

# MEDICAL SOCIETY OF DELAWARE

## RESOLUTION WRITING GUIDE



Medical Society *of* Delaware  
LEADING THE WAY TO A HEALTHY DELAWARE

*Adapted from the AMA Medical Student Section Resolution Writing Guide, June 2021*  
<https://www.ama-assn.org/system/files?file=2021-01/mss-jun-2021-resolution-writing-guide.pdf>

*February 2021*

## **WELCOME!**

If you are reading this guide, you may be interested in learning more about resolutions and how they can be used to affect change. This guide serves as a resource to help you learn how a how to write a successful resolution and how a resolution goes from idea to policy, and ultimately, a guide for further advocacy efforts. In addition to resolutions, there may be other avenues for action and advocacy, such as through MSD committees, op-eds, and educational programming. This guide will focus primarily on resolution.

## **MSD AND GOVERNANCE**

The Medical Society of Delaware (MSD) is one of the oldest institutions of its kind in the United States. It was founded in 1776 and incorporated on February 3, 1789. With a mission to “guide, serve and support Delaware physicians, promoting the practice and profession of medicine to enhance the health of our communities,” MSD focuses on the intersection of medicine, policy, and advocacy as it pertains to the practice of medicine, medical education, and health promotion. These efforts are taken under the direction of the Council, the Executive Board, or official MSD policy.

MSD has a democratic policy-making body known as the Council that meets twice each year (an Interim Meeting in April and an Annual Meeting in November) to deliberate business of the Council which sometimes includes policy proposals (i.e., resolutions). There are 67 seats on the Council representing various sections, organizations, and geographic areas. Council members deliberate and vote to determine which resolutions are adopted to become official MSD policy.

