



Resident 3 Consent Calendar

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

1 **RECOMMENDATION: The Resident 3 Reference Committee recommends the**
2 **following consent calendar for adoption:**
3

4 **Item 1:** Adopt Substitute Resolution No. R3-601 “Creating an AAFP Minority Pipeline
5 Program” (p. 1).
6

7 **Item 2:** Not Adopt Resolution No. R3-602 “Inclusion of Medical Graduates Awaiting
8 Residency Positions” (p. 2).
9

10 **Item 3:** Not Adopt Resolution No. R3-603 “Milestone for Physician-to-Physician Hand-
11 Offs on Patients Visiting from Out of City/Out of State” (p. 2).
12

13 **Item 4:** Adopt Substitute Resolution No. R3-604 “Explore Combining NCSM and
14 NCFMR” (p. 3).
15

16 **Item 5:** Adopt Substitute Resolution No. R3-605 “Improving Feedback on
17 Student/Resident Resolutions” (p. 3).
18

19 **Item 6:** Not Adopt Resolution No. R3-606 “Include the Papaya Workshop for Uterine
20 Aspiration in the AAFP National Conference of Family Medicine Residents and
21 Students” (p. 4).
22

23 **Item 7:** Adopt Substitute Resolution No. R3-607 “Encouraging Holistic Selection of
24 Family Medicine Residency Applicants” (pp. 4-5).
25

26 **Item 8:** Adopt Substitute Resolution No. R3-608: “Support Reproductive Health
27 Education” (p. 5).
28



Resident 3 Reference Committee Report

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

1 **The Resident 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 R3-601: CREATING AN AAFP MINORITY PIPELINE PROGRAM**

7
8 RESOLVED, That the American Academy of Family Physicians charge its Center for
9 Diversity and Health Equity to develop a professional and leadership development
10 program for underrepresented minority students and residents, and be it further

11
12 RESOLVED, That the American Academy of Family Physicians (AAFP) proposed
13 minority professional and leadership development program include already existing
14 diversity initiatives such as scholarships to the AAFP National Conference of Family
15 Medicine Residents and Medical Students, and be it further

16
17 RESOLVED, That the American Academy of Family Physicians prospective professional
18 and leadership development program incorporate additional elements including, but not
19 limited to, formal mentorship opportunities, leadership training, and networking
20 opportunities.

21
22 The reference committee heard testimony in support of the resolution. During the executive
23 session, reference committee members pointed out that the second resolved clause was
24 superfluous, and that the first and third resolved clauses could be combined without
25 compromising the spirit and intention of the resolution.

26
27 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
28 **No. R3-601 be adopted in lieu of Resolution No. R3-601, which reads as follows:**

29
30 **RESOLVED, That the American Academy of Family Physicians charge its Center**
31 **for Diversity and Health Equity to develop a professional and leadership**
32 **development program incorporating additional elements including, but not limited**
33 **to, formal mentorship opportunities, leadership training, and networking**
34 **opportunities for underrepresented minority students and residents.**

35
36

37 **ITEM NO. 2: RESOLUTION R3-602: INCLUSION OF MEDICAL GRADUATES AWAITING**
38 **RESIDENCY POSITIONS**

39
40 RESOLVED, That the American Academy of Family Physicians and chapters create
41 pathways for membership maintenance for graduates not yet in residency programs to
42 stay connected to resources and continue to build on their passion for family medicine,
43 and be it further

44
45 RESOLVED, That the American Academy of Family Physicians and chapters revise
46 policies to allow medical graduates not yet in residency to run for elected leadership
47 positions.

48
49 Testimony was heard both in favor and against the resolution. Currently, international medical
50 graduates (IMGs) may remain student members until December 31, two years after the
51 completion of medical school. The resolution did not specifically address IMGs versus US
52 medical graduates who had not matched versus US medical graduates switching to family
53 medicine from another medical specialty or residency. Therefore, there was much discussion
54 among reference committee members about the implications of adopting the resolution as
55 currently written. There were too many unknowns in the resolution, which if passed would
56 require a change in AAFP bylaws.

57
58 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-602**
59 **not be adopted.**

60
61 **ITEM NO. 3: RESOLUTION R3-603: MILESTONE FOR PHYSICIAN-TO-PHYSICIAN HAND-**
62 **OFFS ON PATIENTS VISITING FROM OUT OF CITY/OUT OF STATE**

63
64 RESOLVED, That the American Academy of Family Physicians send a letter to the
65 Accreditation Council for Graduate Medical Education suggesting a new milestone for
66 family medicine residents to achieve regarding communication with primary care
67 physicians of discharged patients who are visiting from out of city/out of state to give
68 proper hand-offs for contingency planning.

