



## Resident 2 Consent Calendar

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National Conference of Family Medicine Residents and Medical Students  
July 30 - August 1, 2015 – Kansas City, MO

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1 **RECOMMENDATION: The Resident 2 Reference Committee recommends the following**  
2 **consent calendar for adoption:**

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4 **Item 1:** Adopt Substitute Resolution No. R2-501: “Anti-Bullying Screening Tool” in lieu of  
5 Resolution No. R2-501 (p. 1).

6  
7 **Item 2:** Not Adopt Resolution No. R2-502: “Empowering Patients in their Treatment of Diabetes”  
8 (p. 2).

9  
10 **Item 3:** Adopt Substitute Resolution No. R2-503: “Support of Healthy Partnership by the  
11 American Academy of Family Physicians” in lieu of Resolution No. R2-503 (p. 2).

12  
13 **Item 4:** Adopt Resolution No. R2-504: “ Continued National Conference Presentations of  
14 Alternative Primary Care Models” (p. 3).

15  
16 **Item 5:** Adopt Resolution No. R2-505: “Direct Primary Career Link” (p. 3).

17  
18 **Item 6:** Adopt Substitute Resolution No. R2-506: “Endorsement of the Advancing Care for  
19 Exceptional Kids Act of 2015” in lieu of Resolution No. R2-506 (p. 3).

20  
21 **Item 7:** Not Adopt Resolution No. R2-507: “Encouraging Nutrition Education in Family Medicine  
22 Residencies” (p. 4).

23  
24 **Item 8:** Adopt Resolution No. R2-508: “Resolution on Police Violence, Structural Racism and  
25 Public Health” (pp. 4-5).

26  
27 **Item 9:** Adopt Substitute Resolution No. R2-509: “Developing a Residency Curriculum Guide for  
28 Point of Care Ultrasound” in lieu of Resolution No. R2-509 (p. 5).

29  
30 **Item 10:** Not Adopt Resolution No. R2-510: “Support of Miscarriage Managements Training in  
31 Family Medicine Residencies” (pp. 5-6).

32  
33 **Item 11:** Not Adopt Resolution No. R2-511: “Climate Change” (pp. 6-7).

34  
35 **Item 12:** Not Adopt Resolution No. R2-512: “Support of Promoting Health in Trade Agreements”  
36 (p. 7).

37  
38 **Item 13:** Adopt Resolution No. R2-513: “Expanded Use of Naloxone” (pp. 7-8).

39  
40 **Item 14:** Adopt Resolution No. R2-514: “Support of Naloxone Access and Training” (p. 8).



## Resident 2 Reference Committee Report

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National Conference of Family Medicine Residents and Medical Students  
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1 **The Resident 2 Reference Committee has considered each of the items referred to it and**  
2 **submits the following report. The committee's recommendations will be submitted as a**  
3 **consent calendar and voted on in one vote. Any item or items may be extracted for**  
4 **debate.**

5  
6 **ITEM NO. 1: RESOLUTION NO. R2-501: ANTI-BULLYING SCREENING TOOL**

7  
8 RESOLVED, That the American Academy of Family Physicians support the  
9 development and widespread use of a standardized screening tool for bullying at well  
10 child visits, and be it further

11  
12 RESOLVED, That a standardized screening tool for bullying incorporates bullying  
13 behavior experience, including but not limited to physical violence, harassment, threats,  
14 taunts, and insults from peers at school or online as a part of the annual well-child exam  
15 and with an offer of appropriate resources for counseling, if necessary, and be it further

16  
17 RESOLVED, That the American Academy of Family Physicians support and recommend  
18 inclusion of anti-bullying awareness in a CME session or educational presentation.

19  
20 The reference committee heard testimony in support of the resolution by the authors and are in  
21 agreement that bullying is a common and important health care issue for family medicine  
22 physicians and their patients. Though the reference committee agrees with the spirit of the  
23 resolution, the authors did not identify a validated screening tool. A key first step would be to  
24 investigate the existence of such screening tools and efficacy within patient communities.  
25 Information in the second resolved clause would typically be integrated into screening tools.