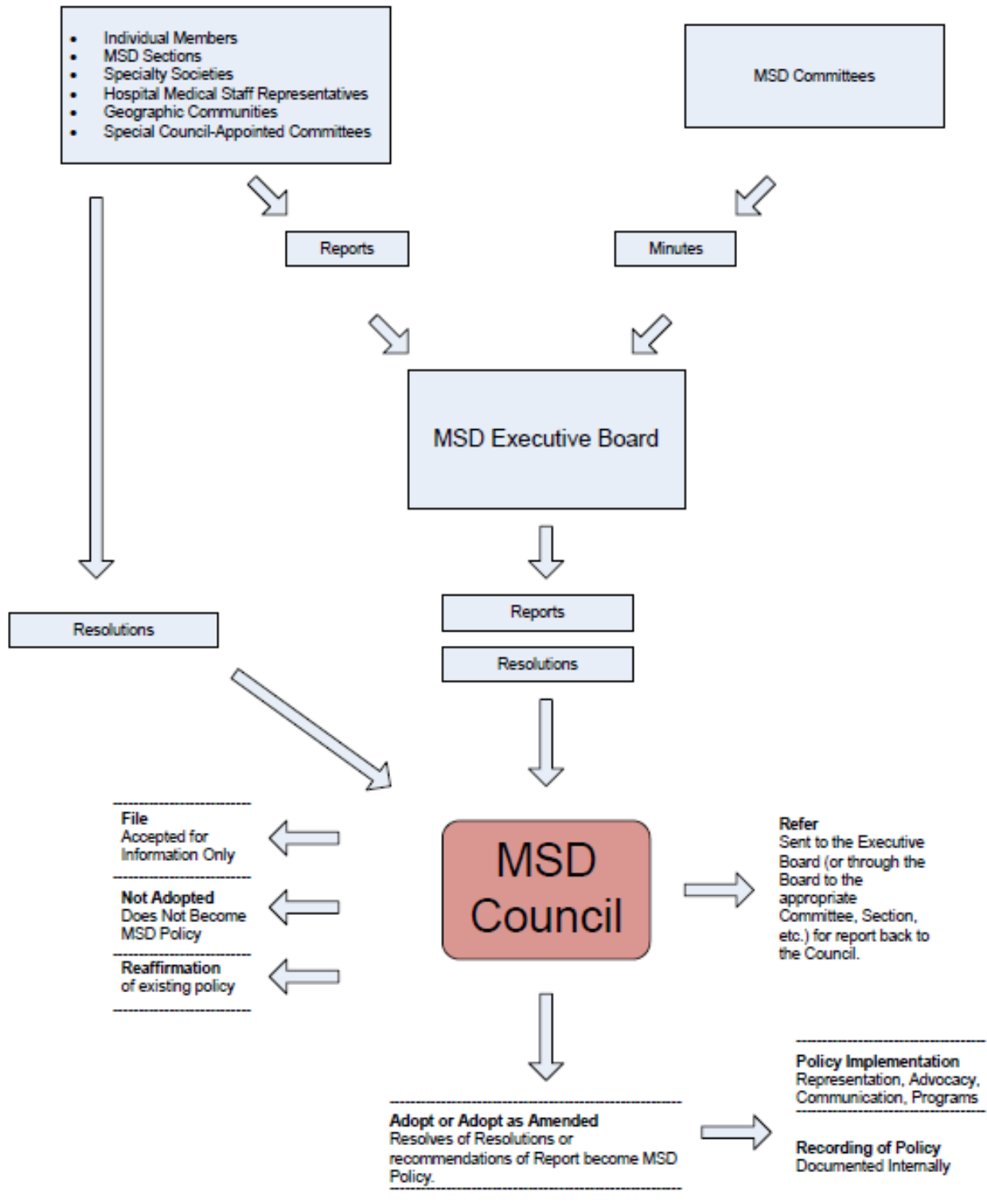
## **RESOLUTIONS: BUILDING MSD POLICY**

Policies of the MSD should not lie dormant and we need to constantly update to represent the will of its membership, to ensure we fulfill our mission as an organization, and guide timely advocacy efforts on health-related legislation or federal action. This typically happens during the Council meetings where Council members deliberate and vote on resolutions and reports. Resolutions are specifically-formatted proposals asking MSD to take a position or action. MSD can advocate/lobby for something but MSD cannot mandate an action or dictate education.

While any MSD member can write a resolution, it is suggested that they be “sponsored” by a section, society, committee, board, etc. This gives the resolution more credence if supported by a body rather than a single individual or may be viewed more favorably if submitted to the Council by a body with greater content jurisdiction. Successful resolutions need to be in the scope of the Medical Society of Delaware and of issues that cannot be feasibly achieved by other means.

## HOW MSD SETS POLICY

The diagram below shows the typical process of creation through the finalization (e.g., adoption, etc) of a resolution.



## RESOLUTIONS

### Step 1: Identifying the Problem/Idea

The first step to writing a resolution is identifying the problem you want to solve. It is important to make sure this problem and the resulting solution are within the scope of MSD. MSD has taken stances on a wide range of issues; however, the topic of the resolution must relate to health. For example, the Delaware state budget or national defense initiatives would not likely fall within the scope of MSD. It is also important to consider MSD's strategic focus areas: Advocacy, Membership Engagement and Growth, Physician Relations, Practice Management, Public Health, Medical Education, and Value Based Care.\*

Before beginning a literature search on the problem and potential solutions, it is important to examine current MSD policy to see if the topic has already been covered. You do not want to spend hours working on a proposal to later find out that MSD already has policy on that exact issue. It is also suggested to examine recent actions by MSD as well as policies that have been submitted but not adopted. These previously submitted, but not adopted policies, can help inform you of potential hurdles to adoption. If MSD already has policy on the issue you are interested in, then it is redundant to write a resolution asking for the same or a very similar policy. Instead, you can help encourage MSD to take a specific action.

NOTE: a resolution is considered a reaffirmation if the general premise of the resolution is either explicitly stated or implied in existing MSD policy. Additionally, if the specific goal of a resolution is to take action, and that action has already been accomplished by other means, a new policy is not necessary.

