Transforming medical education is new AMA initiative

In light of the growing need for medical education to respond to the rapid changes in the medical practice environment, in January the American Medical Association (AMA) established the Center for Transforming Medical Education. The new center, under the direction of Susan Skochelak, MD, MPH, vice president, AMA Medical Education, builds on the work of the AMA's Initiative to Transform Medical Education (ITME), which was formed in 2005 with the same mission and vision.

Recent Center for Transforming Medical Education activities include:

• The launch of a new multi-institutional study on the medical education learning environment to promote physicians' early professional development.
• Working to enhance medical school admissions through increased emphasis on assessing the behavioral attributes and competencies of applicants.
• Identifying regulatory barriers for physician re-entry into clinical practice and developing best practices for physician re-entry.

In addition, the center is playing a key role in planning the conference New Horizons in Medical Education: A Second Century of Achievement, in collaboration with the Association of American Medical Colleges (AAMC), September 20–22, in Washington, D.C.

Join our national dialogue on preparing medical education for the future

Abraham Flexner's study of medical schools in 1910 still influences medical education today. A century later, the challenge is to continue to build on the great work of the past century and to create the best medical education for the physicians of the 21st century.

To help catalyze a national dialogue on important themes in medical education, the American Medical Association and the Association of American Medical Colleges are hosting an online discussion—“New horizons in medical education forum.” Your comments and opinions are important. Visit the forum to contribute ideas and engage with others as we look forward to the second century beyond the Flexner Report.
Advancing medical education across the continuum

by Susan Skochelak, MD, MPH, vice president, AMA Medical Education

In reviewing reports calling for change in medical education over the last decade, it seems clear to me that we know what needs to be done.* We need to refocus our national discussion from listing “what” is needed to “how” to accomplish meaningful change. You won’t be surprised that a detailed review of 15 major reports calling for change identifies these straightforward challenges:

- **Education in the context of real-life medical practice**
  Health system reform and the many changes it brings has increased the urgency for similar changes in medical education. Students and trainees need to be ready to practice effectively on their first day of independent practice without extensive “on-the-job training” for the realities of the current and future context of medical practice.

- **Upholding the public trust granted to the profession of medicine**
  Often defined as “social accountability,” this includes many dimensions: ensuring an adequate and appropriately balanced medical workforce, producing compassionate physicians with the interpersonal skills needed in today’s diverse communities and providing evidence that all physicians have the ability to provide high-quality, up-to-date care for patients.

- **Embracing the advantages of the information age**
  We need to adapt our pedagogical approaches in medical education using the amazing new opportunities provided by current information management tools—while admitting that our youngest colleagues have long out-distanced the seasoned faculty in using information age tools. We must research optimal ways to teach future physicians clinical skills in the electronic health records environment while simultaneously maintaining the “art” of medicine and the one-to-one personal relationship that is at the heart of healing.

Imagine the possibilities if even one of our newly approved medical schools was designed and staffed by a majority of individuals with birthdays in the 1980s and after. In light of the rapid changes in health care highlighted above, perhaps the time has come for an LCME and RRC/ACGME “waiver” program to allow maximum flexibility in program structure and function, as our complex medical education accreditation infrastructure is surely rooted in the 20th (Flexner’s) century.


ISTEP looking at the medical education learning environment

The Innovative Strategies for Transforming the Education of Physicians (ISTEP) medical education collaborative, a component of the AMA’s Center for Transforming Medical Education, launched a major educational research project in August focused on measuring the learning environment in undergraduate medical education. Specifically, this project will examine various dimensions of the learning environment and explore what structural factors as well as student attributes interact to produce this educational experience. Of particular interest is the evolution of this learning experience over the course of the students’ medical education. This is a multi-site (13 schools are participating), prospective, longitudinal, repeated-measures design that uses social learning theory as a conceptual framework.

Additionally, a grant proposal was developed and submitted to the Attorneys General’s Office of Prescribing Practices describing a multi-year research project, RESPONSIBLE Rx: An Educational Program for Practicing Physicians, which focuses on the prescribing behaviors of practicing physicians. The AMA had a prior grant from the Attorneys General in this area, which developed curriculum and general educational materials for undergraduates and resident physicians in family practice and internal medicine. This grant was developed in cooperation with the University of Illinois-Chicago and the University of Alabama, Birmingham.

