



Resident 3 Agenda and Resolutions

National Conference of Family Medicine Residents and Medical Students
July 27 -29, 2017 – Kansas City, MO

1. Resolution No. R3-601 Creating an AAFP Minority Pipeline Program
2. Resolution No. R3-602 Inclusion of Medical Graduates Awaiting Residency Positions
3. Resolution No. R3-603 Milestone for Physician-to-Physician Hand-Offs on Patients Visiting from Out of City/Out of State
4. Resolution No. R3-604 Explore Combining NCSM and NCFMR
5. Resolution No. R3-605 Improving Feedback on Student/Resident Resolutions
6. Resolution No. R3-606 Include the Papaya Workshop for Uterine Aspiration in the AAFP National Conference of Family Medicine Residents and Students
7. Resolution No. R3-607 Encouraging Holistic Selection of FM Residency Applicants
8. Resolution No. R3-608 Support Reproductive Health Education

1 **Resolution NO. R3-601**

2
3 **Creating an AAFP Minority Pipeline Program**

4
5 Introduced by: Alexa Mieses, MD, Durham, North Carolina
6 Jay-Sheree Allen, MD, Rochester, Minnesota
7 Jessica Lapinski, DO, Durham, North Carolina
8 Everlyn Perez, MD, Durham, North Carolina
9 Samuel Fam, DO, Durham, North Carolina
10 Mansi Shah, MD, Durham, North Carolina
11 Jonothan Jimenez, MD, Durham, North Carolina
12

13 WHEREAS, The diversity of the physician workforce does not reflect the diversity of the general
14 population, and

15
16 WHEREAS, the American Academy of Family Physicians (AAFP) is concerned about the
17 underrepresentation of minority groups in medicine and family physicians, therefore, have a
18 responsibility to be positive role models and advocate for family medicine, and

19
20 WHEREAS, it is important that the family medicine workforce reflect the increasing diverse
21 patient population, and

22
23 WHEREAS, in order to prepare learners to enter the field of medicine, mentorship and
24 professional development must start early, and

25
26 WHEREAS, no matter how early a learner receives mentorship, retention of minority leaders
27 and faculty diminishes with each level of promotion, and

28
29 WHEREAS, pipeline programs, such as Mentoring in Medicine and the National Hispanic
30 Medical Association Resident Mentorship programs, which target underrepresented minority
31 students as young as third grade through residency, exist but are not specific to family
32 medicine, and

33
34 WHEREAS, AAFP diversity initiatives include Doctors Back to School, AAFP National
35 Conference scholarships for minorities, and National Congress of Constituency Leaders, and
36 the newly created Office for Diversity and Health Equity, and

37
38 WHEREAS, existing AAFP diversity initiatives do not include continuous, longitudinal
39 experiences from medical school through, now, therefore, be it

40
41 RESOLVED, That the American Academy of Family Physicians charge its Center for Diversity
42 and Health Equity to develop a professional and leadership development program for
43 underrepresented minority students and residents, and be it further

44
45 RESOLVED, That the American Academy of Family Physicians (AAFP) proposed minority
46 professional and leadership development program include already existing diversity initiatives
47 such as scholarships to the AAFP National Conference of Family Medicine Residents and
48 Medical Students, and be it further

49 RESOLVED, That the American Academy of Family Physicians prospective professional and
50 leadership development program incorporate additional elements including, but not limited to,
51 formal mentorship opportunities, leadership training, and networking opportunities.

1 **Resolution NO. R3-602**

2

3 **Inclusion of Medical Graduates Awaiting Residency Positions**

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5 Introduced by: Diahann Marshall, MD, Detroit, Michigan

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7 WHEREAS, The American Academy of Family Physicians (AAFP) does not currently have a
8 membership category for medical graduates not yet in residency, and

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10 WHEREAS, medical graduates not yet in residency, both domestic and international medical
11 graduates cannot run for or be involved in AAFP and state local chapters, now, therefore, be it

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13 RESOLVED, That the American Academy of Family Physicians and chapters create pathways
14 for membership maintenance for graduates not yet in residency programs to stay connected to
15 resources and continue to build on their passion for family medicine, and be it further

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17 RESOLVED, That the American Academy of Family Physicians and chapters revise policies to
18 allow medical graduates not yet in residency to run for elected leadership positions.