26  
27 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
28 **No. R2-501, which reads as follows, be adopted in lieu of Resolution No. R2-501:**

29  
30 **RESOLVED, That the American Academy of Family Physicians investigate the**  
31 **existence of a validated evidence based screening tools for bullying and support**  
32 **awareness of existing or emerging tools.**

38 **ITEM NO. 2: RESOLUTION NO. R2-502: EMPOWERING PATIENTS IN THEIR TREATMENT**  
39 **OF DIABETES**

40  
41 RESOLVED, That the American Academy of Family Physicians create a diabetic patient  
42 care card to empower patients in their treatment of diabetes that includes goal blood  
43 glucose, HbA1c, blood pressure, cholesterol, and list of medications, and be it further  
44

45 RESOLVED, That an AAFP created diabetic patient-care card to empower patients in  
46 their treatment of diabetes, be easily accessible on the American Academy of Family  
47 Physicians website and all their media outlets so that it can be printed out by patients  
48 and physicians.  
49

50 The reference committee heard testimony favorable in empowering patients to engage self-  
51 management strategies for diabetes and similar co-morbidities, acknowledging patients who are  
52 aware of the current state of their disease, and have an action plan, better clinical outcomes  
53 when compared to the general population. The reference committee agreed that tools support  
54 shared decision making and empower patient-directed self-care are critical to achieving the  
55 Triple Aim. However, several variations of tools already exist for providers to use, including  
56 those in the *Family Practice Management* tool-box managed by the AAFP. The reference  
57 committee agreed that these tools already meet the intention of the authors in submitted this  
58 resolution, negating the development of additional patient care cards.  
59

60 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-502**  
61 **not be adopted.**  
62

63 **ITEM NO. 3: RESOLUTION NO. R2-503: SUPPORT OF HEALTHY PARTNERSHIPS BY THE**  
64 **AMERICAN ACADEMY OF FAMILY PHYSICIANS**

65  
66 RESOLVED, That the American Academy of Family Physicians establish a set of public  
67 guidelines to promote partnerships aligned with patient and population health and to  
68 minimize conflicts of interest in future corporate partnerships.  
69

70 The reference committee heard testimony in support of the resolution with the goal of increasing  
71 the transparency as well as public and member accountability in the development of corporate  
72 relationships by the American Academy of Family Physicians (AAFP). Testimony provided by  
73 the authors supported the dissolution of the relationship with The Coca-Cola Company and  
74 congratulated the AAFP Board of Directors on recent actions. The authors expressed an aim to  
75 develop governance processes that would support accountability and transparency as the AAFP  
76 engages in future corporate relationships.  
77

78 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-503,**  
79 **be adopted in lieu of Resolution No. R2-503, which reads as follows:**  
80

81 **RESOLVED, That the American Academy of Family Physicians establish a set of**  
82 **guidelines to promote partnerships aligned with patient and population health and**  
83 **to minimize conflicts of interest in future corporate partnerships available to the**  
84 **public.**  
85  
86

87 **ITEM NO. 4: RESOLUTION NO. R2-504: CONTINUED NATIONAL CONFERENCE**  
88 **PRESENTATIONS OF ALTERNATIVE PRIMARY CARE MODELS**

89  
90 RESOLVED, The American Academy of Family Physicians continue to present new,  
91 innovative, and alternative primary care provider practice models at the National  
92 Conference of Family Medicine Residents and Medical Students.

93  
94 The reference committee heard testimony exclusively from the author. Current and emerging  
95 models of primary care should continue to be addressed at the National Conference of Family  
96 Medicine Residents and Medical Students. The reference committee agreed with testimony  
97 provided by the author and the importance of modifying conference programming to address all  
98 forms of primary care provision.

99  
100 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-504**  
101 **be adopted.**

102  
103 **ITEM NO. 5: RESOLUTION NO. R2-505: DIRECT PRIMARY CARE CAREER LINK**

104  
105 RESOLVED, That the American Academy of Family Physicians include a category on  
106 CareerLink specifically designated for direct primary care job opportunities.

107  
108 The reference committee heard testimony by the authors who reported having difficulty finding  
109 valid Direct Primary Care (DPC) career opportunities using the aafp.org *CareerLink* in its current  
110 format. Discussion in the reference committee agreed with the spirit of the author in that DPC  
111 career opportunities should be searchable to users of *CareerLink* as well as other practice  
112 models. However, this resolution speaks specifically to adding a category of DPC to the  
113 aafp.org *CareerLink*.

114  
115 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-505**  
116 **be adopted.**

117  
118 **ITEM NO. 6: RESOLUTION NO. R2-506: ENDORSEMENT OF THE ADVANCING CARE FOR**  
119 **EXCEPTIONAL KIDS ACT OF 2015**

120  
121 RESOLVED, That the American Academy of Family Physicians endorse the Advancing  
122 Care for Exceptional Kids Act of 2015.

123  
124 The reference committee heard testimony by the authors in support of the resolution.  
125 Discussion amongst the reference committee was supportive of the spirit of the resolution,  
126 commenting that care coordination for children should extend beyond state borders.  
127 Furthermore, the American Academy of Family Physicians should support legislation that  
128 addresses similar efforts to coordinate care for all individuals across state borders. However,  
129 the resolution submitted only addresses care coordination for pediatric populations with complex  
130 medical issues enrolled in Medicaid.