Having identified a problem that is within the scope of MSD and verified that MSD does not currently have policy on the issue (or alternatively has policy that you believe needs changed), it's time to begin to research. There is high value placed on evidence-based policy. Rather than deciding on a policy and then finding sources to justify it, read a wide variety of articles on the issue. Decide what policy action would help solve your problem and is backed by strong evidence. Recent peer-reviewed articles are encouraged, however, news articles, laws, policy reports, and other sources can also be used.

### Step 2: Resolution Rough Draft

During the resolution drafting stage you continue to more thoroughly research the topic and begin synthesizing the information you have gathered to create a specific policy proposal. If a group is interested in working together on your resolution, make sure to include it in this process. Common communication techniques include starting a GroupMe, creating a google doc, and video calls.

*\*MSD focus areas are subject to change based on strategic planning initiatives.*

## Anatomy of a Resolution

A template is provided at the end of this guide to get started. Be sure to use the proper formatting.

### **Title**

Succinctly state the main issue being addressed without including portions of your argument or prolonged portions of your Resolved clause.

BAD	GOOD
Recognizing and Treating the Unique Medical Needs of Refugees in Order to Mitigate Immigrant Health Disparities	Addressing Immigrant Health Disparities

### **Whereas Clauses / The Rationale**

- ❖ The Whereas clauses serve as the argument for why MSD should support your proposed policy. This argument should be structured as follows:
  - The Introduction
    - What is the problem? (use numbers to convey magnitude)
    - How does the problem relate to health?
    - What background information and definitions are necessary for understanding the problem and the proposed solution?
  - The Evidence
    - Why will your proposed solution be effective?
    - What studies have examined this approach?
    - What organizations such as medical specialty societies, the AMA, the WHO, government agencies, etc. have made favorable statements about the idea?
  - The Relation to MSD Policy
    - Briefly comment on the MSD current policy related to this topic.
    - How will your proposal address a gap in MSD's current policy?
- ❖ Each Whereas clause should **stand on its own** without requiring information from other Whereas clauses (for example, do not say "because of this" but instead tell us what "this" is).
- ❖ Each Whereas clause should add something new and **logically build upon the prior clauses**, taking your reader from point A, to B, to C without backtracking or throwing in unnecessary side stops.
- ❖ Whereas clauses should be **supported by research** from timely (e.g., within the last 5 years) peer-reviewed publications or other trusted sources. Government agencies and independent think tanks can also serve as reputable sources. News articles are acceptable to establish a recent event or action, but should not be used to provide evidence of the effectiveness of a proposal.

- ❖ In-text citations should be included for each Whereas clause to indicate the source of the assertions. Further, references must be included at the end of the document formatted in accordance with the outlined manual of style.
- ❖ All abbreviations must be spelled out on their first appearance within your Whereas clauses. Once they have been spelled out and the acronym included in parentheses, you may continue to use the acronym.
- ❖ Typically the Whereas clauses are **one to one and a half pages in length**. Shorter is preferred as long as the argument is still clear and backed by evidence. Only include Whereas clauses that tie directly to your Resolved clauses. Just because a fact is interesting doesn't merit its inclusion if it does not directly relate to what your resolution is asking.

NOTE: Whereas clauses are not included in the final policy of MSD. These clauses specifically serve as the argument during the policy process.

### ***Resolved Clauses(s) / The Ask***

- ❖ The Resolved clause(s) is/are **what you would like MSD to do**.
- ❖ This is the only portion of your resolution that will remain when it is all said and done.
- ❖ It is a good idea to **write your Resolved clause(s) before the Whereas clauses** so you ensure the argument established in the Whereas clauses logically leads to the Resolved clause(s).
- ❖ Resolved clauses can be intended for MSD or possibly the AMA. It is important to consider what the ask is and how it could be performed by either organization.
- ❖ **Each Resolved clause must stand on its own**. This means understanding its meaning should not require any information from a source or the Whereas clauses or refer to another Resolved clause. Do not include abbreviations in the Resolved clauses other than "MSD" or "AMA," even if you have defined them in your Whereas clauses. All abbreviations should be spelled out in your Resolved clause(s).
- ❖ The Resolved clause(s) should be clear and specific in what they are asking the MSD to accomplish. They should be **broad enough to be applicable, but narrow enough to lead to action**, a difficult balance to strike.