AMA Section on Medical Schools highlights

The AMA Section on Medical Schools (SMS) held its 34th Annual Meeting in June. Four well-received educational sessions were presented.

- “Medical education: Past lessons and future expectations” held with the AMA Medical Student Section (MSS) was a panel discussion providing a historical perspective on medical education in recognition of the 100th anniversary of the Flexner Report. Participants discussed strategies for medical education transformation.

- “Branch campuses and the impact on medical education” was held with the AMA Council on Medical Education (CME) and focused on the benefits and challenges of medical school branch campuses.

(Continued on page 3)
• “Engaging community-based faculty at branch and rural campuses” panel presentation discussed the role of community-based faculty at branch and rural campuses. The session complemented the joint AMA-SMS/CME program. The panel discussed methods of community-based faculty engagement and retention as well as how students are introduced to the community practice of medicine.

• The AMA-SMS also held a session on innovations in medical education, which included a mini-presentation on engaging volunteer senior physicians at the University of Missouri-Kansas City School of Medicine and University of Kansas School of Medicine.

Visit the AMA-SMS website to view presentation summaries and slides.

2010–2011 AMA-SMS Governing Council

Kenneth B. Simons, MD, Milwaukee, chair
Arthur J. Ross, III, MD, MBA, Morgantown, W.Va., chair-elect
Betty M. Drees, MD, Kansas City, Mo., immediate past chair

Donald G. Eckhoff, MD, Aurora, Colo., AMA-HOD delegate
Michael Grossman, MD, Phoenix, AMA-HOD alternate delegate
Rafael A. Lantigua, MD, New York, member-at-large
Maria C. Savoia, MD, La Jolla, Calif., member-at-large
Robert J. Sokol, MD, Detroit, member-at-large
Louis J. Ling, MD, Minneapolis
AMA-SMS liaison to the Council on Medical Education

View biosketches on the AMA-SMS website.

Save the date

The next AMA-SMS meeting will be held on November 5 at the Omni Shoreham Hotel in conjunction with the Association of American Medical Colleges Annual Meeting in Washington, D.C. The session will provide medical education colleagues an opportunity to network, help develop AMA policy and discuss issues affecting medical education.

Michael Reichgott, MD, PhD, director for Conflict of Interest and Human Subjects Protection at Albert Einstein College of Medicine, will be the featured speaker discussing the timely topic of competition for clinical training sites.

The deans of three new medical schools also will present, discussing the challenges of starting a new medical school and highlighting innovative curricular programs at their schools.

Contact Jackie Drake, director, AMA-SMS, for details.

Promote the AMA-SMS to your colleagues

The AMA-SMS Governing Council invites all academic physicians to join the AMA-SMS and help develop strategies that will strengthen the section and policies of the AMA. The AMA-SMS provides a voice in deliberations of the AMA House of Delegates and offers a forum for discussing policies on medical education, national research and health care issues. A major goal of the AMA-SMS is to enhance communication between the medical education community and the AMA. Encourage your colleagues to join the AMA-SMS; their creative energy is needed to keep academic medicine strong and thriving. Contact Jackie Drake for application details.

AMA-IMG observership guidelines and evaluation tools available

The AMA International Medical Graduate (IMG) Section has produced Observership Guidelines and Evaluation Tools to guide physician preceptors and medical associations in the creating of local voluntary observership programs for international medical graduates (IMGs). These observership programs are designed to acculturate IMGs to American medicine as they await residency program acceptance, not to fill gaps in clinical skills. This is the only comprehensive guide and evaluation tool available. If you know about or wish to start an observership program, e-mail img@ama-assn.org with details, and the program will be listed on the AMA-IMG Section website.

Research grants for medical students, resident physicians and fellows

The AMA Foundation will soon be accepting applications for the Seed Grant Research Program from medical students, resident physicians and fellows. One-year grants of up to $2,500 will help young scientists conduct basic science, applied or clinical research projects in four research categories: cardiovascular/pulmonary diseases, HIV/AIDS, leukemia and neoplastic diseases. Applications will be due December 6, 2010, and recipients will be announced in March 2011.

Visit the Seed Grant Research Program website to download an application.
AMA-MSS National Service Project completes successful year

Over the course of the past year, medical students from the AMA Medical Student Section (MSS) chapters across the country have used tools provided by the AMA Healthier Life Steps™ Program to improve the health of their communities with respect to these key health behaviors by encouraging patients to think, decide, plan and take positive action toward leading healthier lives. For example, in May, medical students from Rush Medical College in Chicago hosted a field day at a local elementary school. After competing in a variety of fun athletic events, children participating in the event were treated to healthful snacks and taught about the importance of developing healthy living habits.