131  
132 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-506,**  
133 **be adopted in lieu of Resolution No. R2-506, which reads as follows:**

135 **Resolved, That the American Academy of Family Physicians support legislation**  
136 **that improves care coordination for children with complex medical issues with**  
137 **Medicaid across state boundaries.**

138  
139 **ITEM NO. 7: RESOLUTION NO. R2-507: ENCOURAGING NUTRITION EDUCATION IN**  
140 **FAMILY MEDICINE RESIDENCIES**

141  
142 RESOLVED, That the American Academy of Family Physicians encourage the  
143 Accreditation Council for Graduate Medical Education to include specific and  
144 measurable guidelines for accreditation concerning nutrition education.

145  
146 The reference committee heard testimony by the authors lamenting the lack of residency  
147 curriculum nutritional education. The reference committee was informed by staff that the  
148 Accreditation Council for Graduate Medical Education (ACGME) does not set curricular  
149 requirements as they are applied to specific subjects in Program Requirements for Graduate  
150 Medical Education in Family Medicine. The ACGME Review Committee on Family Medicine  
151 revises the requirements every 10 years. They were last revised in 2014. Currently, all  
152 residency requirements were reviewed and designed to be broader to promote program  
153 innovation to allow flexibility for individual residency program requirement implementation.

154  
155 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-507**  
156 **not be adopted.**

157  
158 **ITEM NO. 8: RESOLUTION NO. R2-508: RESOLUTION ON POLICE VIOLENCE,**  
159 **STRUCTURAL RACISM AND PUBLIC HEALTH**

160  
161 RESOLVED, That the American Academy of Family Physicians (AAFP) review the  
162 recommendations of the president's Task Force on 21<sup>st</sup> Century Policing, find  
163 concordance with AAFP existing policy and present discordances with AAFP policy, and  
164 be it further

165  
166 RESOLVED, That the American Academy of Family Physicians (AAFP) assign AAFP  
167 representatives to collaborate with development and implementation of the  
168 recommendations of the president's Task Force on 21<sup>st</sup> Century Policing, and be it  
169 further

170  
171 RESOLVED, That the American Academy of Family Physicians (AAFP), write a letter to  
172 Surgeon General Vivek Murthy and Attorney General Loretta Lynch citing the AAFP's  
173 current policy titled "Violence as a Public Health Concern" and position paper titled  
174 "Violence" as it relates to the inconsistent application of policing and law enforcement  
175 standards in different communities, including the disproportionate use of force by some  
176 members of law enforcement against communities of color, and be it further

177  
178 RESOLVED, That the American Academy of Family Physicians direct its delegation and  
179 members sections' delegates to the American Medical Association (AMA) to introduce  
180 an emergency resolution with the same objectives as "Inconsistent Policing and Law  
181 Enforcement Standards as a Social Determinant of Health" to the AMA House of  
182 Delegates for the 2015 Interim Meeting, and be it further

183  
184 RESOLVED, That the American Academy of Family Physicians' American Medical  
185 Association (AMA) delegation seek support and co-authorship for a parallel resolution

186 related to the inconsistent application of policing and law enforcement standards from  
187 other AMA delegations and constituencies that would be supportive of such including,  
188 but not limited to, the AMA Minority Affairs Section, Medical Student Section, Resident  
189 and Fellows Section, Young Physicians Section, and individual regional and specialty  
190 caucuses.

191  
192 The reference committee heard testimony from the authors in support of this resolution  
193 identifying police violence, structural racism and public health as within the scope of the  
194 American Academy of Family Physicians (AAFP) advocacy. The AAFP has a record of  
195 addressing issues that relate to social justice and the reference committee agreed with the spirit  
196 and language of the submitted resolution.

197  
198 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-508**  
199 **be adopted.**  
200

201 **ITEM NO. 9: RESOLUTION NO. R2-509: DEVELOPING A RESIDENCY CURRICULUM**  
202 **GUIDE FOR POINT OF CARE ULTRASOUND**  
203

204 RESOLVED, That the American Academy of Family Physicians create a comprehensive  
205 residency curriculum guide on the Point of Care Ultrasound for the broad spectrum  
206 needs of the Family Medicine resident.

207  
208 Testimony was heard in support of this resolution, addressing the need to have guidelines for  
209 point of care ultrasound in the outpatient setting. Several residents commented on an interest in  
210 using ultrasounds for regular patient care, but were unable to do so due to a lack of curricular  
211 guidelines and faculty training. The reference committee agreed with the sentiments shared by  
212 resolution authors and other supporters with one minor grammatical edit of the original  
213 resolution.