The Goldilocks explanation of Resolved clauses:

<b>Too Broad</b>	Resolved, That our MSD supports access to health care.	<i>This Resolved clause is too broad to be actionable. It is unclear what specifically MSD should support to improve access.</i>
<b>Too Narrow</b>	Resolved, That our MSD supports Medicaid funding of diabetes care for children under the age of 16 with family incomes below 200% of the poverty line that live in urban areas and have single parents.	<i>The Resolved clause is much too specific. It cannot be broadly applied to other situations and will likely never be used by MSD to support policy.</i>
<b>Just Right</b>	Resolved, That our MSD supports the expansion of Medicaid to provide health insurance to all patients below 200% of the poverty line.	<i>This Resolved clause has a clear ask that MSD can act upon. It is specific enough that MSD knows what to support and broad enough that it can be applied to multiple facets of the patient population.</i>

❖ **Amend current policy or create new policy?** If there is already current policy related to your topic, it is generally a better idea to amend this policy than to create a new policy to keep things clean and easy to understand.

❖ **Resolved Clause Action Verbs**

- **Support:** Support indicates that MSD has taken a position on the issue at hand, but does not require a time-specific action. Support is appropriate for many types of resolutions, from broad principles to timely actions taken by third parties which would benefit from MSD support.
- **Recognize:** Recognize functions similarly to “Support” as an action verb, but suggests that the topic would benefit from a low level additional recognition (e.g., a statement, an article). Recognize cannot be used to re-establish support for something that already exists in policy. It is often associated with new and time-sensitive issues.
- **Promote:** Promote suggests that MSD devote resources to increase awareness of the issue at hand. This may be with specific stakeholders, with specific populations, or to the public at large. Promote is most effective when education is significant to solving the issue.
- **Advocate/Lobby/Call upon:** Advocate, lobby, call upon, and other similar action verbs often indicate that MSD is to take timely action on the issue at hand. In some cases, these action verbs are commonly associated with action involving state government. Due to its nature, resolutions with these action verbs may be carefully examined and input from MSD’s Government Affairs Committee and legislative team is solicited when appropriate. Other action verbs, such as “support,” do not preclude active advocacy.
- **Encourage/Urge:** Encourage and urge are action verbs similar to advocate, lobby, and call upon, but at a lower level of intensity. They indicate that the appropriate area of MSD will reach out to the appropriate party to further an agenda on the issue at hand. In addition to government entities, encourage and urge are also used in the context of MSD’s relationship with non-governmental organizations.
- **Research/Study:** Research and study are action verbs which ask MSD to further investigate an issue and provide information for the Council to take action on at a future time. It is important to note that MSD is not a research institution; it does not employ principal investigators or conduct scientific trials. However, committees and staff can collaborate to investigate existing evidence on an issue and produce a report with recommendations that the Council can discuss at a later time.

- **Develop:** Develop is an action verb that directs MSD to contribute to existing discussion on an issue through the release of a report, guidelines, or another type of non-research document. It is similar to research and study in that the product will likely require some level of literature review, but “develop” indicates that further opinion or recommendation – often public facing – is needed.
- **Identify:** Identify is a vague action verb which commonly suggests that MSD will investigate the issue at hand and provide a conclusion and possibly recommendations. It is similar to research and study, but may be used to suggest that a particular aspect of the issue requires special attention. It should be noted that “identify” could bias study results, and as such should be used carefully.
- **Collaborate/Partner/Work with:** MSD works with many organization to further the goals of all involved. These action verbs are generally paired with another action verb from this list (e.g., “work with...to develop...”). Collaboration is encouraged, especially on issues where MSD shares scope with other organizations. Be careful when referencing specific partnerships. You may think that a certain group or organization would be best to partner with, when there may be other groups out there that are better suited to address your concerns. Including only certain partners narrows your resolution. For this reason it is best practice to list partners you may have in mind but also include “or other appropriate stakeholders” so experts who are working on implementing your ask can use their best judgment to help accomplish the goal. Note, however, that many times the American Medical Association (AMA) is referenced if an issue needs to be addressed at a national level.
- **Oppose/Condemn/Object to:** These negative action verbs are generally not favored over positive action verbs (ex. MSD should support something rather than oppose the opposite). However, there may be situations in which MSD is obliged to object to an issue, and in these cases these verbs may be used. It should be noted that these verbs establish a position for MSD and may also indicate the need for further action, such as public statements and advocacy.

