



2014 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. 2001	Support of Miscarriage Management Training in Family Medicine Residencies
2. Resolution No. 2002	Dental Health Training and Collaboration
3. Resolution No. 2004	Feasible Loan Repayment for Medical Student Debt
4. Resolution No. 2005	We Deliver Babies
5. Resolution No. 2008	Increase Awareness of the American Academy of Family Physicians' Efforts to Recruit Minority Students to Family Medicine
6. Resolution No. 2009	Improving Post-Traumatic Stress Diseases Screening in the Child and Adolescent Population
7. Resolution No. 2003	Certification/Reciprocity Standards for Family Medicine Residency Training Done Outside the United States
8. Resolution No. 2006	Hospitalist Continuing Medical Education (CME) Resources
9. Resolution No. 2007	Expanding Transgender Education for Family Physicians
10. Resolution No. 2010	Development of a Gay, Lesbian, Bisexual, Transgender Health Care Maintenance of Certification Self-Assessment Module
11. Resolution No. 2011	Creation of Resources to Aid Physicians in Caring for Patients With Physical and/or Intellectual Disabilities



Resolution No. 2001

2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Support of Miscarriage Management Training in Family Medicine Residencies

2
3 Submitted by: Cathleen London, MD, Women
4 Sara Oberhelman, MD, New Member
5 Catherine Romanos, MD, New Physician
6 Shannon Connolly, MD, New Physician
7 Gail Guerrero Tucker, MD, MPH, FAAFP, Women
8 Suzan Goodman, MD, MPH, Women
9 James W. Joseph, MD, ALF Observer
10 Tabatha Wells, MD, Minority

11
12 WHEREAS, Nearly one in four women will experience miscarriage at some point in their lives,
13 and

14
15 WHEREAS, the rate of pregnancies which end in miscarriage is approximately 15% with the
16 percentage increasing along with the sensitivity of pregnancy testing to between 20%-62%, and

17
18 WHEREAS, miscarriage management is an integral part of comprehensive reproductive health
19 care, and

20
21 WHEREAS, comprehensive reproductive health care is within the scope of family medicine,
22 making miscarriage management a part of the care family physicians should be able to provide,
23 and

24
25 WHEREAS, miscarriage management can be provided through expectant management,
26 medical management with misoprostol, or uterine aspiration (MVA), and

27
28 WHEREAS, family physicians are the only providers some patients have access to, particularly
29 in rural areas, and

30
31 WHEREAS, current data show that operating room-based surgery is the most common way of
32 managing miscarriage, despite the three options which can be offered by family physicians
33 being equally as safe and rarely is a cause for emergency care, and

34
35 WHEREAS, women feel more satisfied with their care when they are an active member of the
36 decision-making process, and has also been associated with better mental health outcomes,
37 and

38
39 WHEREAS, there are many benefits to family physicians providing miscarriage management; it
40 is more cost-effective; it is more conducive to continuity of care, enabling follow-up care to
41 process the experience; and helps to avoid overtreatment, and

42
43 WHEREAS, family medicine residents are not routinely trained in miscarriage management, and
44 there is a specific gap in opportunities to train in uterine aspiration, and

45 WHEREAS, by including office-based miscarriage management training in family medicine
46 residency training more women could access care from their own family physicians, and

47
48 WHEREAS, family medicine residents are more likely to have direct, hands-on training during
49 residency rather than later in their careers in order to be able to provide miscarriage
50 management, now, therefore, be it,

51
52 RESOLVED, That the American Academy of Family Physicians write a letter to the Residency
53 Review Committee advocating for the inclusion of comprehensive miscarriage management
54 within their training requirements for family medicine, and be it further

55
56 RESOLVED, That the American Academy of Family Physicians include comprehensive
57 miscarriage management within their continuing medical education meetings as a hands-on,
58 skill-building workshop.



Resolution No. 2002

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1 Dental Health Training and Collaboration

2
3 Submitted by: Sarah Lamanuzzi, MD, FAAFP, Women
4 Kourtney Bradford-Houle, MD, FAAFP, Women
5 Sheryl Beard, MD, FAAFP, Women

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7 WHEREAS, Oral health is an integral part of overall health, and

8
9 WHEREAS, universal access to dental care is not assured, and

10
11 WHEREAS, poor dental health contributes to decreased educational performance and other
12 negative effects on social determinants of health, and

13
14 WHEREAS, family physicians have incredible access to children for preventive health services,
15 and

16
17 WHEREAS, dental health training programs exist both nationally and within states such as First
18 Tooth in Oregon and Protecting All Children's Health (PACT) through the American Academy of
19 Pediatrics (AAP), now, therefore, be it,

20
21 RESOLVED, That the American Academy of Family Physicians (AAFP) partner or collaborate
22 with established dental health training programs to increase dental health education for family
23 physicians.