Each AMA-MSS chapter is encouraged to organize at least one National Service Project (NSP) event each academic year. Visit the National Service Project website for more information, including project ideas and information about resources available to help medical students organize and implement successful events.

The AMA has committed funds to support NSP events at AMA-MSS chapters. Each chapter is eligible to receive up to $500 per academic year for its NSP activities. Applications for funding must be submitted electronically at least 30 days prior to the event. Visit the Chapter Involvement Grants website for guidelines and an application.

AMA-RFS fostering leadership, addressing duty hours, and more

The AMA Resident and Fellow Section (RFS) has been fostering leadership, working on duty hours and ensuring that medical students are prepared to transition into residency and resident physicians into practice.

Fostering leadership, a central part of the section’s mission, is accomplished by providing opportunities for resident physicians and fellows to learn new skills through serving on the AMA-RFS Governing Council, in the AMA-RFS Assembly, in the AMA House of Delegates and in slotted seats on AMA Councils. The section is honored that Sunny Ramchandani, MD, past chair of the AMA-RFS Governing Council, and Pat Basu, MD, award-winner and delegate to the AMA-RFS Assembly, were chosen to be White House fellows in 2010–2011. A total of 13 people were chosen from thousands of candidates.

The AMA-RFS has also been monitoring proposed changes to duty hours. The section passed policy in response to the Institute of Medicine (IOM) duty-hour recommendations to oppose “naps” and any government intervention that would usurp Accreditation Council for Graduate Medical Education (ACGME) authority in this area. In addition, AMA-RFS members contributed to a letter to the ACGME on its proposed duty-hour standards. The finished letter will be posted on the AMA-RFS website.

The AMA-RFS is also providing education to medical students, resident physicians and fellows during key points of transition through the “Succeeding from Medical School to Practice” resource, created in 2008. This online resource covers dozens of topics including how to create a curriculum vitae, select a disability policy, negotiate a contract and select the right practice setting. In 2010 a streaming video library was added to this resource. Currently, there are 11 educational videos, and it is anticipated that an additional six videos will be added in the next 10 months. Go to www.ama-assn.org/go/succeeding to access this member benefit.

21st Annual Conference of the National Task Force on CME Provider/Industry Collaboration

The 21st Annual Conference of the National Task Force on CME Provider/Industry Collaboration will be held October 13–15 in Baltimore. The theme of this year is “Moving forward in an age of uncertainty; creating innovative, practical educational solutions.”

Featured sessions at this year’s conference include:

- Keynote address, “Principled partnerships: Practical or pipe dream?” Darrell G. Kirch, MD, Association of American Medical Colleges
- “Working together within the guidelines: Interactive case studies”
- “IOM Report: Redesigning CME—what does this mean for you!”
- “Providing meaningful outcomes in a collaborative approach: A panel discussion with the stakeholders”
- “Everything you always wanted to ask grant officers but didn’t have the guts or chance to ask”

Visit the conference website for additional information and registration.
AMA Foundation scholarship recipients announced

The AMA Foundation has presented 20 exceptional medical students from around the nation with $10,000 Physicians of Tomorrow scholarships. “These students are truly awe-inspiring. Not only do they possess outstanding academic achievements, but they have also made the commitment to improve public health through volunteer activities, research and leadership roles in their communities,” said Barney Maynard, MD, president, AMA Foundation. “By helping to alleviate their debt load, the AMA Foundation provides them with financial relief and encouragement to attain their professional goals. We are proud to play a role in supporting the future generation of physicians.”

One of these outstanding 2010 scholarship recipients is Sean Kivlehan, a rising fourth year student at New York Medical College. Sean, a paramedic, trains new medics and is studying emergency medicine. He will also be obtaining his MPH with a concentration in International Health. Sean volunteers with NYC Medics International Disaster Relief and, in January, was deployed to Haiti to provide medical care for earthquake victims.

Visit the AMA Foundation's website for a complete list of all 2010 recipients.

Hospitals should follow aviation’s lead in safety

Speaking recently at a national meeting of health care leaders, airline pilot Chesley “Sully” Sullenberger (a.k.a. the Hero on the Hudson) called on health care to make cultural changes that ensure increased patient safety.

