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Medical Education Activities, 2011

The American Medical Association (AMA), through its Center for Transforming Medical Education, continues to respond to ongoing changes in the health care environment that have profound effects on physician education. These activities are critical to ensuring the quality of the medical education process, the competency and skill of new physicians, and the quality and safety of patient care. In 2011, key AMA activities in medical education focused on measuring and improving the medical school learning environment, eliminating medical student mistreatment, and encouraging new strategies for graduate medical education funding, among other key activities. In addition, visits to medical schools, requests for funding, and collaborative outreach to key organizations helped the AMA strive for the following goals:

Improving the medical education learning environment

In 2011, the AMA-sponsored medical education research collaborative, Innovative Strategies for Transforming the Education of Physicians (ISTEP), entered the second year of its multi-school longitudinal cohort study on the medical education learning environment. A total of 42 medical schools from the U.S., Canada and Israel are participating in the study, and data from approximately 6,000 medical students are being collected. Work is ongoing to identify factors in the learning environment that either inhibit or promote the acquisition of professional behaviors by medical students and resident physicians. In 2011, an update to the study was presented at the annual ISTEP meeting, and the study design and initial data were provided both nationally and internationally (see "Presentations in 2011 by AMA staff," below).

Working to eliminate medical student mistreatment

Data from the annual Graduation Questionnaire of the Association of American Medical Colleges show that nearly one in five medical students report mistreatment. The AMA believes this is an important issue and is working with academic leaders to try to understand and address the issue at its roots and improve the medical education learning environment. During its June 2011 meeting, the AMA held an education program, "[Optimizing the Learning Environment: Exploring the Issue of Medical Student Mistreatment](#)," that outlined the scope of the problem and suggested potential solutions. Cosponsored by the AMA Section on Medical Schools, Council on Medical Education, and Medical Student Section, the event brought together the perspectives of medical

school deans, resident physicians, and medical students. In addition, the AMA held a conference in December with invited guests from a variety of stakeholder groups. The goal of the conference was to identify ways to isolate the sources and causes of mistreatment and to develop strategies to address the issue.

Advancing AMA medical education policy and actions

Through staffing of Reference Committee C (at the annual meeting of the AMA House of Delegates) and Reference Committee K (at the interim meeting), medical education staff sought to ensure that AMA policy and activities reflect the needs of academic physicians as well as medical students, resident/fellow physicians, and patients. Some of the key topics covered in this work include exploring the feasibility of income-contingent loans for medical students, ensuring the quality of international service learning opportunities, passing a “bill of rights” for resident/fellow physicians, easing the burdens of Maintenance of Certification and Maintenance of Licensure, working to integrate international medical graduates into the US physician workforce, and ensuring that new changes in the annual Match promote fairness and flexibility.

Ensuring an adequate physician workforce to meet patient needs

The Graduate Medical Education (GME) Division hosted a May webinar on innovations in GME funding, and the November meeting of the AMA Section on Medical Schools included a well-attended education session on the need to [expand GME](#) to meet our nation’s growing need for physicians. Innovative strategies to expand and distribute GME funds at the state and regional level were discussed by a spectrum of panelists.

In addition, the AMA wrote a [letter](#) in support of the Resident Physician Shortage Reduction Act of 2011, introduced on Sept. 23 in the U.S. Senate, which would increase the number of Medicare-supported training positions for medical residents by 15 percent (approximately 15,000 slots) over five years. The AMA also signed a joint [letter](#), along with 39 other medical organizations, which called on the Joint Select Committee on Deficit Reduction to “protect Medicare beneficiary access to health care services by protecting existing Medicare financing for GME.”

Addressing suicide among medical students and resident/fellow physicians

With concern about physician burnout and stress growing, Medical Education partnered with AMA colleagues in the physician health division to hold a series of three free webinars addressing the issue of physician suicide. The second in the series examined some of the stressors in medical education that may contribute to a risk for suicide among medical students and resident physicians.