### ***The Final Touches***

- ❖ **Fiscal note** – This is an estimate of how much money would need to be allocated by MSD to fulfill the ask of your resolution. Staff can help assist with this.
- ❖ **References** – should be numbered and listed in the order they appear in the text. Use AMA style formatting. (AMA style formatting is under JAMA.) EndNote can be helpful for proper formatting and will automatically renumber in-text citations which makes it easier to add citations later in the process.
- ❖ **Relevant Policy** – list the relevant current MSD policy using the format in the template provided at the end of this guide.

### **Step 3: Before You Submit**

You may want to obtain feedback from any specialty societies that are relevant to your resolution. Consider the following items regarding your resolution:

- **Authorship** – Was this resolution authored by an individual or behalf of a group/organization?
- **Clarity** – Are the Whereas clauses succinctly stated, do they clearly support the requested action of the resolved clauses? Do the Whereas clauses create a logical, coherent argument flowing

naturally to support the resolve clauses? Do none, some, or all of the Whereas clauses support the resolved clauses? Do any Whereas clauses leave you with questions about the issue or about the argument?

- Research – Do you have references? Are they from appropriate authorities on the subject matter? Are none, some, or all of the references from timely, trustworthy, high quality, evidence-based sources (e.g., peer-reviewed journals, respected news sources)? Are none, some, or all of the factual assertions in the Whereas clauses supported by sufficient evidence?
- Scope/Timeliness – Does this resolution address a new, broad principle that will be applicable to multiple issues OR does it address a specific, current, actionable and timely issue?
- Feasibility – Is the resolution feasible, appropriate, and within the general scope of issues for MSD to address? This about the resources MSD will have to expend in order to achieve the desired outcome. Would MSD need to utilize large amounts of resources to accomplish the goal of the resolution?
- Novelty – Does this resolution address a subject matter largely neglected by current policy, add to existing policy in a valuable way, or is it a departure from current MSD policy?
- Focus – Do the Resolved clause(s) address one or more principles of MSD objectives?

#### Step 4: Submission

- Resolutions are numbered in the order in which they are received.
- Unlike the AMA's process, MSD does not have a Reference Committee format that considers resolutions with their members' input and then reports to the House of Delegates. MSD resolutions go directly to the Council.
- Reports and resolutions are made available electronically to the Council in advance of the meeting.
- Make sure you submit your resolution prior to the established deadline. This provides time for staff to prepare a Council handbook as necessary and distribute to Council members the meeting materials prior to the meeting, in order to give the Council time to review. Resolutions submitted after the deadline are considered late resolutions and treated as such.
- Sponsors of late resolutions must submit a written statement of justification to be considered by the Council. A three-fourths vote on acceptance or rejection of the resolution decides if the resolution is heard by the Council.
- After submission of your resolution to MSD, you may be contacted regarding missing items or improper formatting, or be provided information on areas to improve the resolution.

Thank you for your interest in participating in the MSD policy-making process!

Questions and Submissions (preferably in electronic format):

Mary LaJudice  
Senior Director of Corporate Services  
[Mary.LaJudice@medsocdel.org](mailto:Mary.LaJudice@medsocdel.org)  
(302) 224-5183

# APPENDIX A RESOLUTION TEMPLATE

## MEDICAL SOCIETY OF DELAWARE COUNCIL

Resolution X\*

(A-XX)\*

Introduced by: Individual, Section, Organization, Committee Name.

Subject: Your title should succinctly describe the subject matter of your resolution.

