



# Congress of Delegates Resident/Student 2018 Annual Report

---

## Resident and Student Delegates to Congress of Delegates

### Residents

Natalie Britt, MD  
Memorial University Medical Center FMR  
Savannah, GA  
Class of 2019

Vicky Bakhos Webb, MD, MBA  
Texas Tech University Health Sciences Center  
of the Permian Basin FMR  
Odessa, TX  
Class of 2018

### Students

Anna Askari, MD, MSBS  
The Ohio State University College of Medicine  
Columbus, OH  
Class of 2018

Sway Wu, MD  
Wayne State University School of Medicine  
Detroit, MI  
Class 2018

### **Purpose & Scope of Work**

As elected representatives of National Congress of Student Members (NCSM) and the National Congress of Family Medicine Residents (NCFMR), our primary role is to represent the resident and student voices at the AAFP Congress of Delegates (COD), which is the academy's central policy-making body. In addition to our work at COD, we serve on the AAFP Commission on Education (COE) and two of its subcommittees: the Subcommittee on Resident and Student Issues (SRSI) and the Subcommittee on Graduate Curriculum (SGC).

### **AAFP Congress of Delegates (COD)**

The COD meets annually to discuss actions and policies the AAFP should adopt to forward the Quadruple Aim. It consists of 2 family physician representatives from each of the 50 states, 6 family physician representatives from underrepresented groups (minorities, LGBTQI, women, IMGs, and new physicians), 2 family medicine residents, and 2 medical students. As resident and student representatives, we have full voting and speaking rights at COD, where we work alongside these practicing physician leaders from around the country to address the problems facing our patients and members.

Topics addressed at the 2017 COD included decreasing administrative burden, physician well-being, paid sick leave, violence in the workplace, issues with maintenance of certification, telemedicine and single/universal payment systems.

## **Key Activities & Achievements from the 2017 AAFP COD**

- Students and residents’ increased exposure to the controversial issue of medical aid in- dying. The resolution focused on changing terminology of “assisted suicide” to medical aid in-dying and support by residents and students alike helped refer the resolution to the Board of Directors for further discussion.
- Health vs. health care as a human right was a point of contention during this Congress of Delegates. Residents and students supported the spirit of health as a human right initiative and worked with the resolution authors to include the WHO definition of “health”. Based off of the WHO definition of “health”, the resolution was passed.
- There was a resolution proposing new search options for specific residency characteristics in the resident director on the AAFP website. We advocated for medical students by emphasizing the difficulty of differentiating between the educational and lifestyle opportunities afforded by numerous programs throughout the country with the limited searchable characteristics that are currently available. We also represented residency programs who find that the many appealing aspects of their program are not adequately represented with the current search model, therefore limiting their pool of applicants in quantity and fit.
- We also expressed support for the resolution addressing concerns about the Hyde Amendment, which was eventually referred to the board of directors. We emphasized the strongly held position of most residents and students that women receiving health care funded by state or federal governments have a right to access legally available reproductive care. We also advocated on behalf of those physicians providing legally available comprehensive reproductive care, in particular the educational opportunities for residents desiring to learn the full scope reproductive care.
- Increasing diversity in family medicine was a popular debate as well. As residents and students our voices were loud and clear; we believed that family medicine should be diverse. However, admission to residency often relies on measures like standardized tests (i.e.: USMLE Step, COMLEX) that automatically screen out otherwise qualified applicants.

Thus, we were in support of the resolution that recommended that the Accreditation Council for Graduate Medical Education study the impact of the effect of ABFM pass rates on diversity in family medicine relative to other specialties.

## **Commission on Education and Subcommittee Work**

The Commission on Education meets twice in-person each year during Summer and Winter Cluster meetings. In addition to these cluster meetings, the SRSI and SGC meet virtually throughout the year via conference calls. The work of the commission and both subcommittees is very relevant to our roles as physicians-in-training and our voices are deeply valued by the other members. We make every effort to represent the voices and interests of you, our constituents, when participating in these meetings and making policy decisions.