Resolution No. 2004

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1 Feasible Loan Repayment for Medical Student Debt
2
3 Submitted by: Michelle Heck, MD, Women
4 Sarah Connor, DO, Women
5 Regina Kim, MD, Women
6
7 WHEREAS, The Congressional Budget Office projected that the United States government will
8 make \$50 billion from federal student loans in 2013, and
9
10 WHEREAS, with the passage of the Budget and Control Act of 2011, Congress has eliminated
11 the Subsidized Federal Stafford Loan, and
12
13 WHEREAS, the average educational debt of 2012 medical school graduates is \$166,750 and
14 one-third have debt greater than \$200,000, and
15
16 WHEREAS, the average salary of a 2012 intern is \$49,651, and
17
18 WHEREAS, the American Academy of Family Physicians is already supporting expanded
19 funding for federal loan programs, allowing the deferment of interest and principal, and
20
21 WHEREAS, incentives would draw more students into the primary care field, now, therefore, be
22 it
23
24 RESOLVED, That the American Academy of Family Physicians supports endorsement
25 of federal legislation that offers decreased interest rates on educational loans, and be it further
26
27 RESOLVED, That the American Academy of Family Physicians further explores options to
28 alleviate the medical student loan burden in order to promote further students subsidized loans
29 expanded funding for federal loan programs, allowing the deferment of interest and principal
30 payment.



Resolution No. 2005

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1 We Deliver Babies

2

3 Submitted by: Kourtney Bradford Houle, MD, Women

4 John Cullen, MD, ALF Observer

5 Sheryl Beard, MD, FAAFP, Women

6 Kirsten Vitrikas, MD, FAAFP, Women

7 Sarah Lamanuzzi, MD, FAAFP, Women

8 Tabatha Wells, MD, Minority

9

10 WHEREAS, The Accreditation Council for Graduate Medical Education (ACGME) has changed
11 the family medicine program requirements in regards to maternity care, which will take effect in
12 July 2014, and

13

14 WHEREAS, the latest American Academy of Family Physicians (AAFP) Practice Profile survey
15 from April 2011 indicates only 10% of family physicians now provide obstetric care and
16 continues to decline, and

17

18 WHEREAS, many rural hospitals report a shortage of providers and trained staff to perform
19 deliveries, now, therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) extend a letter of
22 concern to the Accreditation Council for Graduate Medical Education (ACGME) in regards to the
23 changes in family medicine residency program requirements concerning maternity care to
24 preserve obstetrical competence in our future workforce, and be it further

25

26 RESOLVED, That the American Academy of Family Physicians (AAFP) elucidate what factors
27 are preventing family medicine residency graduates from providing obstetrical care and promote
28 policies to increase the percentage of family physicians providing this vital service, and be it
29 further

30

31 RESOLVED, That the American Academy of Family Physicians (AAFP) draft a letter to the
32 Health Resources Services Administration to investigate ways in which to promote and
33 advocate for training family physicians to provide full spectrum care including obstetrics with an
34 emphasis on providing rural and underserved care.



Resolution No. 2008

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1 Increase Awareness of the American Academy of Family Physicians' Efforts to Recruit Minority
2 Students to Family Medicine

3
4 Submitted by: Suhail Ahmed Shaikh, MD, FAAFP, Minority
5 Kevin Wong, MD, FAAFP, Minority
6 LeeAnna Muzquiz, MD, Minority
7

8 WHEREAS, It is a known fact that large health care disparities exist in minority populations, and
9

10 WHEREAS, minorities are underrepresented in family medicine, and
11

12 WHEREAS, there is greater patient satisfaction and improved outcomes when care is provided
13 by a physician with a similar cultural background, and
14

15 WHEREAS, programs like "Doctors Back To School" have been adopted by the American
16 Academy of Family Physicians, and
17

18 WHEREAS, some states and national organizations have other programs to promote diversity in
19 medicine, and
20

21 WHEREAS, such programs seems to be underutilized by American Academy of Family
22 Physicians members, now, therefore, be it
23

24 RESOLVED, That the Board of Directors evaluate state and national programs currently in
25 existence designed to increase underrepresented minorities in medical school, and be it further
26

27 RESOLVED, That the American Academy of Family Physicians will promote such programs to
28 members through the state chapters via CHEX list serve and similar methods of communication,
29 and, be it further
30

31 RESOLVED, That the American Academy of Family Physicians will increase member
32 participation in such programs by offering incentives such as credit towards degree of fellow,
33 continuing medical education credits, etc.



