What new AAMC competency requirements mean for medical students

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Medicine demonstrates its commitment to health equity by examining the root causes of such inequities. One of those inequities is a discordance between the physician workforce and the diverse patient populations that doctors encounter. Now medical schools are emphasizing topics related to diversity, equity and inclusion (DEI) and actively working to help medical students—along with resident physicians and others across the continuum of medical education—develop DEI skills.

New competencies issued by the Association of American Medical Colleges show an increased commitment to creating medical school graduates who are ready to practice a form of medicine grounded in providing the best care for patients. This means training physicians who can relate to patients’ identities and cultural contexts and can understand the structures and policies that create barriers to wellness.

The competencies are designed to help educators and leaders develop and hone curricula on diversity, equity and inclusion. They also provide a baseline for learner assessment in key areas of DEI. The competencies comprise a list of indicators that may be used to help assess where students, residents and educators are in their understanding of the domains of practice of DEI.

José E. Rodríguez, MD, is associate vice president for health equity and inclusion at the University of Utah Health, one of 37 member schools of the AMA Accelerating Change in Medical Education Consortium. Dr. Rodríguez also is a member of the advisory committee that assisted in the composition of the competencies, and he offered insight on each competency and how medical students can demonstrate it in training.

Diversity
The competencies ask medical students to recognize and to be open to the diversity they encounter in practice and advocate for the unique and diverse needs of their patients at the health care team and systems levels. Dr. Rodríguez said attaining competency in the diversity domain begins with an understanding of your own station in life and that there is going to be a vast learning curve.

Upon achieving competency in the diversity domain, a student should be able to demonstrate the value of diversity by incorporating unique needs and cultural contexts into the patients’ health assessment and treatment plan. Students are expected to demonstrate knowledge of the intersectionality of a patient’s multiple identities and how each identity may result in varied and multiple forms of oppression or privilege related to clinical decisions and practice.

Find out how the AMA is seeking greater efforts to diversify the physician workforce.

Equity

The AAMC competencies aim to create physicians who can address health inequities. That requires mitigating stigma and biases as well as eliminating inequities in health care.

When medical students “see bias in their teachers, they actually have a way to report that anonymously,” Dr. Rodríguez said. “And in some institutions, medical students can go beyond anonymous reporting, and they may receive feedback from institutional leaders, informing them of the corrective actions that were taken.”

That type of behavior requires moral courage, but medical students have demonstrated they possess that trait abundantly.

In the aftermath of George Floyd’s murder, medical students across the country wrote letters to medical school officials demanding changes they believed should be made to advance equity at their institutions.

“Those letters were taken seriously, and changes happened because students demanded them. Students are more powerful than they think they are,” Dr. Rodríguez said.

Learn about the AMA Center for Health Equity and the AMA’s strategic plan to embed racial justice and advance health equity.

Inclusion
In the inclusion domain, the AAMC calls on physicians and medical students to foster belongingness and provide more culturally sensitive care. For medical students, this can manifest itself in a number of ways, including with the treatment of their peers.

A few tangible examples of what that looks like in the clinical realm include requesting language-interpretive services to ensure quality and safe patient care, and providing culturally relevant resources to patients when appropriate.

Read more about how inequities in medicine take a personal toll on physicians and students.