

Medical education in 2020: How we got here, where we're headed

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More than a century ago, medical education in the U.S. was plagued by lax admission standards, unscientific protocols and shallow curricula. Several catalyzing events standardized American medical education, grounding it in protocols of scientific research and greatly boosting physician quality. A webinar explores the role of the AMA in these movements and outlines how the medical education system can further transform its approach to the betterment of public health.

The webinar, “The AMA and medical education: How did we get here, and where are we going?,” was produced by the [AMA Accelerating Change in Medical Education](#) initiative and featured speakers from the AMA’s senior medical education staff.

Med ed’s origin story

One of the earliest milestones in the improvement of U.S. medical education was, in fact, the founding of the AMA, in 1847, with the goals of setting standards for ethics and medical education. Later, in 1904, the AMA established its Council on Medical Education, which began rating medical schools as a way to measure quality. One of its first outputs was a survey of 160 medical schools, which found only about half deserved an “acceptable” rating. Dozens later went out of business.

The council also played a key role in Abraham Flexner’s landmark 1910 report, *Medical Education in the United States and Canada*, which found huge variations in curricula and served as a wakeup call to the medical profession to standardize its education processes. By 1915, the standards advocated by the AMA Council on Medical Education had largely been adopted.

Two key shifts

For the next hundred years or so, however—despite changing demographics, economics and technology—the curriculum and culture of medical education changed little. In 2013, in an effort to stimulate innovation, the AMA created the Accelerating Change in Medical Education initiative, which, over the next seven years, made \$30 million in grants to 32 medical schools to jumpstart curricular and process changes and disseminate ideas. Thirty-seven schools now take part in the effort.

In 2019, the AMA launched its Reimagining Residency initiative, which has provided \$15 million in five-year grants to eight projects to address the lack of continuity between medical school and residency, close gaps in preparation for residency and practice, and find new ways to support well-being for trainees.

Join the AMA at the inaugural [GME Innovations Summit](#), Oct. 5–6, in Sacramento.

What’s on the horizon

The presenters noted several areas in which educators, students and other stakeholders should expect the AMA to continue driving change in medical education:

Diversity of trainees. Health outcomes in underserved communities are improved when physicians are more representative of populations who live there. The AMA has numerous member groups that provide opportunities for members to influence policymaking, including the [AMA Medical Student Section](#), the [AMA Minority Affairs Section](#), the [AMA Women Physicians Section](#) and the [AMA Advisory Committee on LGBTQ Issues](#).

Best practices in health systems science. Drawing on the AMA *Health Systems Science* textbook, medical schools across the U.S. have begun implementing this “third pillar” of medical education. A second edition will be published later this year. The AMA Health Systems Science Academy provides faculty, research and curriculum development resources.

Policy changes to support systemwide change. The recent change of the United States Medical Licensing Examination Step 1 exam from a three-digit score to pass-fail grading is one example of successful national efforts.

Coaching. The Accelerating Change in Medical Education Consortium has released [It Takes Two: A Guide to Being a Good Coachee](#), a handbook focusing on what learners need to know to get the most out of a coaching relationship, as well as a corresponding text, [Coaching in Medical Education: A Faculty Handbook](#), which provides a coaching framework and other tools for educators.

Lifelong learning. A new handbook from the AMA, [Master Adaptive Learner](#), is an instructor-focused



guide highlighting models for training future physicians to develop adaptive skills and utilize them throughout their careers.

Slides and an audio recording of the webinar are available in the “Resources” section of the [AMA Accelerating Change in Medical Education digital community](#) (registration required).