1 **Resolution NO. R3-603**

2
3 **Milestone for Physician-to-Physician Hand-Offs on Patients Visiting from Out of City/Out**
4 **of State**

5
6 Introduced by: Tauqeer Qazi, MD, Peoria, Illinois
7 Lauren Williams, MD, Minneapolis, Minnesota
8

9 WHEREAS, Contingency plans for patients admitted and discharged while being away from
10 home may not be followed due to a lack of physician-to-physician hand-offs across city/state
11 lines and contingency plans for patients admitted and discharged while being away from home
12 may not be followed due to a lack of physician-to-physician hand-offs across city/state lines, and
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14 WHEREAS, the Accreditation Council for Graduate Medical Education does not currently have a
15 milestone for family medicine resident physicians providing safe transition of care for patients
16 that are visiting from out of city/ out of state, and
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18 WHEREAS, a primary care physician utilizing a different electronic health record will not be able
19 to access hospital admission/discharge documentation regarding contingency planning for
20 patients admitted and discharged while being away from home, now, therefore, be it
21

22 RESOLVED, That the American Academy of Family Physicians send a letter to the
23 Accreditation Council for Graduate Medical Education suggesting a new milestone for family
24 medicine residents to achieve regarding communication with primary care physicians of
25 discharged patients who are visiting from out of city/out of state to give proper hand-offs for
26 contingency planning.

1 **Resolution NO. R3-604**

2

3 **Explore Combining NCSM and NCFMR**

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5 Introduced by: Vivian Jiang, MD, Rochester, New York

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7 WHEREAS, The American Academy of Family Physicians (AAFP) has run separate a National
8 Congress of Student Members (NCSM) and a National Congress for Family Medicine Residents
9 (NCFMR) for at least 35 years and the American Academy of Family Physicians (AAFP) has run
10 separate a National Congress of Student Members (NCSM) and a National Congress for Family
11 Medicine Residents (NCFMR) for at least 35 years, and

12

13 WHEREAS, a large fraction of resolutions each year are duplicated between the National
14 Congress of Student Members (NCSM) and National Congress for Family Medicine Residents
15 (NCFMR), and

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17 WHEREAS, a large majority of resolutions from NCSM and NCFMR have historically applied to
18 both medical students and residents, and

19

20 WHEREAS, a combined body of medical students and family medicine residents could reduce
21 redundancy, simplify logistics, and reduce costs for the AAFP, and

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23 WHEREAS, a combined body of medical students and family medicine residents could allow
24 AAFP staff and resources to be reallocated to other programs supporting family medicine
25 residents and students, and

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27 WHEREAS, a combined body of medical students and family medicine residents could create
28 more opportunities for mentorship between family medicine residents and medical students from
29 respective constituencies, and

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31 WHEREAS, a combined body of medical students and family medicine residents would more
32 closely mirror the two delegate per constituency structure of Congress of Delegates, now,
33 therefore, be it

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35 RESOLVED, That the American Academy of Family Physicians consider combining the National
36 Congress of Student Members and National Congress of Family Medicine Residents to form a
37 unified voting body for voting on resolutions.

1 **Resolution NO. R3-605**

2
3 **Improving Feedback on Student/Resident Resolutions**

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5 Introduced by: Vivian Jiang, MD, Rochester, New York

6
7 WHEREAS, Improving engagement in the National Congress of Student Members (NCSM) and
8 the National Congress of Family Medicine Residents (NCFMR) is an ongoing goal of the
9 AAFP's National Conference Planning Committee, and

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11 WHEREAS, authors of adopted resolutions from NCSM and NCFMR are personally invested in
12 the issues that their resolutions address, and

13
14 WHEREAS, it can be difficult for authors of adopted resolutions to follow what happens to their
15 resolutions after NCSM and NCFMR, now, therefore, be it

16
17 RESOLVED, That the American Academy of Family Physicians staff provide written feedback to
18 the lead author of each resolution from the National Congress of Student Members and the
19 National Congress of Family Medicine Residents within one year of the adoption of said
20 resolution explaining any downstream actions related to the resolution, and be it further

21
22 RESOLVED, That the American Academy of Family Physicians develop and annually update an
23 online database summarizing downstream actions and appropriate staff contact information
24 related to all approved resolutions from the National Congress of Student Members and the
25 National Congress of Family Medicine Residents.

1 **Resolution NO. R3-606**

2
3 **Include the Papaya Workshop for Uterine Aspiration in the AAFP National Conference of**
4 **Family Medicine Residents and Students**

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6 Introduced by: Amrita Seehra, MD, Bronx, New York
7 Rafael Frias, MD, Bronx, New York
8 Ruchi Mathur, MD, Bronx, New York
9 Kristina Dakis, MD, Chicago, Illinois
10 Jenna Fox, MD, Lancaster, Pennsylvania
11 Nicole Roth, MD, Seattle, Washington
12

13 WHEREAS, Nearly one in four women will experience miscarriage at some point in their lives
14 and nearly one in four women will experience miscarriage at some point in their lives, and
15