Resolution No. 2009

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1 Improving Post-Traumatic Stress Diseases Screening in the Child and Adolescent Population

2
3 Submitted by: Maria deArman, MD, Minority
4 Manuel O. Crespo, DO, Minority

5
6 WHEREAS, In 2011 Clinical Preventive Services received 3.4 million references, representing
7 6.2 million children, and

8
9 WHEREAS, of these complaints, 19% were substantiated, 75% were neglect cases, 15% were
10 physical abuse cases, and 9.1% were sexual abuse cases, and

11
12 WHEREAS, in older children there have been several national studies, including the National
13 Survey of Children's Exposure to Violence reports on one year and lifetime prevalence of
14 childhood victimization in a nationally representative sample of 4,549 children aged 0-17.2 in
15 which more than half of the sample experienced or witnessed victimization in the past year, and

16
17 WHEREAS, in a second national study in which 4,023 adolescents aged 12-17 were asked if
18 they had ever experienced sexual or physical assault or witnessed violence, almost half had
19 experienced one of these types of traumas, now, therefore, be it

20
21 RESOLVED, That the American Academy of Family Physicians increase public awareness of
22 signs and symptoms regarding post-traumatic stress disorder and behavioral changes in child
23 and adolescent age group via a public service campaign, and be it further

24
25 RESOLVED, That the American Academy of Family Physicians make available to members
26 validated electronic screening tools addressing Post-Traumatic Stress Diseases in both child
27 and adolescent populations.



Resolution No. 2003

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1 Certification/Reciprocity Standards for Family Medicine Residency Training Done Outside the
2 United States

3
4 Submitted by: George Federico Leon, MD, International Medical Graduates
5 Robert George, MD, International Medical Graduates
6 Pei-Chi Fu, MD, International Medical Graduates
7 Ravindra Ginde, MD, International Medical Graduates
8 Prashanth Bhat, MD, International Medical Graduates
9 Francis Thompson, MD, International Medical Graduates

10
11 WHEREAS, The United States (U.S.) is currently underserved in family medicine by 16,000
12 physicians and projected to increase to 24,000 by 2018, and

13
14 WHEREAS, current family medicine training in approved programs takes a minimum of three
15 years, and

16
17 WHEREAS, our legislators at the state level have been substituting non-physicians to work in
18 the same capacity as residency trained family physicians with hopes of filling this need, and

19
20 WHEREAS, there are currently a limited number of family medicine residency positions to fill
21 this need which will still leave a sizeable shortfall, and

22
23 WHEREAS, there are Educational Commission for Foreign Medical Graduates certified family
24 physicians who have been post graduate trained, certified and practicing outside the U.S. (e.g.
25 United Kingdom, New Zealand, Australia, Spain India, etc.), and

26
27 WHEREAS, there is currently a similar model employed by Australia, now, therefore, be it

28
29 RESOLVED, That the American Academy of Family Physicians supports an alternate pathway
30 to family medicine certification for family medicine trained international medical graduates, that
31 may include a shortened period of residency training here in the United States.



Resolution No. 2006

2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Hospitalist Continuing Medical Education (CME) Resources

2

3 Submitted by: Eltanya Patterson, MD, International Medical Graduates
4 Sonya Sidhu-Izzo, MD, International Medical Graduates
5 Adnan Ahmed, MD, International Medical Graduates

6

7 WHEREAS, A growing number of family physicians are now entering the field of Hospital
8 Medicine, and

9

10 WHEREAS, the Society of Hospital Medicine (SHM) continuing medication education credits are
11 considered elective credits by the American Academy of Family Physicians (AAFP), and

12

13 WHEREAS, an increased number of family medicine hospitalists are considering a change of
14 their membership from the AAFP to the SHM due to a perceived lack of benefit in attending
15 AAFP functions, now, therefore, be it

16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) provide more
18 accredited resources for family physicians who primarily practice in the inpatient setting, and be
19 it further

20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) provide a hospitalist
22 tract at the AAFP Scientific Assembly, and be it further

23

24 RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with other
25 organizations, such as the Society of Hospital Medicine, to provide category 1 AAFP
26 (Continuing Medical Education) CME credits.



