



Student 3 Agenda and Resolutions

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

1. Resolution No. S3-301 Promoting Transparency in Medical Education and Access to Training in Settings Affiliated with Religious Health Care Organizations
2. Resolution No. S3-302 Investigating the Impact of Medical School Student Wellness Programs
3. Resolution No. S3-303 Addressing Burnout in Medical Training
4. Resolution No. S3-304 Endorsement of the Advancing Care for Exceptional Kids Act of 2015
5. Resolution No. S3-305 Support of Miscarriage Managements Training in Family Medicine Residencies
6. Resolution No. S3-306 Improved Access to Medical Student Loans
7. Resolution No. S3-307 Increase Endogenous Residency Program Funding
8. Resolution No. S3-308 Transparency in Medical School Tuition
9. Resolution No. S3-309 Providing Student Loan Repayment Information and Options on the American Academy of Family Physicians Website for Students, Residents, and Practicing Family Physicians

1 **RESOLUTION NO. S3-301**

2
3 **Promoting Transparency in Medical Education and Access to Training in Settings**
4 **Affiliated with Religious Health Care Organizations**

5
6 Introduced by: Kaden William, Paseo, WA
7 My-Linh Nguyen, Baltimore, MD
8 Autumn Walker, Seattle, WA
9

10 WHEREAS, Under health care reform, hospital consolidations have led to an increasing
11 number of affiliations and mergers with religiously affiliated hospitals around the
12 country, and
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14 WHEREAS, physicians, including trainees, treating patients at religiously affiliated
15 health care institutions often must follow certain guidelines, such as the Ethical and
16 Religious Directives for Catholic Health Care (ERDs) issued by the U.S. Conference of
17 Catholic Bishops, and
18

19 WHEREAS, ERD may include limitations on the provision of health care services
20 prescribed by physicians, including but not limited to reproductive services, sexual
21 health, treatment of pregnancy complications, end of life care, and health care services
22 for the GLBTQ community, and
23

24 WHEREAS, increasing numbers of medical schools and graduate medical education
25 training programs around the country have made affiliations with religiously affiliated
26 organizations, and
27

28 WHEREAS, the scope and quality of medical training may be limited by religious
29 guidelines for trainees (students, residents, and fellows) at religiously affiliated training
30 programs, now, therefore, be it
31

32 RESOLVED, That the American Academy of Family Physicians strongly encourage
33 medical schools and graduate medical education training programs in all states to
34 communicate with current and prospective medical students, residents, and fellows how
35 affiliations and mergers among health care organizations may impact health care
36 delivery, medical education, and training opportunities at the respective institutions, and
37 be it further
38

39 RESOLVED, That the American Academy of Family Physicians (AAFP) include
40 information on the religious affiliation of residency programs on the AAFP Family
41 Medicine Residency Directory (<https://nf.aafp.org/Directories/Residency/Search>), and
42 be it further
43

44 RESOLVED, That the American Academy of Family Physicians recommend to the
45 American Medical Association that information on religious affiliation be listed in the
46 Fellowship and Residency Electronic Interactive Database (FREIDA), and be it further

47 RESOLVED, That the American Academy of Family Physicians work with the
48 Accreditation Council on Graduate Medical Education and other appropriate
49 stakeholders to support transparency with medical education, recommending that
50 medical schools and graduate medical education training programs communicate with
51 current and prospective medical students, resident fellows, and faculty about how
52 affiliations and mergers among health care organizations may impact health care
53 delivery, medical education, and training opportunities.
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1 **RESOLUTION NO. S3-302**

2

3 **Investigating the Impact of Medical School Student Wellness Programs**

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5 Introduced by: Stuart Zeltzer, Cleveland, OH

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7 WHEREAS, Medical school student wellness programs have emerged to address topics
8 such as medical student burnout, sleep deprivation and nutrition, and

9

10 WHEREAS, the Association of American Medical Colleges identified and highlighted
11 best practices among the emerging and existing wellness programs including a 2013
12 report on Student Wellness Initiatives by the Organization of Student Representatives,
13 and

14

15 WHEREAS, many of these medical school student wellness programs include both
16 curricular and extracurricular components focusing on a broad range of student
17 wellness topics, some addressing the importance of wellness in professional practice as
18 a physician, and

19

20 WHEREAS, it is unknown how the emergence of medical school student wellness
21 programs will impact the perceptions and professional career decisions of medical
22 students relating to primary care, now, therefore, be it

23

24 RESOLVED, That the American Academy of Family Physicians explore avenues and
25 partnerships with interested constituents, such as the Association of American Medical
26 Colleges, for evidence-based investigation of medical school student wellness programs
27 in order to evaluate the impact of these wellness programs on student perceptions of,
28 and professional decisions related to, primary care.