16 WHEREAS, nearly one in three women will have an abortion at some point in their lives, and
17

18 WHEREAS, miscarriage management and abortion care are integral parts of comprehensive
19 reproductive health care, and
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21 WHEREAS, comprehensive reproductive health care is within the scope of family medicine,
22 making miscarriage management and abortion care a part of the care family physicians should
23 be able to provide, and
24

25 WHEREAS, miscarriage management and early abortions can both be provided through uterine
26 aspiration (MVA), and
27

28 WHEREAS, the AAFP Recommended Curriculum Guidelines for Family Medicine Residents for
29 Women's Health and Gynecologic Care identifies uterine aspiration as a routine gynecologic
30 procedure that residents should be competent in, and
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32 WHEREAS, the AAFP Recommended Curriculum Guidelines for Family Medicine Residents for
33 Maternity Care identifies uterine aspiration as a method for managing miscarriage that residents
34 should be knowledgeable about, and
35

36 WHEREAS, family medicine residents are not routinely trained in miscarriage management and
37 early abortion care, and there is a specific gap in opportunities to train in uterine aspiration, and
38

39 WHEREAS, medical students who participate in abortion education not only find it valuable, but
40 recommend its inclusion in standard curriculum, and
41

42 WHEREAS, a majority of the medical students who receive abortion education and clinical
43 training in medical school do not feel that it is adequate, and
44

45 WHEREAS, the American College of Obstetricians and Gynecologists recommends that
46 abortion training should be integrated into medical education as a critical part of comprehensive
47 reproductive health care, and
48

49 WHEREAS, practice with simulation models improves physicians' skill, efficiency, and
50 confidence, and

51 WHEREAS, using papayas as uterine simulation models in MVA training workshops has been
52 shown to positively affect participants' perceptions about clinical abortion training and practice
53 as well as increase their procedural confidence, and
54

55 WHEREAS, the Papaya Workshop for Uterine Aspiration has been denied as an official session
56 at the AAFP National Conference of Family Medicine Residents and Students multiple times,
57 most recently in the 2017 Conference submission process, and
58

59 WHEREAS, RHEDI (Reproductive Health Education in Family Medicine) has hosted an
60 increasingly popular, off-site, faculty and resident led Papaya Workshop for AAFP Residents
61 and Students Conference attendees for a number of years, which was attended by almost 60
62 residents, students, and faculty in 2016, and
63

64 WHEREAS, "the AAFP supports provision of opportunities for residents to have access to
65 supervised, expert training in management techniques and procedures pertaining to
66 reproductive health and decisions commensurate with the scope of their anticipated future
67 practices,"now, therefore, be it
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69 RESOLVED, That the American Academy of Family Physicians support an annual Papaya
70 Workshop for Uterine Aspiration at the National Conference of Family Medicine Residents and
71 Students, and be it further
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73 RESOLVED, That the delegates of the AAFP Resident and Student Congress present a
74 resolution to the AAFP COD to include a Papaya Workshop for training in Uterine Aspiration in
75 the Residents and Students Conference Curriculum.

1 **Resolution NO. R3-607**

2
3 **Encouraging Holistic Selection of FM Residency Applicants**

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5 Introduced by: Vivian Jiang, MD, Rochester, New York

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7 WHEREAS, Medical College Admission Test (MCAT) and the United States Medical Licensing
8 Exam (USMLE) Step 1 scores are directly correlated with parental income, suggesting that
9 these scores are not a pure reflection of intellect nor knowledge, but rather, are strongly
10 correlated with students' access to social/educational resources, and

11
12 WHEREAS, using USMLE Step 1 scores as a filter disproportionately impacts students who are
13 racial/ethnic minorities, first generation to college, students from rural backgrounds, new
14 immigrants, and other students from economically disadvantaged backgrounds, especially
15 minority women, and

16
17 WHEREAS, screening using USMLE Step 1 scores disproportionately impacts residents who
18 would more accurately represent and more naturally be able to identify with "high-risk" and
19 "medically-underserved" patient populations, and

20
21 WHEREAS, using USMLE Step 1 scores to screen out applicants for interviews is a form of
22 institutional racism/classism, and works against the American Academy of Family Physicians
23 goal of increasing diversity in the workforce, and

24
25 WHEREAS, a recent publication from the 2016 president and CEO of the National Board of
26 Medical Examiners (NBME), and the past chair of NBME (the very group that designed the
27 USMLE step exams), titled, "A Plea to Reassess the Role of United States Medical Licensing
28 Examination Step 1 Scores in Residency Selection," reiterated that the USMLE exams were not
29 designed to be used for selection of residency applicants for interviews, and

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31 WHEREAS, USMLE Step 1 scores have been shown to be unrelated to the odds of family
32 physicians receiving disciplinary action in the future, and