214  
215 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
216 **No. R2-509, be adopted in lieu of Resolution No. R2-509, which reads as follows:**  
217

218 **RESOLVED, That the American Academy of Family Physicians create a**  
219 **comprehensive residency curriculum guideline on the Point of Care Ultrasound**  
220 **for the broad spectrum needs of the family medicine resident.**  
221

222 **ITEM NO. 10: RESOLUTION NO. R2-510: SUPPORT OF MISCARRIAGE MANAGEMENT**  
223 **TRAINING IN FAMILY MEDICINE RESIDENCIES**  
224

225 RESOLVED, That the American Academy of Family Physicians write a letter to the  
226 Accreditation Council for Graduate Medical Education requesting the inclusion of  
227 miscarriage management within their training requirements, and be it further  
228

229 RESOLVED, That the American Academy of Family Physicians include miscarriage  
230 management as a hands-on, skill-building workshop emphasizing procedural skills in  
231 uterine aspiration with manual aspiration at the National Conference of Family Medicine  
232 Residents and Medical Students, and be it further  
233

234 RESOLVED, That the American Academy of Family Physicians support the overall  
235 integration of comprehensive miscarriage management training including uterine

236 aspiration with manual vacuum aspiration into family medicine residencies, and be it  
237 further

238  
239 RESOLVED, That the resolution titled, "Support of Miscarriage Management Training in  
240 Family Medicine Residencies" be referred to the American Academy of Family  
241 Physicians Congress of Delegates.

242  
243 The reference committee heard mixed testimony for this resolution. Supporting testimony from  
244 authors identified a perceived need to ensure that all family medicine providers had competency  
245 in miscarriage provision. Testimony in opposition addressed concerns that such training  
246 becomes a minimum requirement for all residencies. Discussion among the reference  
247 committee reflected concerns that some residency programs would not have the capacity to  
248 include such curricular requirements. ACGME does not set curricular requirements as they are  
249 applied to specific subjects in residency education. Furthermore, ACGME Program  
250 Requirements for Graduate Medical Education in Family Medicine are revised every 10 years,  
251 last completed in 2014. In light of this, all requirements were reviewed and designed to be  
252 broader to promote program innovation and allow flexibility for individual residency program  
253 requirement implementation. While the reference committee was in support of the third  
254 resolved clause, adopting it in isolation would significantly change the perceived intent of the  
255 author. Existing AAFP curricular guidelines were found to already support training in early  
256 pregnancy loss which was viewed to include miscarriage management as outlined by the  
257 resolution authors, and already provides guidance to residencies.

258  
259  
260 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-510**  
261 **not be adopted.**

262  
263 **ITEM NO. 11: RESOLUTION NO. R2-511: CLIMATE CHANGE**

264  
265 RESOLVED, That the American Academy of Family Physicians support climate change  
266 mitigation and adaptation strategies, including, but not limited to, (1) endorsing federal  
267 legislation and regulations to curb greenhouse gas emissions; (2) collaborating with  
268 other health professional and environmental organizations to promote ambitious national  
269 and international action on climate change; (3) encouraging recognition of the health co-  
270 benefits of climate change mitigation in United Nations Framework Convention on  
271 Climate Change processes including Conference of Parties 21 negotiations with  
272 WONCA, and be it further

273  
274 RESOLVED, That the American Academy of Family Physicians develop educational  
275 materials to educate members about the real impacts of climate change on the health of  
276 patients, and be it further

277  
278 RESOLVED, That the American Academy of Family Physicians develop an advocacy  
279 toolkit to support member engagement in state, national, and international advocacy  
280 efforts.

281  
282 The reference committee heard testimony in favor for and against the resolution. The authors  
283 highlighted the viewpoint that climate change is an important part of the scope of the American  
284 Academy of Family Physicians (AAFP) and significantly affects the health of patient  
285 communities. Testimony against the resolution stated a belief that climate change is not within

286 the purview of the AAFP and would draw on existing resources. The reference committee  
287 learned that the AAFP already has existing policy in climate change that was initiated in 1969  
288 and re-affirmed in 2015. The committee also learned that the *American Family Physician* has  
289 published several manuscripts on the topic, which has included a patient hand-out that can be  
290 used by physicians to engage their patients in a dialogue about climate change.