69
70 Testimony was heard in favor of the resolution. However, the ACGME's Family Medicine
71 Milestones already include physician-to-physician handoffs in general within the context of
72 patient safety. It is the intention of the Milestones Committee to keep the Milestones broad.
73 The committee felt this resolution's attempt to define a specific type of patient care action was
74 too granular to be addressed as a separate milestone. The existing language is inclusive and
75 covers all handoffs.

76
77 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-603**
78 **not be adopted.**

81 **ITEM NO. 4: RESOLUTION R3-604: EXPLORE COMBINING NCSM AND NCFMR**

82
83 RESOLVED, That the American Academy of Family Physicians consider combining the
84 National Congress of Student Members and National Congress of Family Medicine
85 Residents to form a unified voting body for voting on resolutions.
86

87 Testimony was heard both in favor and against the resolution. The pros and cons of combining
88 resident and student congress were discussed. Ultimately, the spirit of the resolution was to
89 foster collaboration and mentorship between students and residents. However, consensus
90 agreement was that combining the congresses was not the best way to achieve this goal, and
91 that the risk outweighed the benefit. One solution proposed by the reference committee was to
92 consider a limited number of joint student-resident resolutions at the joint Congress session.
93

94 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
95 **No. R3-604 be adopted in lieu of Resolution No. R3-604, which reads as follows:**
96

97 **RESOLVED, That the National Congress of Family Medicine Residents and**
98 **National Congress of Medical Students consider a limited number of joint student-**
99 **resident resolutions at a joint Congress session.**

100
101
102 **ITEM NO. 5: RESOLUTION R3-605: IMPROVING FEEDBACK ON STUDENT/RESIDENT**
103 **RESOLUTIONS**
104

105 RESOLVED, That the American Academy of Family Physicians staff provide written
106 feedback to the lead author of each resolution from the National Congress of Student
107 Members and the National Congress of Family Medicine Residents within one year of
108 the adoption of said resolution explaining any downstream actions related to the
109 resolution, and be it further
110

111 RESOLVED, That the American Academy of Family Physicians develop and annually
112 update an online database summarizing downstream actions and appropriate staff
113 contact information related to all approved resolutions from the National Congress of
114 Student Members and the National Congress of Family Medicine Residents.
115

116 Testimony was heard in favor of the resolution. It was noted that there is no central, streamlined
117 way of learning what actions are taken based on adopted resolutions. Recognizing the time
118 lapse between resolution adoption and action, it is challenging to track and disseminate to
119 AAFP members information concerning follow up actions. Therefore, reference committee
120 members agreed to ask AAFP staff to explore how to best achieve this goal via an electronic
121 resource.
122

123 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
124 **No. R3-605 be adopted in lieu of Resolution No. R3-605, which reads as follows:**
125

126 **RESOLVED, That the American Academy of Family Physicians explore the**
127 **development of an online resource summarizing downstream actions and**
128 **appropriate staff contact information related to all adopted resolutions from the**
129 **National Congress of Student Members and the National Congress of Family**
130 **Medicine Residents.**
131

132 **ITEM NO. 6: RESOLUTION R3-606: INCLUDE THE PAPAYA WORKSHOP FOR UTERINE**
133 **ASPIRATION IN THE AAFP NATIONAL CONFERENCE OF FAMILY MEDICINE RESIDENTS**
134 **AND STUDENTS**

135
136 RESOLVED, That the American Academy of Family Physicians support an annual
137 Papaya Workshop for Uterine Aspiration at the National Conference of Family Medicine
138 Residents and Students, and be it further

139
140 RESOLVED, That the delegates of the AAFP Resident and Student Congress present a
141 resolution to the AAFP COD to include a Papaya Workshop for training in Uterine
142 Aspiration in the Residents and Students Conference Curriculum.

143
144 Testimony was heard in favor of this resolution. This request could be better addressed via
145 feedback to the National Conference Planning Committee, possibly through a survey.
146 Furthermore, the committee did not feel this issue rises to the level of a recommendation to the
147 Congress of Delegates.