For example, efforts to raise standards in health care by using simulation can help physicians learn important clinical skills in an environment centered on education.

To learn more about the ways in which medical education and practice can improve patient safety and quality of care, be sure to sign up for our upcoming AMA-sponsored patient safety webinars:

- November 17: “Patient safety 103: Communication—Disclosing events and errors to patients”
- January 19: “Patient safety 104: The NASA safety culture—Applications to health care”

Information will also be presented at the following meetings:
- Illinois Alliance for CME Fall Conference (October 1, 2010)
- Alliance for CME Annual Conference (January 26–29, 2011)
- Association for Hospital Medical Education Educational Institute (April 15, 2011)

AMA staff are available to present information at State Medical Society/CME provider meetings over the coming months. If you are interested in arranging for a presentation, contact staff at (312) 464-4668.

Be sure others in your organization sign up to be part of the AMA CPPD Information Network to receive e-mail announcements about changes to the AMA PRA credit system.

Changes to the AMA PRA credit system announced

The new rules for the AMA Physician Recognition Award (PRA) credit system will be effective for all accredited continuing medical education (CME) providers starting July 1, 2011; information is now available online.

The AMA will be providing webinars for CME providers to learn more about the changes on the following dates:

- October 6, 11 a.m.–12:30 p.m. CDT
- October 26, 1–2:30 p.m. CDT
- November 4, 2–3:30 p.m. CDT

Each presentation will include opportunities for Q/A with faculty members from the AMA. Register online today.

AMA staff are available to present information at State Medical Society/CME provider meetings over the coming months.
Schweitzer Fellowship works to develop leaders in service

Nearly 100 years ago, physician and Nobel Peace Prize Laureate Dr. Albert Schweitzer traveled to Africa and founded the Schweitzer Hospital, which remains the Lambaréné, Gabon, region’s primary source of health care. But Dr. Schweitzer’s legacy of addressing unmet health needs also lives on right here in the United States, where, since 1991, U.S. Schweitzer Fellows have delivered more than 400,000 hours of health-related service to people in need.

It’s all part of The Albert Schweitzer Fellowship (ASF) mission, which is to address health disparities by developing leaders in service who are dedicated and skilled in addressing the health needs of underserved communities.

Each year, ASF competitively selects approximately 200 medical and health-focused graduate school students to serve as U.S. Schweitzer Fellows. Partnering with community-based organizations, these fellows conceptualize and carry out yearlong direct service projects that address the social determinants of health—all on top of their regular academic responsibilities.

In addition to leadership development programming and structured reflection opportunities provided by ASF, fellows receive support and guidance from an academic mentor at their school and a site mentor at the community-based organization with whom they’re partnering.

Since 1979, ASF has selected several senior medical students each year to spend a three-month rotation at the Schweitzer Hospital, where they collaborate with hospital staff to help provide skilled care through more than 35,000 outpatient visits and more than 6,000 hospitalizations annually.

If you are a medical student interested in applying to become a Schweitzer Fellow in the United States or in Africa, visit www.schweitzerfellowship.org and click on the relevant location under “Our Programs.” Contact ptaddoni@bidmc.harvard.edu if you are a medical school faculty member who is interested in conveying information about the Schweitzer Fellowship to your students.

AMA takes lead role in ensuring smooth physician reentry to clinical practice

The AMA defines physician reentry as:

A return to clinical practice in the discipline in which one has been trained or certified following an extended period of clinical inactivity not resulting from discipline or impairment.

There are many reasons why a physician might take a leave of absence from clinical practice, including family leave, personal health reasons, career dissatisfaction, alternate careers such as administration, military service and humanitarian leave. Returning to clinical practice, however, can be difficult. Barriers exist at many levels including regulatory, educational and personal.

The AMA Medical Education Group has worked to address the issue of physician reentry for several years. In 2008, for example, the AMA House of Delegates approved an AMA Council on Medical Education report that established the AMA’s definition of physician reentry and provided 10 recommendations for a physician reentry program system. A recent AMA Council on Medical Education informational report “Physician Reentry to Practice: Data to Guide Program Development,” presented findings from two surveys on physician reentry to help guide development of model reentry programs.

