



## Student 3 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 Student 3 Reference Committee recommends the following**  
2 **consent calendar for adoption:**  
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4 **Item 1:** Not Adopt Resolution No. S3-301 “Promoting Transparency in Medical Education and  
5 Access to Training in Settings Affiliated with Religious Health Care Organizations” (pp. 1-2).  
6

7 **Item 2:** Adopt Resolution No. S3-302 “Investigating the Impact of Medical School Student  
8 Wellness Programs” (p. 2).  
9

10 **Item 3:** Adopt Resolution No. S3-303 “Addressing Burnout in Medical Training” (p. 2).  
11

12 **Item 4:** Adopt Resolution No. S3-304 “Endorsement of the Advancing Care for Exceptional Kids  
13 Act of 2015” (pp. 2-3).  
14

15 **Item 5:** Adopt Substitute Resolution No. S3-305 “Support of Miscarriage Management Training  
16 in Family Medicine Residencies” (pp. 3-4).  
17

18 **Item 6:** Not Adopt Resolution No. S3-306 “Improved Access to Medical Student Loans” (p. 4).  
19

20 **Item 7:** Adopt Substitute Resolution No. S3-307 “Increase Endogenous Residency Program  
21 Funding” (p. 5).  
22

23 **Item 8:** Adopt Substitute Resolution No. S3-308 “Transparency in Medical School Tuition” (p. 5).  
24

25 **Item 9:** Adopt Resolution No. S3-309 “Providing Student Loan Repayment Information and  
26 Options on the American Academy of Family Physicians Website for Students, Residents, and  
27 Practicing Family Physicians” (p. 6).



## Student 3 Reference Committee Report

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1 **The Student 3 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.S3-301: PROMOTING TRANSPARENCY IN MEDICAL**  
7 **EDUCATION AND ACCESS TO TRAINING IN SETTINGS AFFILIATED WITH RELIGIOUS**  
8 **HEALTH CARE ORGANIZATIONS**

9  
10 RESOLVED, That the American Academy of Family Physicians strongly encourage  
11 medical schools and graduate medical education training programs in all states to  
12 communicate with current and prospective medical students, residents, and fellows how  
13 affiliations and mergers among health care organizations may impact health care  
14 delivery, medical education, and training opportunities at the respective institutions, and  
15 be it further

16  
17 RESOLVED, That the American Academy of Family Physicians (AAFP) include  
18 information on the religious affiliation of residency programs on the AAFP Family  
19 Medicine Residency Directory (<https://nf.aafp.org/Directories/Residency/Search>), and be  
20 it further

21  
22 RESOLVED, That the American Academy of Family Physicians recommend to the  
23 American Medical Association that information on religious affiliation be listed in the  
24 Fellowship and Residency Electronic Interactive Database (FREIDA), and be it further

25  
26 RESOLVED, That the American Academy of Family Physicians work with the  
27 Accreditation Council on Graduate Medical Education and other appropriate  
28 stakeholders to support transparency with medical education, recommending that  
29 medical schools and graduate medical education training programs communicate with  
30 current and prospective medical students, resident fellows, and faculty about how  
31 affiliations and mergers among health care organizations may impact health care  
32 delivery, medical education, and training opportunities.

33  
34 The reference committee heard testimony for and against this resolution. Those in favor  
35 expressed a desire for medical students to be aware of any restrictions in training in settings  
36 affiliated with religious health care organizations. Concern was expressed that training in areas  
37 such as sexual health, reproductive care, and health care services for the LGBTQ diverse  
38 groups may be limited by religious guidelines at these institutions.

39 Testimony was also heard that requiring programs to specifically disclose religious affiliations  
40 may cause these programs to be disadvantaged in the selection of a residency program. The  
41 committee believes that medical students with these concerns should directly address these  
42 questions with the respective residency program.

43  
44 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-301**  
45 **not be adopted.**

46  
47 **ITEM NO. 2: RESOLUTION NO. S3-302: INVESTIGATING THE IMPACT OF MEDICAL**  
48 **SCHOOL STUDENT WELLNESS PROGRAMS**

49  
50 RESOLVED, That the American Academy of Family Physicians explore avenues and  
51 partnerships with interested constituents, such as the Association of American Medical  
52 Colleges, for evidence-based investigation of medical school student wellness programs  
53 in order to evaluate the impact of these wellness programs on student perceptions of,  
54 and professional decisions related to, primary care.

55  
56 No testimony was offered on this resolution due to a scheduling conflict with the author. The  
57 reference committee agreed that student wellness is an important issue, and it was agreed that  
58 further research into the topic with other stakeholder organizations is warranted.

59  
60 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-302**  
61 **be adopted.**

62  
63 **ITEM NO. 3: RESOLUTION NO. S3-303: ADDRESSING BURNOUT IN MEDICAL TRAINING**

64  
65 RESOLVED, That the American Academy of Family Physicians prioritize the unique  
66 aspects of medical training in their efforts related to burnout prevention on a systems  
67 level, including addressing a culture of dehumanization within medical training, and be it  
68 further

69  
70 RESOLVED, That the American Academy of Family Physicians specifically target  
71 medical educators and those involved in medical training to model behaviors and  
72 attitudes that prevent burnout among medical trainees.