291  
292 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-511**  
293 **not be adopted.**  
294

295 **ITEM NO. 12: RESOLUTION NO. R2-512: SUPPORT OF PROMOTING HEALTH IN TRADE**  
296 **AGREEMENTS**  
297

298 RESOLVED, That the American Academy of Family Physicians urge the United States  
299 Trade Representative to ensure that trade agreements such as the Trans Pacific  
300 Partnership and Transatlantic Trade and Investment Partnership promote public health,  
301 access to medicines and access to care by opposing Investor-State Dispute Settlement  
302 and restrictive intellectual property provisions, and be it further  
303

304 RESOLVED, That the American Academy of Family Physicians urge the United States  
305 Trade Representative to ensure transparency and openness in all trade agreements  
306 negotiations including public access to negotiating texts and meaningful opportunities for  
307 stakeholder engagement, and be it further  
308

309 RESOLVED, That the American Academy of Family Physicians support inclusion of an  
310 exception for diagnostic, therapeutic and surgical procedures modeled after 35 USC  
311 287(c).  
312

313 The reference committee heard testimony by the author in support of this resolution. A similar  
314 resolution was considered at the National Conference of Family Medicine Residents and  
315 Medical Students Congress' in 2014. It was not adopted because it was believed to be beyond  
316 the scope of the American Academy of Family Physicians (AAFP). Limited testimony signaled to  
317 the reference committee that this remains a low priority issue to AAFP resident members at this  
318 time. Discussion among the reference committee touched upon the importance of generic  
319 manufacture of drugs for global health priorities, however the reference committee did not  
320 believe it was appropriate for the AAFP to take a leading role in advocacy on this subject.  
321

322 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-512**  
323 **not be adopted.**  
324

325 **ITEM NO. 13: RESOLUTION NO. R2-513: EXPANDED USE OF NALOXONE**  
326

327 RESOLVED, That the American Academy of Family Physicians support the  
328 implementation of programs which allow first responders and non-medical personnel to  
329 possess and administer naloxone in emergency situations, and be it further  
330

331 RESOLVED, That the American Academy of Family Physicians support the  
332 implementation of policies which allow licensed providers to prescribe naloxone auto-  
333 injectors to patients using opioids or other individuals in close contact with those  
334 patients, and be it further  
335



336 RESOLVED, That the American Academy of Family Physicians support the  
337 implementation of legislation which protects any individuals who administer naloxone  
338 from prosecution for practicing medicine without a license.  
339

340 The reference committee heard testimony by the author in support of this resolution. American  
341 Academy of Family Physicians (AAFP) staff shared that a similar resolution is being considered  
342 at the 2015 AAFP Congress of Delegates. The reference committee expressed that adoption by  
343 the National Conference of Family Medicine Residents and Medical Students Congress would  
344 lend additional support to successful advocacy on this topic.  
345

346 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-513**  
347 **be adopted.**  
348

349 **ITEM NO. 14: RESOLUTION NO. R2-514: SUPPORT OF NALOXONE ACCESS AND**  
350 **TRAINING**  
351

352 RESOLVED, That the American Academy of Family Physicians specifically include  
353 acute opioid overdose management and naloxone training in Recommended Curriculum  
354 Guidelines for Family Medicine Residents, and be it further  
355

356 RESOLVED, That the American Academy of Family Physicians advocate for price  
357 reductions and expanded rebate agreements for naloxone by writing a letter to its  
358 manufacturer, Amphastar, and be it further  
359

360 RESOLVED, That the American Academy of Family Physicians develop an advocacy  
361 toolkit to encourage state chapters to advocate for state Medicaid coverage for take-  
362 home naloxone kits, rebate agreements and other cost reduction programs.  
363

364 The reference committee heard testimony by the author in support of this resolution, highlighting  
365 the need for affordable and accessible naloxone kits. The reference committee agreed with the  
366 spirit and language of the resolution. The development of an advocacy toolkit was thought to be  
367 a reasonable strategy for creating guidelines for state chapters' implementation of the  
368 suggested policy. It was noted by staff the recommended curricular guidelines related to the  
369 use of naloxone are currently being updated by the American Academy of Family Physicians  
370 (AAFP).  
371

372 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-514**  
373 **be adopted.**  
374

375 **I wish to thank those who appeared before the reference committee to give testimony**  
376 **and the reference committee members for their invaluable assistance. I also wish to**  
377 **commend the AAFP staff for their help in the preparation of this report.**  
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384 Respectfully submitted,

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Orlando I. Solà, MD, MPH, Chair

389

390 Chris Danford, MD

391 Josue D. Gutierrez, MD

392 Ambar Kulshreshtha, MD, PhD, MPH

393 Kelsey Lewis, MD

394 Diana Mokaya, MD

395 Libby Pionk, DO