Meeting the communication needs of the medical education community

In July 2011, the AMA combined four existing communications on medical education and health professions into one streamlined e-newsletter—[AMA MedEd Update](#). This monthly publication features news, updates, and information from four different areas—Medical School, Graduate Medical Education, Health Care Careers, and Continuing Physician Professional Development. One of the goals of the publication is to provide its

30,000 readers a more comprehensive picture of medical education and professionalism and to reinforce the need for interdisciplinary education and understanding.

In addition, to encourage dialogue and advance ideas about transforming medical education, an AMA-hosted online discussion forum was launched in 2010 (www.ama-assn.org/go/newhorizons). The online community has grown rapidly, with nearly 700 registered participants. Also, the AMA's medical education [Twitter page](#) continues to grow, with more than 1,100 followers by year-end.

Undergraduate Medical Education

Because of the number of new medical school candidates and the expansion of existing medical schools, the number of accreditation visits carried out by the Liaison Committee on Medical Education (LCME) has increased substantially over the last several years. In 2011, three new schools achieved accreditation, bringing the total number of LCME-accredited medical schools to 136. There are seven applicant schools in the pipeline for accreditation. Other key LCME activities in 2011:

- Carried out 40 full- or limited-accreditation survey visits
- Held two conference calls and one in-person orientation for survey team members and two orientations for medical schools with upcoming survey visits.
- Garnered a 100 percent response rate for the LCME Annual Medical School Questionnaire, sent to the deans of all 131 LCME-accredited medical schools with enrolled students, and the data were published in the Medical Education Issue of *JAMA*;
- Made three presentations at AAMC meetings; and
- Published two articles on physician re-entry to clinical practice and finalized chapters on accreditation for publication in two books.

Graduate Medical Education

AMA leadership on graduate medical education was significantly advanced in 2011 through continuing collaborations with major GME organizations, making presentations at stakeholder meetings, and publishing and disseminating information on GME issues. In addition to the GME Summit mentioned above, this work included:

Safeguarding the quality and safety of residency training for trainees and patients

The AMA successfully advocated against a petition that OSHA regulate resident duty hours. OSHA agreed with AMA's recommendation that the ACGME is the appropriate body to regulate and monitor resident duty hours. Staff also worked with the Council on Medical Education to facilitate review of 21 sets of ACGME residency program requirements.

Collaborating with diverse groups to collect and publish essential GME data

Along with the AAMC, the AMA administered the National GME Census, which collected key residency program and resident/fellow data. These data were published in

the Medical Education issue of *JAMA* and via FREIDA Online. Staff made 14 local, regional, national, and international presentations on GME, allied health, and workforce issues, and wrote and submitted for publication four manuscripts, with three accepted. Finally, staff produced essential print and online products and services that provide comprehensive information about GME, health care careers, and medical licensure, and made continued enhancements to FREIDA Online.

Helping residents gain the ACGME competencies

GME staff continued to promote and enhance (based on user feedback) the AMA's [Introduction to the Practice of Medicine \(IPM\)](#), an online educational series designed to complement and reinforce what's being taught in residency and fellowship training programs. IPM gives fellows and residents 24/7 access to learning modules and lets them track their progress towards fulfilling Accreditation Council for Graduate Medical Education (ACGME) competency requirements online. IPM is a collaboration between the AMA, Ohio State Medical Association and The Ohio State University Medical Center.

Continuing Physician Professional Development (CPPD)

- To ensure effective liaison to key continuing medical education organizations, CPPD staff hold committee appointments for 12 such organizations and serve in defined leadership positions for five organizations.
- The AMA CPPD team presented six Webinars in 2011, reaching more than 700 CME professionals; these included “The AMA PRA Credit System: 2010 Revisions,” “What CME Providers Should Know About CME Requirements for Licensure and Maintenance of Licensure” (in collaboration with the Federation of State Medical Boards), “Implementing Performance Improvement CME in Medical Schools” (in collaboration with the AAMC), and “What CME Providers Need to Know About CEJA Report 1” (in collaboration with CEJA).
- CPPD hosted the fourth annual roundtable meeting with representatives from state medical societies recognized by ACCME to accredit intrastate providers. This meeting provided an opportunity to discuss several issues related to the AMA PRA credit system, including the new AMA PRA requirements that went into effect on July 1, 2011, implementation of CEJA Opinion E-9.0115, monitoring for compliance with AMA PRA requirements, and an update on AMA House of Delegates resolutions and reports.
- More than 400 participants attended the 22nd Annual Conference of the National Task Force on CME Provider/Industry Collaboration, held in September in Baltimore, MD. The theme for this year's conference was “Collaborating to Improve Professional Education and Health Outcomes.”

