

Actions taken to protect clerkship spots, address bias

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The AMA House of Delegates (HOD) adopted new policy to advocate for federal and state legislation to provide additional funding to support infrastructure and faculty development, capacity for medical school expansion, clinical clerkships and other educational experiences.

The policy, adopted at the 2017 AMA Interim Meeting in Honolulu, speaks to concerns that have been raised about the availability of clinical clerkship training sites due to increases in the enrollment of U.S. allopathic and osteopathic medical schools, the growing number of U.S. medical schools, and the rising number of foreign medical schools that seek to place their students in clerkships in U.S. institutions.

In response, the AMA is calling for federal and state legislation or regulations to:

- Oppose any extraordinary compensation granted to clinical clerkship sites that would displace or otherwise limit the education or training opportunities for medical students in clinical rotations enrolled in medical school programs accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation (COCA).
- Ensure that priority for clinical clerkship slots be given first to students of LCME- or COCA-accredited medical school programs.
- Require institutions that accept students for clinical placements ensure that all students are trained in programs that meet requirements that are equivalent to those of programs accredited by the LCME and COCA.

The HOD also directed the AMA to work with the Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine and others to encourage more government and philanthropic funding to support the delivery of clinical clerkships and other educational experiences as well as the infrastructure and faculty development and capacity for medical school expansion.

The AMA also encourages clerkship rotations for U.S. citizens from foreign medical schools in regions that are medically underserved, to maximize the clerkship experience for all students and to expose

these students to the possibility of medical practice in these areas.

Battling bias

The HOD took two actions aimed at addressing bias in the residency application process and in physician training.

The first pertains to the Electronic Residency Application Service (ERAS), the platform through which medical students apply to residency programs. The application includes non-academic identifiers that may allow for the reviewer to infer age, race, religion and national origin.

The HOD is calling for the AMA to encourage the Association of American Medical Colleges (AAMC) and its ERAS Advisory Committee to “develop steps to minimize bias in the ERAS and the residency training selection process.”

The AMA also adopted a measure to curb disparities in treatment and care by physicians. The HOD directed the Association to:

- | Actively support the development and implementation of training implicit bias, diversity and inclusion in all medical schools and residency programs.
- | Identify and publicize effective strategies for educating residents in all specialties about disparities in their fields related to race, ethnicity and all populations at increased risk, with particular regard to access to care and health outcomes as well as effective strategies for educating residents about managing the implicit biases of patients and their caregivers.
- | Support research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes in all at-risk populations.

“The AMA is committed to eliminating health disparities in our nation in order to achieve health equity. One critical component of our efforts is transforming medical education so that it keeps pace with our nation’s changing health care system,” said AMA Board Member and medical student Karthik V. Sarma. “By ensuring students and residents have proper training to address disparities in care from the outset of their careers, we can empower them to be the change agents that we need to achieve our mission to improve the health of the nation.”

Delay expansion of Match video interviews

In other action relating to the Match, a current pilot program in emergency medicine incorporates the standardized video interview (SVI), a digital video tool designed to evaluate professionalism and interpersonal communication skills through video-based responses to questions that are numerically

scored by a third-party.

Citing an unnecessary cost burden and concerns about potential bias, the HOD adopted new policy calling on the AMA to advocate for delaying the expansion of the SVI pending data that demonstrate the program's effectiveness. Further, the HOD also directed the Association to advocate for medical students and residents as "equal stakeholders" in any changes to the residency application process.

Emphasizing lifestyle changes

To help fight the spread of chronic disease, the HOD adopted a resolution that focuses on arming physicians with information on healthy lifestyles to pass along to patients.

The policy calls for the AMA to support policies and mechanisms that incentivize or provide funding for inclusion of lifestyle medicine education and the social determinants of health in undergraduate, graduate and continuing medical education.

Sex and gender-based medicine

Genetic differences and hormonal profiles indicate that sexes will respond to treatments in different ways. Medical trials often test populations that have a skewed representation of specific gender and sexual traits.

To rectify that gender bias, the HOD directed the AMA to collaborate with relevant organizations to distribute material produced by institutions participating in the AMA's Accelerating Change in Medical Education Consortium and a "comprehensive bibliography about the influence that sex and gender may have upon clinical medicine."

Read more news coverage of the 2017 AMA Interim Meeting.