



Student 3 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
August 2-4, 2018 – Kansas City, MO

- 1 **RECOMMENDATION: The Student 3 Reference Committee recommends the following**
2 **consent calendar for adoption:**
3
4 **Item 1:** Adopt Substitute Resolution No. S3-301 “Routine Adverse Childhood Experiences
5 (ACE) Education” in lieu of Resolution No. S3-301
6
7 **Item 2:** Adopt Resolution No. S3-302 “Puerto Rico’s Primary Care Physician Exodus”
8
9 **Item 3:** Not Adopt Resolution No. S3-304 “Family Medicine Residency Resource
10 Improvements”
11
12 **Item 4:** Not Adopt Resolution No. S3-305 “Mental Health First Aid in Clinical Education”
13
14 **Item 5:** Reaffirm Resolution No. S3-306 “Opioid Epidemic Funding and Solutions”
15
16 **Item 6:** Not Adopt Resolution No. S3-307 “Support for Family Medicine Residency Sponsored
17 Addiction Clinics”
18
19 **Item 7:** Adopt Substitute Resolution No. S3-308 “Increase Diversity of AAFP Board of Directors”
20 in lieu of Resolution No. S3-308
21
22 **Item 8:** Adopt Resolution No. S3-309 “Including Physician Health in the AAFP Mission”
23
24 **Item 9:** Not Adopt Resolution No. S3-310 “Oppose “Fetal Personhood” Terminology in
25 Governmental Policies and Legislation”



Student 3 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
August 2-4, 2018 – Kansas City, MO

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: ROUTINE ADVERSE CHILDHOOD EXPERIENCES**
7 **(ACE) EDUCATION**

8
9 RESOLVED, That the American Academy of Family Physicians advocate for routine
10 Adverse Childhood Experiences’ (ACE) education in medical student and family
11 medicine residency training and pediatric off-service rotations, and, be it further

12
13 RESOLVED, That the American Academy of Family Physicians advocate for research
14 studying the impact of Adverse Childhood Experiences’ (ACE) screening and treatment
15 on long-term health outcomes.

16
17 The reference committee heard testimony in favor of the resolution. The co-author spoke
18 specifically about the disproportional effect on children who are of lower socioeconomic status
19 and part of a minority population of adverse childhood experiences and the need to more
20 intentionally screen this group. The reference committee agreed with the spirit of the resolved
21 clauses but made alterations to some wording. The committee felt there was value in endorsing
22 Adverse Childhood Experiences (ACE) education in medical schools and family medicine
23 residency training. The AAFP Curriculum Guidelines do refer to ACE. Currently, there is
24 legislation before the U.S. House of Representatives and the U.S. Senate pertaining to the links
25 from Adverse Childhood Experiences to negative long-term health and behavioral health
26 outcomes. The reference committee agreed the AAFP should advocate for this legislation.

27
28 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
29 **No. S3-301 be adopted in lieu of Resolution No. S3-301, which reads as follows:**

30
31 **RESOLVED, That the American Academy of Family Physicians endorse the**
32 **inclusion of Adverse Childhood Experiences’ (ACE) education in medical student**
33 **and family medicine residency training, and be it further**

34
35 **RESOLVED, That the American Academy of Family Physicians advocate for**
36 **research studying the impact of Adverse Childhood Experiences’ (ACE) screening**
37 **and treatment on long-term health outcomes.**
38

39 **ITEM NO. 2: RESOLUTION NO. S3-302: PUERTO RICO'S PRIMARY CARE PHYSICIAN**
40 **EXODUS**

41
42 RESOLVED, That the American Academy of Family Physicians in coordination with the
43 Puerto Rico Academy of Family Physicians study the causes of the primary care
44 physician exodus, and be it further

45
46 RESOLVED, That the American Academy of Family Physicians work with the Puerto
47 Rico Academy of Family Physicians to find plausible solutions to address the physician
48 shortage in Puerto Rico.

49
50 The reference committee heard testimony from an author of the resolution. The author stated
51 that the people of Puerto Rico suffer from a lack of access to adequate health care as
52 physicians increasingly leave the country to practice and live elsewhere. While statistics
53 showing the magnitude of exodus are available, there are no studies concluding the factors that
54 are contributing to the rapid exodus. Low salary of physician residents in Puerto Rico and the
55 impact of Hurricane Maria may be two likely drivers, but without a study confirming the reasons
56 why physicians are choosing to leave, it will be difficult to call for specific reforms or solutions to
57 reverse the trend of physicians leaving Puerto Rico. Moreover, the AAFP has the ability to work
58 with its chapters and provide grants to chapters for local studies, and could collaborate with the
59 Puerto Rico Academy of Family Physicians on future projects that would fulfill this resolution.

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

63
64 **ITEM NO. 3: RESOLUTION NO. S3-304: FAMILY MEDICINE RESIDENCY RESOURCE**
65 **IMPROVEMENTS**

66
67 RESOLVED, That the American Academy of Family Physicians (AAFP) should require
68 residencies that attend National Conference of Family Medicine Resident and Medical
69 Students to submit data to be published on the AAFP residency database website, and
70 be it further

71
72 RESOLVED, That the information should be updated annually to help students in
73 applying to residencies.