- As physicians began to prepare for the fall/winter 2011 flu season, the AMA launched a pilot performance improvement continuing medical education (PI CME) activity aimed at increasing influenza immunization in the office setting for adults age 50 and older.

Council on Medical Education and Section on Medical Schools

The Medical Education Group supports the Council on Medical Education and the Section on Medical Schools. Both groups made significant contributions at the AMA's Annual and Interim meetings. The Council produced a total of 12 reports for the AMA House of Delegates in 2011. Fifty-eight individuals were considered for appointment and/or nomination to fill 35 vacancies on medical education councils and committees, and nominations were sought to fill 15 slots on 14 different ACGME Residency Review Committees beginning in 2013. In addition, the Council, Section and the Medical Education Group held a total of 10 well-attended educational sessions. Finally, the Section celebrated its 35th anniversary with a special luncheon education session on the historical role it has played in enhancing communication between the AMA and the medical education community. For example, it is working to promote a new AMA group membership offering for medical school leadership teams, which was developed at the Section's initiative.

Publications in 2011 by Medical Education staff

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Jewett EA, Brotherton SE, Ruch-Ross H. A national survey of “inactive” physicians in the United States of America: enticements to reentry. *Hum Resour Health.* 2011;9(7). Available at: www.human-resources-health.com/content/9/1/7.

Presentations in 2011 by Medical Education staff

- “Measuring the medical school learning environment: a link to professionalism?” (panel presentation with representatives of three ISTEP schools)
Society of Teachers of Family Medicine Conference on Medical Student Education, January 22
- “Coming clean: the AMA, racism, and allied health”
National Society for Allied Health, March 18
- “Medical education and allied health: Past successes, future challenges”
Commission on Accreditation of Allied Health Education Programs, April 11
- “Studying the medical education learning environment: exploring international perspectives” (workshop presentation with representatives from three ISTEP schools)
Association for Medical Education in Europe Annual Conference, August 30
- “Three little words: Allied health, health care workforce, and physician recruiting”
Association of Staff Physician Recruiters Annual Conference, August 16

- “Physician reentry to the workforce: recommendations for a coordinated approach”
Gap Analysis Workshop for Training for Reintegration of Surgical Skills, September 13
- “The learning environment and patient centered communication: examining the connection in a research collaborative”
International Conference for Communication in Healthcare biannual meeting, October 19
- “Challenges and innovations in GME funding: the need to expand GME” (panel presentation)
Section on Medical Schools Interim meeting, November 4
- “Optimizing the learning environment: a multischool approach”
“Behavioral and social sciences foundational to medical education”
“Medical school preparation for LCME accreditation”
“Diversity research forum: first institutional experiences with the new LCME IS-16 and MS-8 diversity standards”
Association of American Medical Colleges’ annual meeting, November 4-9

Council on Medical Education reports in 2011

Interim meeting of the AMA House of Delegates (November 2011)

- Report 1 Medical Student and Resident Involvement in Disaster Medicine and Public Health Preparedness Planning and Response
- Report 2 Medical Student Access to Electronic Health Records

Annual meeting of the AMA House of Delegates (June 2011)

- Report 1 Annual Report on AMA Medical Education Activities: 2010
- Report 2 Sunset Review of 2001 HOD Policies/Directives
- Report 3 Enhancing Attention to Personal Qualities in Medical School Admission
- Report 4 Progress in Transforming the Medical Education Learning Environment
- Report 5 Maintaining Educational Quality in the Context of Emerging Models of Medical School Organization and Governance
- Report 6 Implementation of Accreditation Standards Related to Medical School Diversity
- Report 7 Resident/Fellow Duty Hours, Quality of Physician Training and Patient Safety
- Report 8 Residents' and Fellows' Bill of Rights
- Report 9 Opposition to Increased CME Provider Fees
- Report 10 Integration of IMGs Into the US Physician Workforce