1 **RESOLUTION NO. S3-303**

2
3 **Addressing Burnout in Medical Training**

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5 Introduced by: Margarette Shegog, MD, Asheville, NC
6 Diana Mokaya, MD, San Jose, CA
7 Michelle Henne, MD, St. Petersburg, FL
8 Douglas Borst, MD, Coeur D'Alene, ID
9 Sarah Waterman, Omaha, NE

10
11 WHEREAS, Burnout is an organizational priority for the American Academy of Family
12 Physicians (AAFP), and

13
14 WHEREAS, there are unique issues related to burnout in medical training that may
15 differ from the drivers of burnout in practicing physicians, including but not limited to a
16 system of dehumanization and a standard of attempting to achieve and exceed one's
17 maximal capacities at all times, and

18
19 WHEREAS, the skills and experience needed to cultivate a supportive environment in
20 medical training is widely variable amongst institutions, and

21
22 WHEREAS, many active projects pertaining to burnout are being pursued through
23 various other family medicine organizations, including but not limited to Society of
24 Teachers of Family Medicine and Association of Family Medicine Residency Directors,
25 and

26
27 WHEREAS, developing a cohesive system to support medical trainees could benefit
28 from coordination of efforts within the family of family medicine organizations, and

29
30 WHEREAS, contributors to medical trainee burnout include lack of autonomy, frequent
31 schedule changes, difficulty in scheduling break time, lack of support for personal or
32 family medical emergencies, and

33
34 WHEREAS, strategic solutions for these things could potentially be shared amongst
35 programs if a coordinated effort were made, and

36
37 WHEREAS, addressing burnout has typically been approached on a systems level,
38 including teaching medical educators to model behaviors consistent with a culture of
39 humanization and to recognize their role within that culture, and

40
41 WHEREAS, the AAFP might also target medical educators by acting as a liaison
42 between the various family medicine organizations in their efforts surrounding burnout
43 and the unique challenges posed by medical training, now therefore, be it

44
45 RESOLVED, That the American Academy of Family Physicians prioritize the unique
46 aspects of medical training in their efforts related to burnout prevention on a systems

47 level, including addressing a culture of dehumanization within medical training, and be it
48 further

49
50 RESOLVED, That the American Academy of Family Physicians specifically target
51 medical educators and those involved in medical training to model behaviors and
52 attitudes that prevent burnout among medical trainees.

1 **RESOLUTION NO. S3-304**

2 **Endorsement of the Advancing Care for Exceptional Kids Act of 2015**

3 Introduced by: Joshua Hollabaugh, Nashville, TN
4 Orlando Sola, MD, New York, NY
5 Joseph Brodine, Washington, DC
6 Stewart Decker, MD, Klamath Falls, OR
7

8 WHEREAS, The American Academy of Family Physicians (AAFP) supports the goals of
9 access to comprehensive and continuing medical care for all, and

10
11 WHEREAS, nearly 65 percent of family physicians participate in Medicaid and provide
12 care for children, and

13
14 WHEREAS, AAFP members have a major stake in ensuring the Children’s Health
15 Insurance Program (CHIP) and Medicaid remain a viable and useful means for
16 providing care to children, and

17
18 WHEREAS, approximately 2 million children with complex medical issues are enrolled
19 under Medicaid, accounting for an estimated six percent of Medicaid enrollees and
20 approximately 40 percent of children’s Medicaid spending, and

21
22 WHEREAS, Medicaid is an integrated state-federal program whose recipients currently
23 cannot receive care covered by the program across state boundaries even when
24 medically indicated or geographically requisite, and

25
26 WHEREAS, the Advancing Care for Exceptional Kids Act of 2015 (ACE Kids Act of
27 2015) would establish a national Medicaid and CHIP care coordination program for
28 children with medically complex conditions as an option for state Medicaid programs in
29 better coordination and integration of care for such pediatric population, coverage of
30 care across state boundaries, improved health outcomes and savings under the
31 Medicaid program and CHIP, and

32
33 WHEREAS, family physicians care for patients across the full spectrum of life, and

34
35 WHEREAS, family physicians recognize that complex medical issues persist across all
36 ages, and that the barriers to care to be addressed by the ACE Kids Act of 2015 also
37 inhibit optimal care for all, and

38
39 WHEREAS, the ACE Kids Act of 2015 is a positive step towards achieving the goal of
40 comprehensive and continuing medical care for all, now, therefore, be it

41
42 **RESOLVED**, That the American Academy of Family Physicians endorse the Advancing
43 Care for Exceptional Kids Act of 2015.

