospice in 2011¹, and

12

13 WHEREAS, in 2011 approximately 35% of hospice patients died or were discharged within
14 seven days, now, therefore, be it

15

16 RESOLVED, That the American Academy of Family Physicians create a formalized curriculum
17 that addresses end-of-life issues that can be used by physicians and residents for self-directed
18 learning.

19

20 ¹NHPCO Facts and Figures: Hospice Care in America, 2012 Edition.



Resolution No. 2005

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1 Education Resources for Non-Pharmacologic Approaches to Chronic Disease

2
3 Submitted by: Salim Dawalibi, MD, Minority
4 Cindy Hung, MD, Minority
5 Melody Jordahl-Iaftrato, MD, New Physicians
6 Cat London, MD, Women
7 Regina Kim, MD, Women
8

9 WHEREAS, Traditional family medicine training and practice has focused on approaches to
10 chronic disease management that utilize primarily pharmacologic or lifestyle interventions, and
11

12 WHEREAS, a holistic approach to medical management of chronic disease may include
13 interventions such as sleep improvement techniques, dietary changes, nutraceuticals, manual
14 therapies, movement therapies, and acupuncture amongst modalities, which may improve the
15 quality of care for many patients, now, therefore, be it
16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) develop educational
18 materials and continuing medical education presentations designed to assist family physicians
19 in making informed decisions about evidence-based and effective complementary and
20 nonpharmacological approaches to chronic disease management.



Resolution No. 2006

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Educational Resources for Environmental Influences on Health and Disease Processes

2
3 Submitted by: Cindy Hung, MD, Minority
4 Salim Dawalibi, MD, Minority
5 Danny Lewis, MD, New Physician
6 Cat London, MD, Women
7 Joanna Bisgrove, MD, Women
8

9 WHEREAS, Traditional family medicine training and practice does not include education in
10 toxicology and environmental influences on health and disease processes, and
11

12 WHEREAS, existing resources, such as the American Academy of Environmental Medicine,
13 need to be further explored for validity of evidence-based and effective prevention, and possible
14 treatment, of specific ailments, now, therefore, be it
15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) develop educational
17 materials and continuing medical education (CME) presentations designed to assist family
18 physicians to make informed decisions about evidence-based and effective environmental
19 concerns to acute and chronic approaches to disease management.



Resolution No. 2007

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1 Resident Training in Reproductive Options

2
3 Submitted by: Jennifer Mullendore, MD, MSPH, New Physicians
4 Jenese Reynolds, MD, New Physicians

5
6 WHEREAS, Approximately 50% of pregnancies in the United States (U.S.) are unintended¹, and
7
8 WHEREAS, the American Academy of Family Physicians (AAFP), per its policy on Training in
9 Reproductive Decisions, believes physicians should seek to, through extensive patient
10 education and counseling, decrease the number of unwanted pregnancies, and

11
12 WHEREAS, the Accreditation Council for Graduate Medical Education (ACGME) has proposed
13 to eliminate required training in family planning and contraception from the Program
14 Requirements for Graduate Medical Education in Family Medicine, and

15
16 WHEREAS, the current AAFP policy on Training in Reproductive Decisions states that, “The
17 AAFP supports current language in the Program Requirements for Residency Training in Family
18 Practice of the Review Committee for Family Medicine concerning the provision of opportunities
19 for residents to learn procedural skills that they anticipate will be part of their future practices,”
20 now, therefore, be it

21
22 RESOLVED, That the American Academy of Family Physicians (AAFP) amend its policy on
23 Training in Reproductive Decisions as stated below:

24
25 The American Academy of Family Physicians supports the concept that no physician or
26 other health professional shall be required to perform any act which violates personally
27 held moral principles.

28
29 The AAFP recommends that medical students and family medicine residents be trained
30 in counseling and referral skills regarding all options available to pregnant women.

31
32 ~~The AAFP supports current language in the Program Requirements for Residency~~
33 ~~Training in Family Practice of the Residency Review Committee for Family Medicine~~
34 ~~concerning the provision of opportunities for residents to learn procedural skills that they~~
35 ~~anticipate will be part of their future practices.~~

36
37 The AAFP strongly supports the provision of opportunities for residents to learn about all
38 contraceptive options and be trained in family planning procedural skills that they
39 anticipate will be part of their future practices.