73  
74 The reference committee heard testimony from one of the authors stating attitudes of faculty in  
75 medical education impact professional career decisions of medical students relating to primary  
76 care. The executive committee agreed that partnering with other organizations in this critical  
77 area is important for the future growth of the family medicine workforce.

78  
79 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-303**  
80 **be adopted.**

81  
82 **ITEM NO. 4: RESOLUTION NO. S3-304: ENDORSEMENT OF THE ADVANCING CARE FOR**  
83 **EXCEPTIONAL KIDS ACT OF 2015**

84  
85 RESOLVED, That the American Academy of Family Physicians endorse the Advancing  
86 Care for Exceptional Kids Act of 2015.

87  
88 Testimony was heard from one of the authors regarding the current issues faced by children  
89 who seek medical treatment across state lines. Many children are covered by both Medicaid

90 and the Children’s Health Insurance Program (CHIP). The Advancing Care for Exceptional Kids  
91 Act of 2017 establishes a care coordination program for children with medically complex  
92 conditions. This act would allow for Medicaid and CHIP-funded care to cross state lines. The  
93 committee believes this program is in alignment with AAFP’s mission of providing health care for  
94 all.

95  
96 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-304**  
97 **be adopted.**  
98

99 **ITEM NO. 5: RESOLUTION NO. S3-305: SUPPORT OF MISCARRIAGE MANAGEMENT**  
100 **TRAINING IN FAMILY MEDICINE RESIDENCIES**

101  
102 RESOLVED, That the American Academy of Family Physicians write a letter to the  
103 Accreditation Council for Graduate Medical Education requesting the inclusion of  
104 miscarriage management within their training requirements, and be it further  
105

106 RESOLVED, That the American Academy of Family Physicians include miscarriage  
107 management as a hands-on, skill-building workshop emphasizing procedural skills in  
108 uterine aspiration with manual aspiration at the National Conference of Family Medicine  
109 Residents and Medical Students, and be it further  
110

111 RESOLVED, That the American Academy of Family Physicians support the overall  
112 integration of comprehensive miscarriage management training including uterine  
113 aspiration with manual vacuum aspiration into family medicine residencies, and be it  
114 further  
115

116 RESOLVED, That the resolution titled, “Support of Miscarriage Management Training in  
117 Family Medicine Residencies” be referred to the American Academy of Family  
118 Physicians Congress of Delegates.  
119

120 The reference committee heard testimony that miscarriage treatment falls under the scope of  
121 family medicine, but that patients are sometimes referred to outside services. Such referrals  
122 could lead to complications if not done in a timely fashion. In addition, the physician who knows  
123 the patient should be able to provide such treatment as part of their continuity of care.  
124

125 The reference committee believes that the suggestion of potential workshops at the National  
126 Conference would be of value.  
127

128 The recently adopted Accreditation Council of Graduate Medical Education (ACGME) guidelines  
129 do address this aspect of maternity care. Graduating family medicine residents:  
130

131 “must demonstrate competency in their ability to provide maternity care,  
132 including: distinguishing abnormal and normal pregnancies, caring for common  
133 medical problems arising from pregnancy or coexisting with pregnancy,  
134 performing a spontaneous vaginal delivery, and demonstrating basic skills in  
135 managing obstetrical emergencies.” (IV.A.5.a.(1).(c) – (IV.A.5.a).(1).(c).(i)  
136

137 New requirements are written to give residency programs flexibility in a number of areas  
138 in order to allow programs to adapt and embrace their unique communities, patient  
139 populations, and focuses in family medicine. AAFP policy on this topic reflects that

140 residency programs should provide training to residents that relate to their expected  
141 future scope of practice and interests.

142  
143 The reference committee did not believe it was necessary to submit this resolution to the  
144 Congress delegates since it was previously considered by this body in 2014, and not  
145 adopted.

146  
147 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
148 **No. S3-305 be adopted in lieu of Resolution S3-305, which reads as follows:**

149  
150 **RESOLVED, That the American Academy of Family Physicians consider the**  
151 **inclusion of miscarriage management as a hands-on, skill-building workshop**  
152 **emphasizing procedural skills in uterine aspiration with manual aspiration at the**  
153 **National Conference of Family Medicine Residents and Medical Students, and be it**  
154 **further**

155  
156 **RESOLVED, That the American Academy of Family Physicians support the**  
157 **integration of comprehensive miscarriage management training, including uterine**  
158 **aspiration with manual vacuum aspiration, into family medicine residencies.**

159  
160 **ITEM NO. 6: RESOLUTION NO. S3-306: IMPROVED ACCESS TO MEDICAL STUDENT**  
161 **LOANS**

162  
163 RESOLVED, That the American Academy of Family Physicians support that medical  
164 students with similar education, training, and qualifications should not face disparate  
165 barriers to accessing financial aid and loan repayment resources, and be it further

166  
167 RESOLVED, That the American Academy of Family Physicians identify and work with  
168 stakeholders to support the creation and funding of loan programs for medical students  
169 enrolled in any accredited medical school who are unable to secure federal loans that  
170 are comparable to loans offered through the Federal Government, and be it further

171  
172 RESOLVED, That the American Academy of Family Physicians ask the Robert Graham  
173 Center to study the potential impact of DACA (Delayed Action for Childhood Arrivals)  
174 and other unauthorized immigrant medical students on the primary care shortage in the  
175 United States.