AMA convenes conference on regulatory challenges to physician reentry

Stimulated by inquiries from state medical boards seeking guidance on policy development for physician reentry, the AMA held the Physician Reentry to Clinical Practice: Overcoming Regulatory Challenges Conference in May. The invitational conference was held under the auspices of the Initiative to Transform Medical Education (ITME) and was co-sponsored by the Federation of State Medical Boards and the American Academy of Pediatrics. The goal of the conference was to identify components of a model physician reentry system that optimally support the needs and expectations of a variety of constituents.

The conference brought together 50 leaders from key stakeholder groups in physician reentry, including state medical licensing boards, medical specialty boards, physician reentry programs and other experts in areas related to physician reentry. Representatives from several AMA groups invested in physician reentry also attended, including the AMA Council on Medical Education, AMA Women Physicians Congress, AMA Senior Physicians Group and AMA Young Physicians Section.

Draft recommendations have been developed based on conference discussions, and feedback on these recommendations has been obtained from the conference participants. Taken together, these recommendations constitute strategies to ease regulatory barriers to reentry as well as to further the development of a national physician reentry system. Once finalized, these recommendations will be distributed widely to stakeholders in physician reentry as well as to the larger medical education community and will also become available on the ITME website.
AMA House of Delegates actions

The following are recommendations from reports and resolutions adopted (unless otherwise noted) at the 2010 Annual Meeting of the AMA House of Delegates.

Board of Trustees Report 20—Retraining Refugee Physicians
The AMA support federal programs, and funding for such programs, that assist refugee physicians who wish to enter the U.S. physician workforce, especially in specialties experiencing shortages and in underserved geographical areas in the United States and its territories.

Council on Medical Education Report 3—Specialty Board Certification and Maintenance of Licensure
1. The AMA continue to support the AMA Principles of Maintenance of Certification (MOC).
2. The AMA reaffirm AMA Policies H-275.978 and H-275.923 that support the ongoing evaluation of licensure.
3. The AMA monitor Maintenance of Licensure (MOL) as being led by the Federation of State Medical Boards (FSMB) and work with FSMB and other stakeholders to develop a coherent set of principles for MOL.

Council on Medical Education Report 4—Educational Strategies to Promote Physician Practice in Underserved Areas
1. The AMA encourage medical schools and residency programs to consider developing admissions policies and practices and targeted educational efforts aimed at attracting physicians to practice in underserved areas and to provide care to underserved populations.
2. The AMA encourage medical schools and residency programs to continue to provide courses, clerkships and longitudinal experiences in rural and other underserved areas as a means to support educational program objectives and to influence choice of graduates’ practice locations.
3. The AMA encourage medical schools to include criteria and processes in admission of medical students that are predictive of graduates’ eventual practice in underserved areas and with underserved populations.
4. The AMA continue to advocate for funding from public and private payers for educational programs that provide experiences for medical students in rural and other underserved areas.

Council on Medical Education Report 5—Employment Benefits for Residents and Fellows
The AMA encourage the Accreditation Council for Graduate Medical Education to request that sponsoring institutions offer to residents and fellows a range of comparable medical insurance plans no less favorable than those offered to other institution employees.

Council on Medical Education Report 7—Continuing Medical Education in Disaster Medicine and Public Health Preparedness
2. The AMA reaffirm Policy H-295.868, “Education in Disaster Medicine and Public Health Preparedness During Medical School Residency Training,” which recommends that formal education and training in disaster medicine and public health preparedness should be incorporated into the curriculum at all medical schools and residency programs; and supports the AMA’s National Disaster Life Support (NDLS) Program Office’s work to revise and enhance the NDLS courses and supporting course materials, in both didactic and electronic formats, for use in medical schools and residency programs; and supports continued involvement of the National Disaster Life Support Education Consortium in the newly-created Federal Education and Training Interagency Group.
3. The AMA continue to work with other specialties and stakeholders to coordinate and encourage provision of disaster preparedness education and training in medical schools and in graduate and continuing medical education.

Council on Medical Education Report 8—Enhancing Primary Care as a Medical Career Choice
1. The AMA work with the Accreditation Council for Graduate Medical Education to develop an accreditation environment and novel pathways that promote innovations in training that use progressive, community-based models of integrated care focused on quality and outcomes such as the patient-centered medical home and the chronic care model.
2. The AMA advocate for public (federal and state) and private payers to develop enhanced funding and related incentives from all sources to provide graduate medical education for resident physicians and fellows in progressive, community-based models of integrated care focused on quality and outcomes such as the patient-centered medical home and the chronic care model in order to enhance primary care as a career choice.
3. The AMA advocate for public (federal and state) and private payers to develop enhanced funding and related incentives from all sources to provide undergraduate medical education for students in progressive, community-based models of integrated care focused on quality and outcomes such as the patient-centered medical home and the chronic care model in order to enhance primary care as a career choice.
4. The AMA advocate for public (federal and state) and private payers to develop physician reimbursement systems to promote primary care and specialty practices in progressive, community-based models of integrated care focused on quality and outcomes such as the patient-centered medical home and the chronic care model consistent with current AMA policies.