Resolution No. 2007

2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Expanding Transgender Education for Family Physicians

2

3 Submitted by: Evan Swanson, MD, GLBT
4 Brent Sugimoto MD, GLBT
5 Tessa Dake, MD, GLBT

6

7 WHEREAS, the American Academy of Family Physicians supports equality in health care to all
8 populations, including the transgender community, and

9

10 WHEREAS, the American Academy of Family Physicians recognizes that lesbian, gay, bisexual,
11 and transgender-focused health issues have been neglected in medical education, in part due
12 to lack of awareness, and

13

14 WHEREAS, the transgender community commonly reports the need for improved competence
15 in its medical providers, now, therefore, be it

16

17 RESOLVED, that the American Academy of Family Physicians support competence in its
18 membership through biannual online education and articles in the *American Family Physician* to
19 improve awareness of issues in transgender primary care.



Resolution No. 2010

2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Development of a Gay, Lesbian, Bisexual, Transgender Health Care Maintenance of
2 Certification Self-Assessment Module
3
4 Submitted by: Bruce LeClair, MD, FAAFP, GLBT
5 Paul W. Davis, MD, FAAFP, GLBT
6 Jonathan McCaleb, MD, GLBT
7
8 WHEREAS, Gay, lesbian, bisexual, and transgender (GLBT) patients have specific and unique
9 health care needs, and
10
11 WHEREAS, there are significant disparities in attitudes, knowledge and skills among family
12 physicians regarding GLBT health care, and
13
14 WHEREAS, the American Academy of Family Physicians (AAFP) Commission on Education,
15 the Society of Teachers of Family Medicine and the Residency Review Committee for Family
16 Medicine of the Accreditation Council for Graduate Medical Education have endorsed
17 curriculum guidelines on GLBT health care, and
18
19 WHEREAS, the AAFP and American Board of Family Medicine (ABFM) recognize the
20 maintenance of certification/self-assessment module (MOC/SAM) process as an effective
21 method for dissemination of evidence-based education, and
22
23 WHEREAS, the ABFM has developed a variety of SAMs designed to both recognize and
24 improve the care provided by family physicians to all patients, now, therefore, be it
25
26 RESOLVED, That the American Academy of Family Physicians in conjunction with the
27 American Board of Family Medicine promote the development of a maintenance of
28 certification/self-assessment module regarding gay, lesbian, bisexual, and transgender health
29 care.



Resolution No. 2011

2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Creation of Resources to Aid Physicians in Caring for Patients With Physical and/or Intellectual
2 Disabilities

3
4 Submitted by: Joanna Bisgrove, MD, FAAFP, GLBT
5 Melody Jordohl-Iafrato, MD, GLBT
6 Anita Eason, MD, GLBT
7 Adnan Ahmed, MD, Minority
8

9 WHEREAS, The prevalence of persons with a defined disability in the United States (US)
10 stands at 18-19% on a consistent basis, and,
11

12 WHEREAS, the Center for Disease Control reported that approximately 62 million Americans
13 (30%) report difficulty with "basic" movement or function, and
14

15 WHEREAS, persons with disabilities frequently have more than one disability, and
16

17 WHEREAS, healthcare of persons with physical and intellectual disabilities is consistently
18 poorer than those in similar racial and economic groups who are without disability, and
19

20 WHEREAS, a primary driver of this healthcare disparity of persons with disabilities relates to the
21 lack of appropriate community resources and the lack of preparation of physicians to be able to
22 appropriately harness resources which are available, and
23

24 WHEREAS, physicians often feel overwhelmed by the sheer number and complexity of health
25 care concerns of a patient with physical and/or intellectual disabilities, and often get so caught
26 up in the medical concerns that they have a hard time seeing the patient as the whole person,
27 depriving the patient of the full benefits of having a family medicine physician as their primary
28 care provider, and
29

30 WHEREAS, appropriate education and resources informing how to best care for patients with
31 physical and/or intellectual disabilities would be of tremendous benefit to physicians as well as
32 their patients, now, therefore, be it
33

34 RESOLVED, That the American Academy of Family Physicians create an on-line toolkit (which
35 could include, for example, resources on various disabilities and their respective organizations,
36 information on how to manage practices and workflows to be accommodating to persons with
37 disabilities, connections to geographically based resources, etc. to aid physicians in caring for
38 patients with physical and intellectual disabilities, and be it further
39

40 RESOLVED, That the American Academy of Family Physicians support creation of
41 comprehensive CME programming to educate physicians on caring for patients with disabilities,
42 and be it further
43

44 RESOLVED, That the American Academy of Family Physicians actively support federal
45 legislation which provides resources to persons with physical and/or intellectual disabilities as
46 well as support their state chapters in advocating for similar legislation at the state level.