176  
177 The reference committee heard testimony from the author and one other student that  
178 undocumented individuals applying for U.S. medical school programs face additional challenges  
179 obtaining federal loans and other financial aid packages because of their citizenship status. This  
180 is an additional barrier to individuals who have already overcome significant hardships.

181  
182 While the reference committee believes in the spirit of this resolution, the actions being  
183 requested of the AAFP were not specifically directed to undocumented medical students but to  
184 all students with similar education. It was unclear which population was being addressed.

185  
186 In general, there was lack of clarity in all the resolved clauses and the authors should consider  
187 refinement of the concepts for a future meeting.

188  
189 **RECOMMENDATION: The reference committee recommends that S3-306 not be adopted.**

190

191 **ITEM NO. 7: RESOLUTION NO. S3-307: INCREASE ENDOGENOUS RESIDENCY**  
192 **PROGRAM FUNDING**

193  
194 RESOLVED, That the American Academy of Family Physicians invest resources to  
195 develop a toolkit for billing and coding for residency programs so they may adapt to the  
196 changing financial environment of medicine by increasing revenue and sustainability of  
197 clinics.

198  
199 Testimony was heard from one of the authors. The American Academy of Family Physicians  
200 has general information and resources available to physicians on chronic care management  
201 codes and other billing issues. The committee believes that ensuring residency programs take  
202 advantage of these resources and appropriately educating residents would provide much  
203 needed financial resources to their institutions.

204  
205 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
206 **No. S3-307 be adopted in lieu of Resolution No. S3-307, which reads as follows:**

207  
208 **RESOLVED, That the American Academy of Family Physicians ensure educational**  
209 **resources on billing and coding be made available to residency programs so they**  
210 **may adapt to the changing financial environment of medicine by increasing**  
211 **revenue and sustainability of clinics.**

212  
213 **ITEM NO. 8: RESOLUTION NO. S3-308: TRANSPARENCY IN MEDICAL SCHOOL TUITION**

214  
215 RESOLVED, That the American Academy of Family Physicians write a letter to the  
216 Association of American Medical Colleges and the American Association of Colleges of  
217 Osteopathic Medicine encouraging accredited American medical schools to publicize  
218 annually and release to students the breakdown of how student tuition and fees are  
219 used, and be it further

220  
221 RESOLVED, That the American Academy of Family Physicians ask the U.S. Congress  
222 to benchmark medical school tuition around the rate of inflation and limit future increases  
223 in medical school tuitions to only be used for known costs associated with medical  
224 education.

225  
226 Testimony was heard that the cost of medical education continues to increase with no  
227 explanation as to the necessity of increases and how those resources are allocated.  
228 Transparency in education fees would guard against mishandling of tuition fees and allow  
229 students to more easily compare the true cost of medical education. The reference committee  
230 believes that refining the resolution to encourage the Association of American Medical Colleges  
231 and the American Association of Colleges of Osteopathic Medicine to address the transparency  
232 issue is within the scope of the American Academy of Family Physicians.

233  
234 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
235 **No. S3-308 be adopted in lieu of Resolution No. S3-308, which reads as follows:**

236  
237 **RESOLVED, That the American Academy of Family Physicians write a letter to the**  
238 **Association of American Medical Colleges and the American Association of**  
239 **Colleges of Osteopathic Medicine encouraging accredited American medical**  
240 **schools to publicize annually and release to students the breakdown of how**  
241 **student tuition and fees are used.**

242 **ITEM NO. 9: RESOLUTION NO. S3-309: PROVIDING STUDENT LOAN REPAYMENT**  
243 **INFORMATION AND OPTIONS ON THE AMERICAN ACADEMY OF FAMILY PHYSICIANS**  
244 **WEBSITE FOR STUDENTS, RESIDENTS, AND PRACTICING FAMILY PHYSICIANS**  
245

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

250  
251 The reference committee heard testimony from one of the authors that limited information on  
252 managing student debt was available through the American Academy of Family Physician's  
253 website. It was suggested that loan repayment programs such as the National Health Service  
254 Corps, Indian Health Services, etc., should be included. The committee agreed that this would  
255 be beneficial for members of the Academy.

256  
257 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-309**  
258 **be adopted.**  
259

260  
261 **I wish to thank those who appeared before the reference committee to give testimony**  
262 **and the reference committee members for their invaluable assistance. I also wish to**  
263 **commend the AAFP staff for their help in the preparation of this report.**  
264

265 Respectfully submitted,

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Kaci Larsen, Chair

270

271 Joshua Hollabaugh

272 Tricia Minton

273 Laura Murphy

274 Matt Peters

275 Cordelia Staab