Council on Medical Education Report 9—Liability Coverage for Medical Students Completing Extramural Electives
1. The AMA support the continuance of the Association of American Medical Colleges (AAMC) online Extramural Electives Compendium database as a resource for information on medical school electives, including liability insurance fees.

(Continued on page 8)
2. The AMA work with the AAMC to encourage medical schools to provide sufficient medical liability insurance for their own students completing electives at U.S. Medical Doctor and Doctor of Osteopathy granting medical schools.

Council on Medical Education Report 10—Supporting the Integrity of the Physician Licensure Process to Assure Patient Safety
1. The AMA disapprove of questions developed for the United States Medical Licensing Examination (USMLE) being used for purposes other than the assessment of physicians-in-training and physicians.
2. The AMA, with the Council of Medical Specialty Societies and members of the Federation, continue to work with the National Board of Medical Examiners (NBME) to assure that accurate information continues to be presented in communications about the use of USMLE questions in the Doctor of Nursing Practice (DNP) examination.
3. The AMA, through its representatives to the NBME, continue to provide feedback as plans for the restructuring of the USMLE are developed and implemented.
4. The AMA request the NBME to emphasize in future publications that the DNP certification examination is not for the purposes of licensure of nurses.
5. The AMA continue to monitor the use of questions developed for the USMLE by any group for purposes other than the assessment of physicians-in-training and physicians.

Council on Medical Education Report 12—Regulation of Continuing Medical Education Content
1. The AMA reaffirm Policy H-300.953, “Content Specific CME Mandated for Licensure.”
2. The AMA reaffirm Policy H-300.994, “Support for Voluntary Continuing Medical Education.”
3. The AMA recommend that organizations with responsibilities for patient care and patient safety request physicians to engage in content-specific educational activities only when there is a reasonable expectation that the CME intervention will be appropriate for the physician and effective in improving patient care or increasing patient safety in the context of the physicians’ practice.

Council on Medical Education Report 15—Securing funding for Graduate Medical Education
1. The AMA reaffirm:
   - Policy H-200.955 and H-305.929, which increase Medicare-supported GME positions for primary care, general surgery and other undersupplied specialties and in underserved geographic areas to address physician shortages and to ensure access to care;
   - Policy H-200.955, which maintains availability of currently vacant GME positions and supports redistribution based on need;
   - Policy H-305.929, which maintains adequate and stable Medicare and Medicaid GME funding levels;
   - Policy H-305.929, which investigates additional sources of GME funding (e.g., private payers);
   - Policy H-160.919, which encourages interprofessional training, practice-based learning and information technology to prepare the current and future health workforce.
2. The AMA actively advocate for strong physician representation and significant participation in any proposed health care workforce advisory committees, demonstration projects or workforce assessments, since PL 111-148 calls for a “Health Workforce Commission.”
3. The AMA continue to advocate for adequate and sustained federal funding of pediatric residency programs independent of Medicare payments.

Council on Medical Education Report 16—U.S. Medical School Expansion
1. The AMA continue to advocate for funding from all payers (public and private sector) to increase the number of graduate medical education positions in specialties leading to first certification.
2. That our AMA work with other groups to explore additional innovative strategies for funding graduate medical education positions, including positions tied to geographic or specialty need.
3. The AMA continue to work with the Association of American Medical Colleges (AAMC) and other relevant groups to monitor the outcomes of the National Resident Matching Program.
4. The AMA continue to work with the AAMC and other relevant groups to develop strategies to address the current and potential shortages in clinical training sites for medical students.

Resolution 301—Ensuring Physician Competence in the Care of Older Adults
The AMA recognize the critical need to ensure that all physicians who care for older adults, across all specialties, are educated and trained in geriatric care, and encourage all appropriate specialty societies to identify and implement the most expedient and effective means to ensure adequate education in geriatrics at the medical school, graduate and continuing medical education levels for all relevant specialties.