40
41 ¹Finer LB and Zolna MR, Unintended pregnancy in the United States: incidence and disparities, 2006,
42 *Contraception*, 2011, 84(5):478-485



Resolution No. 2008

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Breastfeeding Educations for Patients and Providers

2
3 Submitted by: Emily Briggs, MD, New Physicians
4 Mary Krebs, MD, New Physicians
5 Kisha Davis, MD, New Physicians
6 Emmanuel Kenta-Bibi, MD, New Physicians
7 Aaron Heiar, DO, New Physicians
8

9 WHEREAS, Breastfeeding is recommended for the first year of life by the American Academy of
10 Family Physicians (AAFP), American Congress of Obstetricians and Gynecologists (ACOG),
11 Academy of Breastfeeding Medicine (ABM), American Academy of Pediatrics (AAP), World
12 Health Organization (WHO), and United Nations Children’s Fund (UNICEF), and
13

14 WHEREAS, child health benefits of breastfeeding include decreased risks of gastrointestinal
15 disease, upper respiratory illnesses, asthma, allergic rhinitis, and childhood obesity, and
16

17 WHEREAS, the Baby Friendly Hospital Initiative (BFHI) is an effort by UNICEF and the World
18 Health Organization to ensure that all maternity hospitals become centers of breastfeeding
19 support, and
20

21 WHEREAS, the BFHI can be a cumbersome process—for hospitals to implement, and
22

23 WHEREAS, many patients are not aware of the insurance coverage of lactation supplies and
24 support, and
25

26 WHEREAS, the International Board of Lactation Consultant Examiners (IBLCE) is valued
27 worldwide as the most trusted source for certifying practitioners in lactation and breastfeeding
28 care, and
29

30 WHEREAS, many family physicians do not feel adequately prepared to counsel their patients on
31 breastfeeding issues, now, therefore, be it
32

33 RESOLVED, That the American Academy of Family Physicians (AAFP) make available patient
34 education materials on breastfeeding to include, but not limited to, the benefits of breastfeeding,
35 expectations in the process of breastfeeding, and insurance coverage of equipment, and be it
36 further
37

38 RESOLVED, That the American Academy of Family Physicians (AAFP) support breastfeeding
39 education to family physicians using the AAFP website to highlight evidence-based
40 breastfeeding training modules (i.e. International Board of Lactation Consultant Examiners
41 (IBLCE), supporting the Baby-Friendly Hospital Initiative, and providing breastfeeding
42 educational resources for physicians.



Resolution No. 2009

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Protected Time for Organized Medicine in Residency Education

2
3 Submitted by: Michael Hanak MD,FAAFP, New Physicians
4 Kevin Kotar DO, New Physicians
5 Ashby Wolfe MD, New Physicians
6 Melody Jordahl-Lafrato, MD, New Physicians
7 Irvin Sulapas MD, New Physicians
8 Christina Chavez MD, New Physicians
9

10 WHEREAS, Current American Medical Association (AMA) policy (G-620.060) formally promotes
11 “resident physician membership in national medical specialty societies,” and
12

13 WHEREAS, current AMA policy (H-310.911) urges the Accreditation Council for Graduate
14 Medical Education (ACGME) to “acknowledge that activities in organized medicine facilitate
15 competency in professionalism, interpersonal and communication skills, practice-based learning
16 and improvement, and systems-based practice,” and
17

18 WHEREAS, current AMA policy (H-310.911) “encourages residency and fellowship programs to
19 support their residents and fellows in their involvement in and pursuit of leadership in organized
20 medicine” and “be allotted additional time, beyond scheduled vacation, for scholarly activity time
21 and activities of organized medicine,” and
22

23 WHEREAS, many residents who are encouraged and/or permitted to attend conferences and
24 other organized events are often only allowed to do so because their program’s faculty or
25 leaders are currently involved in organized medicine, and
26

27 WHEREAS, residents themselves are leaders in various specialty-specific organizations, and
28

29 WHEREAS, some residency programs have established a formal leadership track which
30 facilitates protected time and other schedule arrangements to allow interested residents to
31 attend organized medicine activities, and
32

33 WHEREAS, current ACGME Family Medicine Program Requirements [IV.A.5.b).(12).(f)] state
34 that a “leadership curriculum should include training to provide leadership for a clinical practice,
35 a hospital medical staff, professional organizations, and community leadership skills to advocate
36 for the public health,” and
37

38 WHEREAS, current American Academy of Family Physicians (AAFP) policy¹ states “leadership
39 opportunities allow residents to play a vital role in shaping AAFP policy and the future of family
40 medicine,” now, therefore, be it
41

42 RESOLVED, That the American Academy of Family Physicians (AAFP) acknowledge that
43 involvement in organized medicine is a valuable component of residency education, and be it
44 further

45 RESOLVED, That the American Academy of Family Physicians (AAFP) create and make
46 available best practices for use in assisting programs in designing a leadership track for use
47 among family medicine residencies, and be it further

48
49 RESOLVED, That the American Academy of Family Physicians (AAFP) endorse protected time
50 for residents to participate in organized medicine, exclusive of vacation and other time allotted
51 for continuing medical education, to all family medicine programs.

