

## **RESOLUTION WRITING WORKSHEET**

KAFP members are encouraged to use this worksheet to aid in composing resolutions to be submitted for consideration by the state chapter, with the potential to be advanced to the AAFP Congress of Delegates.

- Write all content in plain text only; no formatting like **bold**, *italics*, <sub>subscripts</sub> or <sup>superscripts</sup> allowed in resolutions.
- Review the KAFP Timeline for resolutions as posted at <u>www.kafponline.org/resolutionprocess</u>.
- Review the Sample Resolution at the end of this document.

Resolution Title		
Required. Use Title Case.		
<b>Submitted By</b> Required. The resolution author may be an individual, several individuals, a chapter, a committee, etc.		
WHEREAS	1	
Required (at least 1). You may write up to 10. If you want to reference supporting information or cite sources in your whereas statements, format your reference numbers like this: [#] (example: Higher utilization has been shown to improve these rates [2]) and include each reference or citation in the Additional Supporting Information section (limited to 20 reference items).	2	
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THEREFORE, be it resolved Required (at least 1). You may write up to 5.	1	
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Additional Supporting Information Optional. You may provide supporting documentation references and/or cite your sources. You are encouraged to provide links to reference materials/sources that are available online. Begin each item with the reference number [#], if using them. You may enter up to 20 supporting items (one supporting item per line).	1	
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Why is this resolution important to far physicians?	nily	

## **Sample Resolution**

**Title:** Physician Burnout and Wellness

Submitted by: Drs. John Feehan, Lynn Fisher, Danelle Perry & Margaret Smith

WHEREAS Family Medicine is the foundation for the delivery of primary health care to Kansans, and

**WHEREAS** family physicians are increasingly challenged to maintain or increase volume, and at the same time face increasing expectations regarding electronic documentation, quality initiatives, and regulatory requirements; and

**WHEREAS** the consequences of these demands result in increasing adverse effects towards physician well-being, and resultant burn-out, including a current projected rate of 63% of family physicians;

**THEREFORE,** be it resolved that KAFP will explore initiatives to address and prevent physician burnout and promote physician well-being in our membership.