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34 WHEREAS, certain character and personality traits (especially conscientiousness, but also
35 agreeability, openness to new experiences, neuroticism, extraversion) correlate strongly with
36 success in residency, clinical competency, and need for disciplinary action, now, therefore, be it

37
38 RESOLVED, That the American Academy of Family Physicians advocate to the Family
39 Medicine Review Committee of the Accreditation Council on Graduate Medical Education that
40 board pass rates not be used to give a citation or area of concern to residency programs, and
41 be it further

42
43 RESOLVED, That the American Academy of Family Physicians write a letter to the
44 Accreditation Council on Graduate Medical Education to decrease emphasis and/or loosen
45 requirements with regard to standardized testing for maintaining accreditation, such as requiring
46 95% of family medicine residency graduates to pass the American Board of Family Medicine
47 certification exam on the first attempt reasoning that such requirements pressure family
48 medicine residencies to place undue emphasis on the United States Medical Licensing Exam
49 Step scores rather than more holistic factors that make a good family medicine doctor, and be it
50 further

51 RESOLVED, That the American Academy of Family Physicians write a position paper detailing
52 how utilizing minimum United States Medical Licensing Exam Step 1 or Step 2 score cut-offs for
53 selecting residency applicants for interview affects such factors including, but not limited to,
54 workforce diversity, quality of physicians post residency training, etc., and be it further
55

56 RESOLVED, That the American Academy of Family Physicians write a policy statement
57 encouraging residency programs to utilize a more holistic method of selecting applicants to
58 interview that does not overutilize the United States Medical Licensing Exam Step 1 or Step 2
59 scores, but also considers the personality traits (especially conscientiousness), life experiences,
60 educational background, and socioeconomic status of the applicants.

1 **Resolution NO. R3-608**

2
3 **Support Reproductive Health Education**

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5 Introduced by: Kristina Dakis, MD, Chicago, Illinois

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7 WHEREAS, The 2013 Congress of Delegates of the American Academy of Family Physicians
8 approved a resolution to “encourage every U.S. family medicine residency program to include
9 core curriculum evidence-based intrauterine device and other long-acting reversible
10 contraception indications and hands-on insertion training to competency,”
11 ([http://www.aafp.org/about/governance/congress-](http://www.aafp.org/about/governance/congress-delegates/previous/2013/resolutions/resolution-602.mem.html)
12 [delegates/previous/2013/resolutions/resolution-602.mem.html](http://www.aafp.org/about/governance/congress-delegates/previous/2013/resolutions/resolution-602.mem.html)), and

13
14 WHEREAS, the 2015 Congress of Delegates of the AAFP approved policy stating the AAFP
15 “supports provision of opportunities for residents to have access to supervised, expert training in
16 management techniques and procedures pertaining to reproductive health and decisions
17 commensurate with the scope of their anticipated future practices. (1995) (2015 COD)”
18 (<http://www.aafp.org/about/policies/all/reproductive-training.html>), and

19
20 WHEREAS, the resident and student congresses have repeatedly passed resolutions in favor of
21 more reproductive health training in family medicine, including at the National Conference of
22 Family Medicine Residents and Medical Students
23 (<http://www.aafp.org/dam/AAFP/documents/events/nc/nc17-resident-ra.pdf>), yet there has been
24 only rare formal reproductive health programing despite the passage of these resolutions, and

25
26 WHEREAS, women of reproductive age are an important vulnerable population served by family
27 physicians across the nation with specific needs including pregnancy options counseling,
28 education on birth control methods, and access to contraception, and

29
30 WHEREAS, state and hospital restrictions may limit resident training and physician practice in
31 reproductive health procedures, especially in the current political climate, and

32
33 WHEREAS, the organizations that currently provide reproductive health care are under intense
34 political attack and are at risk of losing their federal funding, it becomes all the more important
35 that family medicine graduates be prepared to provide this care in our family medicine settings,
36 and

37
38 WHEREAS, current AAFP policy does not address protection of family physicians who provide
39 and teach reproductive health procedures, now, therefore, be it

40
41 RESOLVED, That the American Academy of Family Physicians advocate on behalf of family
42 physicians who perform and teach contraception, options counseling for unintended pregnancy,
43 miscarriage management, and abortion care, many of whom are subjected to legislation or
44 hospital restrictions that may limit scope of practice or training opportunities, and be it further

45 RESOLVED, That planners of the American Academy of Family Physicians National
46 Conference of Family Medicine Residents and Medical Students support and encourage
47 inclusion of reproductive health topics such as contraception, abortion, miscarriage, and options
48 counseling for unintended pregnancy, as well as procedural topics like intrauterine device
49 insertion and implant insertion at the National Conference of Family Medicine Residents and
50 Medical Students.