74
75 The reference committee heard no testimony on this resolution. The reference committee noted
76 that requiring programs to submit data as a contingency for attending the National Conference
77 was not in keeping with the desire to make it attractive for as many programs as possible to
78 attend the conference. It also was noted that the AAFP is already working to have the most up-
79 to-date information in its residency directory by sending out a series of annual emails requesting
80 that residency programs update their information with the organization to be made available to
81 medical students. The AAFP is continuously looking to improve the processes to accomplish
82 this.

83
84 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-304**
85 **not be adopted.**

86
87
88

89 **ITEM NO. 4: RESOLUTION NO. S3-305: MENTAL HEALTH FIRST AID IN CLINICAL**
90 **EDUCATION**

91
92 RESOLVED, That the American Academy of Family Physicians address a letter to
93 medical schools and residency programs encouraging the inclusion of the Mental Health
94 First Aid curriculum into their education programs.
95

96 The reference committee heard testimony in support of the resolution. The individual in support
97 spoke to the need for screening for mental health in the population and that learning those
98 screening tools makes it more likely for medical students and residents to recognize the signs in
99 their peers. The reference committee noted that endorsing a particular tool was not a task for
100 the AAFP. The committee noted that the authors were targeting the wellness of medical
101 students and residents, and there were numerous activities already in process by the AAFP and
102 many other family medicine organizations addressing the need for and options to enhance
103 physician wellness at every stage of training and career.
104

105 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-305**
106 **not be adopted.**
107

108 **ITEM NO. 5: RESOLUTION NO. S3-306: OPIOID EPIDEMIC FUNDING AND SOLUTIONS**

109
110 RESOLVED, That the American Academy of Family Physicians release a statement
111 supporting the use of Substance Use-Disorder Prevention that Promotes Opioid
112 Recovery and Treatment for Patients and Communities Act funding for evidence-based
113 and patient centered care for patients already suffering from opioid addiction who are
114 disadvantaged by socioeconomic and insurance status, and be it further
115

116 RESOLVED, That the American Academy of Family Physicians release a statement
117 supporting the use of Substance Use-Disorder Prevention that Promotes Opioid
118 Recovery and Treatment for Patients and Communities Act funding to support the ability
119 and training of family physicians in medically underserved and low resource areas to
120 provide evidence-based and patient-centered pain and addiction management.
121

122 The reference committee heard testimony from the author on this resolution, with the author
123 bringing forward the concern that funding to end the opioid epidemic is not being directed to
124 appropriate interventions and programs. The reference committee agrees that persons with
125 opioid use disorder need evidence-based medical treatment to overcome addiction and that
126 family physicians play a critical and central role in treating opioid use disorder. The American
127 Academy of Family Physicians has identified ending the opioid crisis as a top priority for its
128 advocacy efforts. As part of these efforts, the AAFP sent a publicly available letter to Nancy
129 Pelosi and Paul Ryan on June 20, 2018, expressing support for HR6, the Substance Use
130 Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and
131 Communities Act (SUPPORT act). This Act passed in the House. Furthermore, the AAFP has
132 sent at least five letters to government officials since late September 2016. The AAFP's current
133 policy on chronic pain management and opioid misuse ensures that it will be a strong advocate
134 for high-quality clinical care of patients with substance use disorder, and that it will advocate for
135 family physicians to be well supported in this role.
136

137 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-306**
138 **be reaffirmed as current policy.**
139

140 **ITEM NO. 6: RESOLUTION NO. S3-307: SUPPORT FOR FAMILY MEDICINE RESIDENCY**
141 **SPONSORED ADDICTION CLINICS**

142
143 RESOLVED, That the American Academy of Family Physicians write a letter to family
144 medicine residency programs to encourage them to provide buprenorphine training for
145 interested residents, and be it further

146
147 RESOLVED, That the American Academy of Family Physicians establish a toolkit that
148 family medicine residency programs can use in establishing and maintaining suboxone
149 clinics staffed by resident physicians.

150
151 The reference committee heard testimony in favor of the resolution. The author of the resolution
152 spoke to the gap between the number of residencies which serve patients with substance abuse
153 issues and the number of programs which provide buprenorphine training. The reference
154 committee noted that writing a letter creates very little impact and the fact that such training is
155 recommended in the Substance Use Disorders Curriculum Guideline already encourages such
156 training and specific training guidance is not in the purview of the AAFP. The reference
157 committee also noted that the creation of a toolkit would require a fiscal note and the AAFP
158 includes content around this issue in meetings and conferences it hosts and there are other
159 organizations, such as the Association of Family Medicine Residency Directors and the Society
160 of Teachers of Family Medicine, that are better equipped to create specific training materials for
161 clinics offering buprenorphine as part of the treatment for opioid disorder .