## **Key Activities & Achievements from Winter 2017 and Summer 2018 Cluster Meetings**

- In addition to the subcommittee work outlined below, a major emphasis of the COE involved increasing the workforce in Family Medicine/Primary Care and addressing the crisis of closing residency programs
- At Winter Cluster, we were provoked by several thought-leaders actively involved in increasing the Family Medicine workforce by creating and implementing unique programs aimed at student choice of family medicine. These provocation sessions generated a variety of ideas that the AAFP staff will use to shape future academy initiatives
- At Summer Cluster, we were provoked by the experiences of multiple residency programs that have faced unexpected closure. We considered the impact not only on residents, but also

patients, communities, and medical students. One particularly enlightening provoker came from the Ohio Academy. She shared the amazing efforts of the Ohio academy in galvanizing its membership and leveraging its resources to fight for a residency facing impending closure. These efforts were ultimately successful, and the commission was encouraged to consider Ohio's example as a model for addressing similar situations in other contexts. The session ultimately ended with brain-storming additional ideas that the Academy can consider in creating a plan to help residency programs in crisis.

#### Subcommittee on Resident and Student Issues (SRSI)

The SRSI focuses on AAFP resolutions and current events/hot topics that relate to students, residents, or both.

#### **Key Activities & Achievements from Winter 2017 and Summer 2018 Cluster Meetings**

- *Strolling through the Match*- we worked in small groups to review and discuss enhancements to *Strolling Through the Match*, the AAFP's flagship resource for medical students preparing to match to a medical specialty. Our Input will be used to develop the subsequent versions of the publication to support and aid successful matching of students into family medicine residencies.
- J-1 visa waivers-We were also very vocal about recognizing the importance J-1 visa waivers play in providing care in the underserved areas, the Res No. 1003 from the 2017 NCCL was then referred to the AAFP Board, which later referred back to us for further review. We felt strong about supporting the J-1 waiver and ultimately the resolution while considering the impact of "brain drain" on other countries.
- Other action items we reviewed and discussed included: family medicine faculty training, undergraduate training in family medicine and preceptorships. We also spent quite some time discussing and brainstorming on different ways to expand, enhance and encourage students' participation in FMIG. Each of us participated in at least one task force tackling a specific resolution as mentioned above. This participation involved regular conference calls and background work to bring a proposal to the subcommittee at Winter and Summer Cluster.

#### **Subcommittee on Graduate Curriculum (SGC)**

The SGC primarily serves to create, review, and maintain AAFP Curriculum Guidelines to be used by family medicine residency programs. SGC also discusses hot topics related to FMR curricular requirements (i.e. ACGME requirements).

#### **Key Activities & Achievements from Winter 2017 and Summer 2018 Cluster Meetings**

- The SGC discussed new curriculum guideline review groupings and began the process of team selection for the 2018 curriculum guideline review. Additionally, there was discussion about the new "Clinic First" model being piloted at a number of family medicine residencies.
- We were divided into teams that reviewed different applications of residency programs that had applied to review/create new guidelines. We then ranked and voted on who we believed would work on these curriculum guidelines.
- Some of the Curriculum Guidelines that were recommended for review for the 2018 review Cycle were; Physician Wellness (new), Quality and Patient Safety (new), Wound Care (new), Maternity Care, Women's Health and Gynecologic Care, Men's Health, Health Promotion and Disease Prevention, Medical Informatics, Lesbian, Gay, Bisexual, Transgender Health, and Care of Infants and Children

- On a personal note, we were encouraged to consider those things that “keep us awake at night.” As members vulnerably expressed their experiences, we were able to provide perspective to one another in our individual roles as well as our leadership roles on the subcommittee