Resolution 303—Graduate Medical Education Studies
1. The AMA continuously study challenges and issues pertinent to international medical graduates as they affect our country’s health care system and our physician workforce.
2. The AMA lobby members of the U.S. Congress to fund studies through appropriate agencies, such as the Department of Health and Human Services, to examine issues and experiences of international medical graduates and make recommendations for improvements.

Resolution 304—Abuse of the Conrad Program Physicians
The AMA support the model employment contract specific to J-1 Visa waiver physicians.
Resolution 307—Create Local Observership Program
The AMA encourage physician preceptors, medical associations and medical organizations to establish local observership programs by utilizing the IMG Observership Guidelines and Evaluation Tools.

Resolution 308—Verification of Residency Completion
The AMA work with the Federation of State Medical Boards, American Osteopathic Association and the Accreditation Council for Graduate Medical Education to develop a model form that residency programs can use to document resident performance, date of participation and any disciplinary measures imposed, to be maintained in the resident’s training file and used when future requests are submitted for evaluation of resident performance.

Resolution 309—Addressing the Shortage of Child and Adolescent Psychiatrists
1. The AMA ask the Office of the Secretary of Health and Human Services and the Department of Health Resources and Services Administration to provide data on requests for National Health Service Corps deferments to allow completion of training in child and adolescent psychiatry.

2. The AMA call upon the Office of the Secretary of Health and Human Services and the Department of Health Resources and Services Administration to amend current policy to allow National Health Service Corps scholars to complete their training in the underserved specialty of child and adolescent psychiatry prior to the commencement of initial practice assignments.

3. The AMA call upon the Office of the Secretary of Health and Human Services and the Department of Health Resources and Services Administration to amend current policy to allow National Health Service Corps scholars to complete their training in any specialty where there is a shortage of that specialty in designated Health Professional Shortage Areas prior to the commencement of initial practice assignments.

Resolution 310—Suggested Revision in ACCME Evaluations
The AMA strongly encourage the Accreditation Council for Continuing Medical Education to recognize the value of gaining knowledge outside a physician’s specialty and change the activity evaluation to reflect this.

Resolution 314—Competency-Based Portfolio Assessment of Medical Students
The AMA work with the Association of American Medical Colleges, American Osteopathic Association, Accreditation Council for Graduate Medical Education and other organizations to examine new and emerging approaches to medical student evaluation, including competency-based portfolio assessment.

Resolution 316—Appropriate Use of 360-Degree Evaluations
1. The AMA encourage the Accreditation Council on Graduate Medical Education (ACGME) to study mechanisms used by residency programs to evaluate resident performance in the ACGME six general competencies, including 360-degree evaluation tools.

2. The AMA encourage the ACGME to develop standards for the use of 360-degree evaluations, including a determination of their validity in resident assessment and methods to ensure that the content of individual evaluations remains confidential and legally protected.

Resolution 317—Political Science Education During Medical School
The AMA advocate that political science classes, which facilitate understanding of the legislative process, be offered as an elective option in the medical school curriculum.

Resolution 318—Coding and Billing Structure and Medical Student Education
The AMA advocate that the medical school curriculum include an optional course on coding and billing structure, RBRVS, RUC, CPT and ICD-9.

Resolution 320—Encouraging Off-site Training in Rural and Underserved Areas
The AMA encourage the Centers for Medicare and Medicaid Services, American Osteopathic Association, Accreditation Council for Graduate Medical Education, American Board of Medical Specialties and the Association of American Medical Colleges to foster the development of innovative training programs for medical students, residents and fellows in rural and underserved areas so that the number of physicians increases in these underserved areas, which would facilitate the elimination of geographic, racial and other health care disparities.

Resolution 322—Resident/Fellow Duty Hours and Quality of Training
1. The AMA Council on Medical Education, AMA Resident and Fellow Section and AMA Young Physicians Section collaborate in developing a formal response (based on the best evidence for improving resident education as well as patient safety and quality) to the upcoming revisions of the duty hour requirements by the Accreditation Council for Graduate Medical Education (ACGME).

2. The AMA encourage the ACGME to not adopt the IOM report’s call for protected sleep periods and for reducing the number of hours that residents can work without time for sleep to 16 hours until research shows improved patient care and safety.

3. The AMA encourage the ACGME to allow appropriate flexibility for different disciplines and different training levels within the current ACGME maximum duty hours standards.