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Whereas, Enter your first Whereas clause, which should be a single sentence that stands alone, states a factual point of argument, and contains appropriate superscript citation to research, news or existing MSD policy; and

Whereas, Enter all but your final Whereas clause, noting that all Whereas clauses together should optimally span less than two pages, demonstrating that they are succinctly progressing the argument; and

Whereas, Note that all Whereas clauses should start with a capitalized word and end with “; and”; and

Whereas, Sources from the past five years are more persuasive than outdated sources; and

Whereas, Fill in your final Whereas clause before moving into your Resolved clause(s); now therefore be it

RESOLVED, Enter your Resolved clauses, which should stand on their own, meaning they should not explicitly reference previously stated points, and should not have any acronyms; and be it further

RESOLVED, If you are entering a Resolved clause that amends current policy, format as follows: start with rational, followed by the policy title, then use the formatting below

**Title of Policy to be Amended, Resolution Number/Policy Number (ex. 01-A2020)**

This is the text of the policy. It should be indented as a block. ~~Portions to be deleted should be struck.~~  
Portions to be added should be underlined.

Fiscal Note: TBD

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### References:

References should follow the AMA Reference Citation Format. Sample citations are shown below.

1. Slavin, S. et al. Medical student mental health 3.0: improving student wellness through curricular changes. Acad. Med. 2014 Apr.; 89(4):573-7.
2. Carroll, A. Silence is the Enemy for Doctors Who Have Depression. New York Times. January 11, 2016.
3. Mata, D. et al. Prevalence of Depression and Depressive Symptoms Among Resident Physicians: A Systematic Review and Meta-analysis. JAMA. 2015;314(22):2373-2383.

### Relevant MSD Policy

Paste relevant MSD policy. (See formatting examples that follow.)

### **Use of Medication Assisted Treatment in Delaware 05-A2018 (Title of Resolution and Resolution Number)**

1. MSD will work with other stakeholders through education, policy advisement, and legislation to increase availability of and decrease barriers to all forms of Medication Assisted Treatment in all settings that provide care to those persons dealing with addiction in Delaware.

### **Delaware Healthy School Lunches 03-A2018**

1. MSD will collaborate with schools to create a cohesive statewide program with the help of established resources, such as the Physicians Committee for Responsible Medicine's Healthy School Lunch Initiative, to promote nutrition education materials and instruction about healthful plant-based eating options.
2. MSD will empower Delaware schools to provide without prior request daily plant-based lunch entrees prepared without meat or dairy products.
3. MSD will educate nutrition services in Delaware schools about the risks of processed meats so that these foods are significantly reduced or even eliminated from the lunch menus.

\*MSD will complete

## APPENDIX B

### HOW TO CITE REFERENCES

References should follow the AMA Reference Citation Format.  
(See <https://guides.lib.purdue.edu/c.php?g=683613&p=4832375>)

#### Journal Article

Author Last Name First Initial Middle Initial. Title of article. *Accepted Abbreviation of Journal Title* Year; Volume; Inclusive Page Numbers. doi. (if available)

In listed references, the names of all authors should be given unless there are more than 6, in which case the names of the first 3 authors are used, followed by “et al.”.

To find the proper abbreviation of a journal go to the National Library of Medicine PubMed Journals Database at <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Journals>

#### Internet Sites

Authors (if indicated). Organization responsible for the site. Title of page or document. Available at: URL. Accessed Month, day, year.

#### Book

Editor's Last name First Initial Middle Initial followed by “eds”. *Title of Book*. Edition number. City of publication, State Abbreviation: Name of Publisher; Year.

#### Book Chapter

Chapter Author Last Name First Initial Middle Initial. Title of chapter. In: *Name of Book*. Edition Number. Editor's Last Name First Initial Middle Initial, eds. City of publication, State Abbreviation: Name of Publisher; Year.

#### Other – Personal Communication

Written as statements within the text, including email and listserv messages; permission should be obtained from the author:

In a conversation with A. H. Sheehan, PharmD (August 2007).....