148
149 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-606**
150 **not be adopted.**

151
152 **ITEM NO. 7: RESOLUTION R3-607: ENCOURAGING HOLISTIC SELECTION OF FAMILY**
153 **MEDICINE RESIDENCY APPLICANTS**

154
155 RESOLVED, That the American Academy of Family Physicians write a letter to the
156 Accreditation Council on Graduate Medical Education to decrease emphasis and/or
157 loosen requirements with regard to standardized testing for maintaining accreditation,
158 such as requiring 95% of family medicine residency graduates to pass the American
159 Board of Family Medicine certification exam on the first attempt reasoning that such
160 requirements pressure family medicine residencies to place undue emphasis on the
161 United States Medical Licensing Exam Step scores rather than more holistic factors that
162 make a good family medicine doctor, and be it further

163
164 RESOLVED, That the American Academy of Family Physicians write a position paper
165 detailing how utilizing minimum United States Medical Licensing Exam Step 1 or Step 2
166 score cut-offs for selecting residency applicants for interview affects such factors
167 including, but not limited to, workforce diversity, quality of physicians post residency
168 training, etc., and be it further

169
170 RESOLVED, That the American Academy of Family Physicians write a policy statement
171 encouraging residency programs to utilize a more holistic method of selecting applicants
172 to interview that does not overutilize the United States Medical Licensing Exam Step 1 or
173 Step 2 scores, but also considers the personality traits (especially conscientiousness),
174 life experiences, educational background, and socioeconomic status of the applicants.

175
176 Testimony was heard in favor of this resolution. Given that a body of primary research
177 concerning standardized test scores and performance in medicine already exists, a position
178 paper seemed redundant. Further, many family medicine programs already practice holistic
179 admission methods. Therefore, it was thought a policy statement would be most helpful in that it
180 would ask the AAFP to explicitly take a stance on holistic admissions practices for residency
181 recruitment.

183 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
184 **No.R3-607 be accepted in lieu of Resolution No.R3-607, which reads as follows:**

185
186 **RESOLVED, That the American Academy of Family Physicians create a policy**
187 **statement encouraging residency programs to utilize a more holistic method of**
188 **selecting applicants to interview that does not overutilize the United States**
189 **Medical Licensing Exam Step 1 or Step 2 scores, but also considers the**
190 **personality traits, life experiences, educational background, and socioeconomic**
191 **status of the applicants.**

192
193 **ITEM NO. 8: RESOLUTION R3-608: SUPPORT REPRODUCTIVE HEALTH EDUCATION**

194
195 RESOLVED, That the American Academy of Family Physicians advocate on behalf of
196 family physicians who perform and teach contraception, options counseling for
197 unintended pregnancy, miscarriage management, and abortion care, many of whom are
198 subjected to legislation or hospital restrictions that may limit scope of practice or training
199 opportunities, and be it further

200
201 RESOLVED, That planners of the American Academy of Family Physicians National
202 Conference of Family Medicine Residents and Medical Students support and encourage
203 inclusion of reproductive health topics such as contraception, abortion, miscarriage, and
204 options counseling for unintended pregnancy, as well as procedural topics like
205 intrauterine device insertion and implant insertion at the National Conference of Family
206 Medicine Residents and Medical Students.

207
208 Testimony was heard in favor of the resolution. There was discussion concerning manual
209 vacuum uterine aspiration as an important skill within the scope of family medicine practice.
210 Therefore, the final resolved clause was revised to specifically include uterine aspiration.

211
212 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
213 **No. R3-608 be adopted in lieu of Resolution No. R3-608, which reads as follows:**

214
215 **RESOLVED, That the American Academy of Family Physicians National**
216 **Conference of Family Medicine Residents and Medical Students Planning**
217 **Committee support and encourage inclusion of reproductive health topics such as**
218 **contraception, abortion, miscarriage, and options counseling for unintended**
219 **pregnancy, as well as procedural topics such as intrauterine device insertion,**
220 **uterine aspiration, and implant insertion at the meeting.**

221
222

223 **I wish to thank those who appeared before the reference committee to give testimony**
224 **and the reference committee members for their invaluable assistance. I also wish to**
225 **commend the AAFP staff for their help in the preparation of this report.**

226
227 Respectfully submitted,
228

229
230 _____
231 Alexa Mieses, MD, Chair

232
233 Thiri Bickel, MD
234 Brooke Lamparello, MD
235 Kyle Leggott, MD
236 Estevan Apodaca, MD
237 Lily Payvandi, MD
238 Courtney Pilkerton, MD