### **Reflections on Serving as Resident/Student Delegates**

This is my first elected leadership position, but I previously held an appointed leadership position within the AAFP. I was honored to be elected as a co-delegate, and it has been a joy to work with Sway as well as Vicky and Natalie. Serving as a student representative has continued to be such a wonderful opportunity to represent my peers, network with family physicians, and learn even more about the current issues within the world of family medicine. I continue to be amazed at how supportive our Academy is in involving their resident and student members in policy making and change. I would like to thank the AAFP staff in particular for their constant guidance and hard work to logistically make all of this work so smoothly. I leave every meeting that we have from the Congress of Delegates to the cluster meetings to National Conference feeling even more energized and excited about the future of family medicine. It has been an honor for me to serve as a student delegate this year. I am sad for my 2-year term on the COD to end, but I look forward to continuing serving the AAFP as a resident leader in the future. Thank you to my fellow resident and student leaders who have helped me learn so much and have such a blast this year.

### **Anna Askari, MD, MSBS**

Like Anna, this is my first elected leadership position within the AAFP. I could not have asked for better resident and student co-delegates to team with for this year. The exposure to the COD and experiencing legislative change within the AAFP was eye opening and inspiring. Feeling like a part of a community committed to providing holistic care to all showed me an entirely different part of family medicine and gave me a greater appreciation for what healthcare professionals can do as individuals in an expansive healthcare system.

I'm incredibly grateful for the opportunity to be a part of the AAFP as a student leader. It has been such an amazing learning experience, and I am so thankful to have had the chance to be a part of something so unique as a student.

### **Sway Wu, MD**

Unlike Anna and Sway, I had no previous experience with AAFP neither as a student or resident member. As an IMG I had no access to any type of governance body when it came to my state chapter or through the AAFP. Not until I became a resident that I realized that now I can be involved, and I can use my voice and position to influence other physicians like myself. I originally became involved with my Texas chapter as a TAFP resident delegate to the national Conference of family medicine residents and students in Kansas City. Being the first national conference, I had attended, I had no expectations, however I was fascinated by the drive and passion many of the students and resident leaders had in making a change. I realized that I as well, wanted to be part of that change. I was nominated on the spot and luckily elected for this position. This has been an amazing opportunity, I have had an absolute blast at the CoD, winter and summer clusters and looking forward to the national conference and the CoD as a resident delegate this time around. It has been such a humbling and amazing experience to learn and interact first hand with amazing leaders in healthcare and be given the opportunity to use my voice to advocate for our students, residents, patients and our healthcare.

Some of my favorite memories from this leadership position was all the different resolutions that were adopted and even reviewed supporting diversity and the involvement of foreign medical

graduates in AAFP. It truly made me believe that my voice was valid and my position in the academy had a purpose. I highly encourage all residents, as well as medical students to become involved. We are the future of healthcare and the only advocates for our patients and profession.

**Vicky Bakhos Webb, MD, MBA**

I, too, was a novice with regards to AAFP involvement. I have found this role to be the perfect springboard into a lifetime of commitment to the AAFP as a physician-advocate. I would characterize my year of service with the following terms: inspiration, education, and affirmation. Through the relationships that I have built with physician and student leaders across the country, I have been tremendously inspired to whole-heartedly commit to the holistic work of a family doctor. I have met physicians who embody service and sacrifice to their patients, communities, and country, and their example has inspired me to make the same commitment in my career. This role has also taught me about the vision and identity of the AAFP and the many hands that contribute in unique ways to achieving the goals of the Academy. Ascension up the learning curve as a resident leader has given me transferable skills for future leadership roles locally, at the state level, and nationally. Lastly, I cannot say enough about the affirmation of my calling as a family doctor that has permeated this role. Each conference call, committee meeting, leadership dinner, and large event reignite my passion for this calling. I am incredibly grateful for the blessing of serving as the resident delegate because of the opportunity to give back to our specialty, serve other residents, and grow professionally through the profound impact of this leadership position.

**Natalie Britt, MD**

*Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit [aafp.org](http://aafp.org).*