There have been no reports of toxic reactions... (J. Smith, MD, email communication, June 1, 2006)

#### Other – Government Agency Publication (Example)

US Department of Health and Human Services. National Heart Lung and Blood Institute Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Washington, DC: U.S. Public Health Service, 1998.

#### Other – Poster Presentation (Example)

Schellhase EM, Abel SA, Carlstedt BC. An interdisciplinary collaboration: the development of a pharmacology course for a doctor of physical therapy program. Presented at: American Society of Health-System Pharmacists Annual Meeting; June 2, 2003; San Diego, CA.

**APPENDIX C**  
**HOW TO CITE A RESOLUTION**

List of Authors, [*Title of Resolution*], Resolution (number-conference year) [Conference]. Month, year.

Adopted MSD Council Resolution – [year]

**EXAMPLE:**

Committee on Ethics, *Use of Medication Assisted Treatment in Delaware*, Resolution 05-A2018 MSD Annual Meeting. November 2018

Adopted MSD Council Resolution – November 2018

**APPENDIX D**  
**SAMPLE RESOLUTIONS**

**MEDICAL SOCIETY OF DELAWARE COUNCIL**

Resolution X

(A-XX)

Introduced by: Medical Society of Delaware Board of Trustees

Subject: Seat Belt Safety

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Whereas, Every year many Delaware citizens are seriously injured or killed in highway accidents<sup>1</sup>; and

Whereas, It has been proven that the proper use of restraining seat belts will lessen this havoc<sup>2</sup>; and

Whereas, The Medical Society of Delaware is vitally interested in the health of all the citizens of Delaware; now therefore be it

RESOLVED, That the Medical Society of Delaware urge the Delaware State Legislature to require the use of seat belts in all passenger vehicles operating on Delaware highways.

Fiscal Note: TBD

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**References:**

1. State of Delaware Office of Highway Safety. Delaware Fatal Crash Summary. Available at: [https://www.ohs.delaware.gov/fatal\\_crash\\_index.shtml](https://www.ohs.delaware.gov/fatal_crash_index.shtml). Accessed February 3, 2020.
2. Centers for Disease Control and Prevention. Transportation Safety Policy Impact. Available at: <https://www.cdc.gov/transportationsafety/seatbeltbrief/index.html#:~:text=Among%20drivers%20and%20front-seat,of%20serious%20injury%20by%2050%25.&text=Seat%20belts%20prevent%20drivers%20and,a%20vehicle%20during%20a%20crash>.

**AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES**

Resolution: \_\_\_\_\_  
(A-XX)

Introduced by: Virginia  
Subject: NONCONSENSUAL AUDIO/VIDEO RECORDING AT MEDICAL ENCOUNTERS  
Referred to: Reference Committee

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Whereas, Fifteen percent of physician-patient visits may be unknowingly recorded with the ubiquitous use of smartphones and other technologies; and

Whereas, Thirty-nine states and the District of Columbia conform to a single-party consent rule for recording a conversation between two parties. Eleven states (California, Florida, Illinois, Maryland, Massachusetts, Michigan, Montana, New Hampshire, Oregon, Pennsylvania, and Washington) require consent of both parties<sup>1</sup>; and

Whereas, Audio/Video Recording of a medical encounter may be of benefit for a patient to recall the pertinent issues and instructions given. Conversely, a covert recording made without the physician or patient's knowledge may erode trust and harm the physician-patient relationship; therefore be it

RESOLVED, That our AMA encourage that any audio or video recording made during a medical encounter should require both physician and patient notification and consent.

Fiscal Note:

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**References:**

1. Elwyn G, Barr PJ, Castaldo M. Can Patients Make Recordings of Medical Encounters? What Does the Law Say? JAMA. 2017;318(6):513-514. doi:10.1001/jama.2017.7511

**Relevant RFS & AMA Policy:**

**3.1.3. Audio or Visual Recording Patients for Education in Health Care.** Code of Medical Ethics. Last Modified 2017.

**3.1.4. Audio or Visual Recording of Patients for Public Education.** Code of Medical Ethics. Last Modified 2017.