1 **RESOLUTION NO. S3-305**

2
3 **Support of Miscarriage Managements Training in Family Medicine Residencies**

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5 Introduced by: Natalie Hinchcliffe, DO, New York, NY
6 Elizabeth Wiley, MD, Baltimore, MD
7 Stewart Decker, MD, Klamath Falls, OR
8 Andres Mallipudi, Baltimore, MD
9

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

12
13 WHEREAS, the rate of pregnancies which end in miscarriage is approximately 15% with
14 the percentage increasing along with the sensitivity of pregnancy testing to between
15 20%-62%, and

16
17 WHEREAS, miscarriage management is an integral part of the comprehensive
18 reproductive health care, and

19
20 WHEREAS, comprehensive reproductive health care is within the scope of family
21 medicine, making miscarriage management a part of the care family physicians should
22 provide, and

23
24 WHEREAS, miscarriage management can be provided through expectant management,
25 medical management with misoprostal, or uterine aspiration (MVA), and

26
27 WHEREAS, procedural interventions, such as uterine aspiration may be necessary in
28 the case of retained products or failed medical management, and

29
30 WHEREAS, expectant management has higher rates of incomplete miscarriage,
31 unplanned procedural intervention, higher rates of bleeding, and increased need for
32 transfusion, and

33
34 WHEREAS, uterine aspiration has the highest success rate of uterine evacuation of all
35 options for women experiencing miscarriage, and

36
37 WHEREAS, family physicians are the only providers some patients have access to,
38 particularly in rural areas, and

39
40 WHEREAS, 57% of chief residents in family medicine residencies reported that they
41 lacked clinical experience in miscarriage management, and

42
43 WHEREAS, current data show that operating room-based surgery is the most common
44 way of managing miscarriage, despite the three options which can be offered by family
45 physicians being equally as safe, and

46 WHEREAS, there are many benefits to family physicians providing miscarriage
47 management, and

48
49 WHEREAS, it is more cost-effective, more conducive to continuity of care, enabling
50 follow-up care to process the experience, and helps to avoid overtreatment, and

51
52 WHEREAS, family medicine residents are not routinely trained in miscarriage
53 management, and

54
55 WHEREAS, there is a specific gap in opportunities to train in uterine aspiration, and

56
57 WHEREAS, by including office-based miscarriage management training in family
58 medicine residency training, more women could access care from their own family
59 physicians, and

60
61 WHEREAS, family medicine residents need to have direct, hands-on training during
62 residency in order to be able to provide miscarriage management, now, therefore, be it

63
64 RESOLVED, That the American Academy of Family Physicians write a letter to the
65 Accreditation Council for Graduate Medical Education requesting the inclusion of
66 miscarriage management within their training requirements, and be it further

67
68 RESOLVED, That the American Academy of Family Physicians include miscarriage
69 management as a hands-on, skill-building workshop emphasizing procedural skills in
70 uterine aspiration with manual aspiration at the National Conference of Family Medicine
71 Residents and Medical Students, and be it further

72
73 RESOLVED, That the American Academy of Family Physicians support the overall
74 integration of comprehensive miscarriage management training including uterine
75 aspiration with manual vacuum aspiration into family medicine residencies, and be it
76 further

77
78 RESOLVED, That the resolution titled, "Support of Miscarriage Management Training in
79 Family Medicine Residencies" be referred to the American Academy of Family
80 Physicians Congress of Delegates.

1 **RESOLUTION NO. S3-306**

2
3 **Improved Access to Medical Student Loans**

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5 Introduced by: Allen Rodriguez, Los Angeles, CA
6 Chetan Patel, MD, Columbus, GA
7

8 WHEREAS, The number of undocumented medical students applying and being
9 accepted into U.S. medical programs has increased since 2012, and

10
11 WHEREAS, undocumented medical students originate from all over the world, are
12 commonly multilingual, multicultural and from low-income backgrounds, and have
13 excelled academically to be accepted into accredited U.S. medical programs, and
14

15 WHEREAS, undocumented students remain ineligible for most federal benefits
16 including federal loans, which comprise an integral part of a typical medical student's
17 financial aid package and puts these students at risk of not completing their medical
18 education, and
19

20 WHEREAS, financial barriers faced by undocumented medical students adversely affect
21 their mental health, academic performance, and puts them at risk for not completing
22 medical education, and
23

24 WHEREAS, some states have partnered with medical schools to create state-backed
25 loan programs for undocumented students enrolled at schools of medicine, and
26

27 WHEREAS, the American Academy of Family Physicians has a long history of
28 supporting equal access to medical education for minority and disadvantaged students,
29 now, therefore, be it
30

31 RESOLVED, That the American Academy of Family Physicians support that medical
32 students with similar education, training, and qualifications should not face disparate
33 barriers to accessing financial aid and loan repayment resources, and be it further
34

35 RESOLVED, That the American Academy of Family Physicians identify and work with
36 stakeholders to support the creation and funding of loan programs for medical students
37 enrolled in any accredited medical school who are unable to secure federal loans that
38 are comparable to loans offered through the Federal Government, and be it further
39

40 RESOLVED, That the American Academy of Family Physicians ask the Robert Graham
41 Center to study the potential impact of DACA (Delayed Action for Childhood Arrivals)
42 and other unauthorized immigrant medical students on the primary care shortage in the
43 United States.