52
53 References:

54 1. <http://www.aafp.org/online/en/home/policy/policies/r/residents.html>



Resolution No. 2010

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Collaboration with Non-Physician Medical Providers

2

3 Submitted by: Kyle Jones, MD, New Physicians

4 Jason B. Fuqua, MD, New Physicians

5 Sergio Murillo, MD, IMG

6 Melissa Augustine, MD, New Physicians

7 Carlos A. Latorre, MD, New Physicians

8 Syecchia Dennis, MD, New Physicians

9

10 WHEREAS, The American Academy of Family Physicians (AAFP) is a strong advocate for
11 physician-led teams in a Patient-Centered Medical Home, and

12

13 WHEREAS, many physicians have not been adequately trained in how to collaborate with non-
14 physician medical providers, and

15

16 WHEREAS, the AAFP's current resource on this topic is incomplete, now, therefore, be it

17

18 RESOLVED, That the American Academy of Family Physicians increase guidance on
19 establishing and enhancing collaboration with non-physician medical providers by providing a
20 central website with links to state-specific information concerning physician roles with regards to
21 non-physician medical practice, and be it further

22

23 RESOLVED, That the American Academy of Family Physicians collaborate with the
24 Accreditation Council for Graduate Medical Education for inclusion of non-physician medical
25 provider collaboration in residency training.



Resolution No. 2011

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 AAFP Advocates to American Board of Family Medicine on Behalf of Those Holding Certificates
2 of Added Qualifications

3
4 Submitted by: Andres F. Leone, MD, IMG
5 Jennifer A. Hussli, MD, IMG
6 Eltanya A. Patterson, MD, IMG
7 Sergio Murillo, MD, IMG

8
9 WHEREAS, The American Academy of Family Physicians (AAFP) encourages the practice of
10 the full spectrum of medicine by family physicians, and

11
12 WHEREAS, some family physicians chose to pursue a practice in a subspecialized focus of
13 medicine such as adolescent, geriatric, sleep, and sports medicine or hospice and palliative
14 care by obtaining a fellowship or a Certificate of Added Qualifications now, therefore, be it

15
16 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate to the
17 American Board of Family Medicine (ABFM) on behalf of physicians who maintain current
18 Certificates of Added Qualifications to tailor the maintenance of certification process and ABFM
19 examination to highlight the areas of expertise and practice of those physicians.



Resolution No. 2012

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Partnership and Promotion of Family Medicine to International Medical Graduate Residency
2 Applicants

3
4 Submitted by: Gilberto Cota, MD, General Registrant
5 James Beebe, MD, IMG
6 Manjula Cherukuri, MD, IMG
7 Biplav Yadav, MD, IMG
8

9 WHEREAS, A great number of international medical graduates (IMGs) who are already applying
10 to the United States (U.S) medical residency process have misconceptions about family
11 medicine, and

12
13 WHEREAS, these misconceptions could be due to family medicine practiced differently in other
14 countries or that family medicine does not exist, and

15
16 WHEREAS, one effect of these misconceptions could be losing applicants to other specialties
17 similar to specialties with which they are familiar, and

18
19 WHEREAS, knowing what is the real training and scope of practice would attract more and
20 better qualified IMGs candidates to apply for family medicine, and

21
22 WHEREAS, there would be an impact by educating about what is family medicine, now,
23 therefore, be it

24
25 RESOLVED, That the American Academy of Family Physicians promote the existing material
26 including informational videos and other resources, about family medicine, the scope of practice
27 of family physicians, and the training curriculum, to international medical graduates who already
28 are involved in the residency application process in order to make family medicine residency
29 more attractive and to increase the number and quality of applicants to family medicine, and be
30 it further

31
32 RESOLVED, That the American Academy of Family Physicians (AAFP) create partnerships with
33 other organizations that are already assisting international medical graduates to match in family
34 medicine in the United States, such as the University of California, Los Angeles International
35 Medical Graduates Program.



Resolution No. 2013

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Education to Combat Gender Inequality for Family Medicine Physicians

2
3 Submitted by: Anne Kittendorf, MD, Women
4 Sarah Lamanuzzi, MD, Women
5 Lisa Soldat, MD, Women
6 Lindsay Botsford, MD, Women
7 Angie Sparks, MD, Women

8
9 WHEREAS, There is a gender pay gap for female physicians, even when controlled for work
10 and non-work variables, and

11
12 WHEREAS, there is research that indicates that women are less inclined to negotiate on their
13 own behalf, and also may achieve fewer gains with these negotiations, and

14
15 WHEREAS, education regarding negotiation is lacking, particularly for women applying for their
16 first job, and the absence of effective negotiation at this stage can lead to a loss of \$500,000 at
17 a minimum over the span of a career, and

18
19 WHEREAS, there are disparities facing women physicians in their pursuit of career
20 advancement and leadership opportunities, now, therefore, be it

21
22 RESOLVED, That the American Academy of Family Physicians (AAFP) create educational
23 opportunities around negotiation skills, specifically targeted toward women, to be presented at
24 National Conference for Family Medicine Residents and Students, and be it further

25
26 RESOLVED, That educational opportunities around negotiation skills, specifically targeted
27 toward women, be available to the general membership in venues such as Scientific Assembly,
28 online, workshops, etc.