4. The AMA work with other key stakeholders to continue to develop strategies for implementing optimal work schedules to improve resident education and patient safety in health care.
US medical school expansion: The cycle continues

The number of MD-granting medical schools in the United States has fluctuated during the past century with periods of expansion and contraction. In 1905, five years before the Flexner Report, there were 160 U.S. medical schools. The number of schools decreased to 133 in 1910 and 85 in 1920, then began to increase again in the 1960s and 1970s, reaching 126 in 1980. This cycle of expansion was supported by federal funding, based on the perception that a physician shortage existed. Around 1980 concern shifted to the imminence of a doctor surplus, so federal funding for expansion ceased. For the next 20 years the number of schools did not change significantly.

Since 2000, perception of a current and future physician undersupply has led to renewed interest in medical school expansion. Groups including the Association of American Medical Colleges have recommended a significant increase in the number of medical school graduates. The response has been an effort to increase the number of entering medical students by expanding the class sizes of existing medical schools, forming new distributed medical school campuses to accommodate additional students and developing new schools.

Seven new medical schools have achieved preliminary accreditation by the Liaison Committee on Medical Education (LCME) since 2007. Preliminary accreditation entitles medical schools to admit students, and five of the newly-accredited schools currently have students enrolled. In addition, eight medical schools have applied for, but not yet achieved, preliminary LCME accreditation. The overall number of enrolled medical students has increased from 73,111 in the 2006–2007 academic year to 77,722 in 2009–2010. The effects of the increases on total enrollment and on the number of medical school graduates will not be felt for several years.

Increasing medical school class sizes is not sufficient to address an impending physician shortage. Since some period of graduate medical education (GME) is required for licensure, the ability to increase the number of practicing physicians depends on increasing the number of GME positions in the core specialties. Necessary federal funding has not, to date, been available to meet this need, but the AMA continues to advocate strongly for GME expansion to meet current and projected needs.

AMA offers resources to help physicians-in-training understand health system reform

On August 17, the AMA hosted a webinar to help nearly 400 medical students, resident physicians and other members of the medical education community understand what the recently enacted health system reform (HSR) law means for the future of medicine. Titled “The system we will inherit: What does the Affordable Care Act mean for tomorrow’s physicians?”, the 60-minute program explored health system reform from the perspective of America’s next generation of physicians. From traditional issues—such as graduate medical education and the physician work force—to emerging subjects like delivery reform, the program covered material in the new law that matters to medical students and resident physicians. Questions included:

- How will health system reform affect my patients and my profession?
- Did the law deal directly with medical student issues?
- Is health system reform over?

A recording of the webinar, along with a variety of helpful HSR-related resources, is available on the [AMA website](http://www.ama-assn.org/).

Guide to Medical Education in the Teaching Hospital

The 4th edition of the Guide to Medical Education in the Teaching Hospital by the Association for Hospital Medical Education (AHME) provides an overview of topics across the medical education continuum that affect hospital medical education. Sixty-two authors contributed 35 chapters to the Guide, which is both a primer for the day-to-day challenges of delivering quality medical education and meeting accreditation standards and an overview of the current status and the future of medical education in the teaching hospital. Authors include thought leaders from the ACGME, ACCME, AMA and the AAMC, along with many others in the field.

Visit the [AHME website](http://www.aahme.org) for ordering information.
AMA Council on Medical Education

The Council looks forward to working with its new medical student member, Justin Taylor. Taylor recently completed a clinical research fellowship at the National Institutes of Health and is entering his fourth year as a medical student at the University of New Mexico School of Medicine.

2010–2011 Council Executive Committee
Baretta R. Casey, MD, MPH, Hazard, Ky., chair
David E. Swee, MD, Piscataway, N.J., chair-elect
Susan R. Bailey, MD, Fort Worth, Texas, immediate past chair
Mahendr S. Kochar, MD, MACP, San Diego, at-large member

The Council submitted 16 reports for consideration by the House of Delegates at the 2010 Annual Meeting. Full Council reports considered at the Annual Meeting can be found on the Council's website. See "AMA House of Delegates actions" for the recommendations from reports and resolutions relating to medical education.

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Address all correspondence regarding the Medical Education Bulletin to:

Sylvia Etzel
Division of Graduate Medical Education
American Medical Association
515 N. State St., Chicago, IL 60654
Phone: (312) 464-4693, Fax: (312) 464-5830
E-mail: sylvia.etzel@ama-assn.org