1 **RESOLUTION NO. S3-307**

2

3 **Increase Endogenous Residency Program Funding**

4

5 Introduced by: Chetan Patel, Columbus, GA
6 Phillip So, Detroit, MI

7

8 WHEREAS, Many family medicine residency programs are facing financial pressures to
9 reduce losses or increase profits, and

10

11 WHEREAS, many training programs are tasked with providing care for the underserved
12 and financially challenged, and

13

14 WHEREAS, residents are typically not given extensive formal teaching of billing and
15 coding in the first two years of training, and

16

17 WHEREAS, the new Medicare chronic management codes can greatly improve the
18 financial health of outpatient clinics with minimal initial investment, and

19

20 WHEREAS, the patient-centered medical home is the new standard for primary care
21 offices yet most programs are yet to be or in process of becoming certified, and

22

23 WHEREAS, stronger programs will attract stronger candidates and augment the
24 development of future leaders of our American Academy of Family Physicians, as well
25 as the healthcare system as a whole, now, therefore, be it

26

27 RESOLVED, That the American Academy of Family Physicians invest resources to
28 develop a toolkit for billing and coding for residency programs so they may adapt to the
29 changing financial environment of medicine by increasing revenue and sustainability of
30 clinics.

1 **RESOLUTION NO. S3-308**

2 **Transparency in Medical School Tuition**

3 Introduced by: Laura Murphy, Pomona, CA
4 Allen Rodriguez, Los Angeles, CA

5
6 WHEREAS, The cost of medical education continues to increase beyond the rate of
7 inflation without reasonable cause, and

8
9 WHEREAS, the average debt of graduating U.S. medical students continues to rise
10 significantly with a compound growth rate of 5.7 percent, and

11
12 WHEREAS, there is great variation in tuition and fees from program to program, and

13
14 WHEREAS, transparency is a way to clarify use of funds and prevent misuse in order to
15 ensure reasonable medical education costs, now, therefore, be it

16
17 RESOLVED, That the American Academy of Family Physicians write a letter to the
18 Association of American Medical Colleges and the American Association of Colleges of
19 Osteopathic Medicine encouraging accredited American medical schools to publicize
20 annually and release to students the breakdown of how student tuition and fees are
21 used, and be it further

22
23 RESOLVED, That the American Academy of Family Physicians ask the U.S. Congress
24 to benchmark medical school tuition around the rate of inflation and limit future
25 increases in medical school tuitions to only be used for known costs associated with
26 medical education.

1 **RESOLUTION NO. S3-309**

2
3 **Providing Student Loan Repayment Information and Options on the American**
4 **Academy of Family Physicians Website for Students, Residents, and Practicing**
5 **Family Physicians**

6
7 Introduced by: Elizabeth McIntosh, Syracuse, NY
8 Scott Hippe, Seattle, WA
9 Clayton Cooper, State College, PA
10 Brandon Crouch, MD, Columbus, OH

11
12 WHEREAS, The average U.S. medical student graduates with \$176,348 in student
13 loans, and

14
15 WHEREAS, seventy-nine percent of U.S. medical students graduate with over \$100,000
16 in student loans, and

17
18 WHEREAS, U.S. medical students graduating from public schools with a total debt of
19 \$50,000 to \$100,000 are more likely to practice family medicine, when compared to
20 students with larger amounts of debt, and

21
22 WHEREAS, knowing more about available loan repayment programs and schedules will
23 provide encouragement to students who are interested in family medicine but
24 concerned about high debt levels and the financial viability of primary care to continue
25 pursuing their interest, and

26
27 WHEREAS, many loan repayment programs currently exist for family physicians,
28 including National Health Service Corps, Indian Health Service, and state-funded
29 programs, and

30
31 WHEREAS, the Association of American Medical College's FIRST (Financial
32 Information, Resources, Services, and Tools) website already provides general
33 information about calculating loan repayment and financial literacy, but this is not
34 specifically tailored to meet the needs of students interested in family medicine, and

35
36 WHEREAS, the current American Academy of Family Physicians website provides little
37 information about student loan repayment or scholarships that are specific to family
38 medicine, now, therefore, be it

39
40 RESOLVED, That the American Academy of Family Physicians investigate the creation
41 and implementation of an addition to its website that provides resources which will help
42 students, residents, and practicing family physicians to effectively manage their student
43 loan finances and debt.