162
163 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-307**
164 **not be adopted.**

165
166 **ITEM NO. 7: RESOLUTION NO. S3-308: INCREASE DIVERSITY OF AAFP BOARD OF**
167 **DIRECTORS**

168
169 RESOLVED, That the American Academy of Family Physicians establish a position on
170 the Board of Directors designated the Special Constituency Director reserved for a
171 representative of a National Conference of Constituency Leaders (NCCL) from eligible
172 constituencies including Women, Minorities, New Physicians, International Medical
173 Graduates, or LGBT physicians or physician allies in order to increase the
174 representation and visibility of these constituencies at the highest levels of AAFP
175 leadership.

176
177 The reference committee heard testimony in favor of this resolution. Speakers highlighted that it
178 is critical for the leadership of the organization to be intimately aware of the issues that affect
179 women, LGBT persons, international medical graduates, and minorities. Additionally, it was
180 noted that diverse leaders help to inspire students from diverse backgrounds to choose family
181 medicine.

182
183 The reference committee discussed the importance of improving the diversity of AAFP
184 leadership and considered whether creating a new board position is the best avenue. A board
185 position reserved only for a minority position could be considered a regressive action because it
186 may appear only to be a consolation role and not a serious driver for change. Moreover,
187 diversifying the AAFP leadership will require chapter leadership pools to be diversified, as
188 national positions are fed from state leadership. The reference committee vocalized the idea
189 that an additional national position on the AAFP Board may help incentivize more rapid change
190 at state levels.

191 Because the proposed resolution included persons who are allies of underrepresented
192 communities, there was a risk that the proposed new AAFP Board position would not be filled by
193 a candidate who is truly underrepresented. Rather, it is possible that the Board be filled with a
194 non-diverse group of people who all happen to be allies of underrepresented communities. The
195 reference committee suggests revising the resolution to state more directly for whom the
196 position would be reserved. The reference committee also suggests removing the National
197 Conference of Constituency Leaders category of New Physician, because there is already a
198 New Physician position on the AAFP Board.

199
200 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
201 **No. S3-308 be adopted in lieu of Resolution No. S3-308, which reads as follows:**

202
203 **RESOLVED, That the American Academy of Family Physicians establish a**
204 **position on the Board of Directors entitled the “Special Constituency Director”**
205 **reserved for Women, Minorities, International Medical Graduates, or LGBT**
206 **physicians in order to increase the representation and visibility of these**
207 **constituencies at the highest levels of AAFP leadership.**

208
209 **ITEM NO. 8: RESOLUTION NO. S3-309: INCLUDING PHYSICIAN HEALTH IN THE AAFP**
210 **MISSION**

211
212 RESOLVED, That the mission of the American Academy of Family Physicians be
213 changed to "The Mission of the American Academy of Family Physicians is to improve
214 the health of patients, families, physicians, and communities by serving the needs of
215 members with professionalism and creativity."

216
217 The reference committee heard testimony on behalf of the author. The author’s statement spoke
218 to the importance of the AAFP’s mission statement as a driving force for our organization’s
219 efforts. It was noted that physician well-being is a priority for the AAFP, and therefore should be
220 reflected in the very highest-level representation for which the organization stands. The AAFP’s
221 strategic objective area of workforce also includes improving physician wellness as a key
222 component. The reference committee discussed the reality that the pressures and demands of a
223 career in medicine often have a detrimental impact on the well-being of medical students and
224 physicians.

225
226 There was some concern among reference committee members that placing the word
227 “physicians” alongside “patients, families, and communities” would come across as self-serving
228 or deemphasize the priority that family physicians place on individual patients. Many members
229 and health professionals value the emphasis the AAFP places on people. However, all agreed
230 that because the mission statement is aiming to improve the health of all these individuals and
231 their communities, the physician community was not being elevated over another person or
232 persons. The reference committee agrees with the position that healthy physicians are
233 necessary in order for patients to receive high-quality and safe care.

234
235 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-309**
236 **be adopted.**

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241 **ITEM NO. 9: RESOLUTION NO. S3-310: OPPOSE "FETAL PERSONHOOD" TERMINOLOGY**
242 **IN GOVERNMENTAL POLICIES AND LEGISLATION**

243
244 RESOLVED, That the American Academy of Family Physicians publicly oppose the use
245 of and concept of 'fetal personhood' language in policies and legislation.
246

247 The reference committee heard testimony both in support and in opposition to the resolution.
248 The individuals speaking in support of the resolution cited the usage of such terminology was
249 not scientific and could be used to undermine reproductive rights and the bodily autonomy of
250 pregnant women. The individual speaking against the resolution cited the power of words and
251 that publicly opposing such words would make aspects of medical care for mothers and the
252 unborn more difficult. The committee noted the vague nature of the term "fetal personhood,"
253 which made the resolved clause unactionable by the AAFP.
254

255 **RECOMMENDATION: The reference committee recommends that Resolution No. S3-310**
256 **not be adopted.**

257
258
259 **I wish to thank those who appeared before the reference committee to give testimony**
260 **and the reference committee members for their invaluable assistance. I also wish to**
261 **commend the AAFP staff for their help in the preparation of this report.**

262
263 Respectfully submitted,
264

265
266 _____
267 Anna Askari, Chair

268
269 Zachary Nicholas
270 Emma Richardson
271 Jacqueline Sroka
272 Amanda Stisher
273 Kate Nowakowski
274 Sway Wu