

HOD ACTION: Council on Medical Education Report 7 adopted and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 7-A-15

Subject: Enhancing the AMA's Role in Premedical Education

Presented by: William A. McDade, MD, Chair

Referred to: Reference Committee C
(Daniel B. Kimball, Jr., MD, Chair)

1 BACKGROUND

2 Our American Medical Association (AMA) has recognized and stated support for the
3 developmental pipeline for future physicians and other health care team members at the earliest
4 appropriate time in premedical and pre-health care student training.¹ The profession and the public
5 are well-served by physicians and health care providers who have been educated and nurtured in
6 the foundations of the profession – altruism, professionalism, and leadership skills among these.
7 The Association of American Medical Colleges' (AAMC) landmark report published in 1984 noted
8 the need for a baccalaureate education broadened beyond premedical science and premedical
9 preparatory courses.² The report noted that aspiring physicians "should not only acquire and
10 sustain clinical expertise, skills, and knowledge, but also retain, hone, and apply humanistic values
11 and attitudes nurtured and expanded in college and inherent to a profession dedicated to caring and
12 healing." Premedical and pre-health care students who understand and commit to the tenets of the
13 profession, as foundations of their own education and professional aspirations, may be more likely
14 to remain ensconced in these attributes throughout their education and subsequent professional
15 careers.^{3,4}

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17 Few would dispute that a profession is well-served by members and aspiring learners who have
18 depth of knowledge of, and commitment to, the historical ethical and altruistic base on which the
19 profession was founded. As noted by De Vries and Gross,⁵ "Premedical education has an
20 important, but mostly unrecognized influence on the attitudes, character, and moral lives of
21 medical students."

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23 Despite the findings and opinions noted above, the education and pre-professional development of
24 premedical and pre-health care students still tends to focus largely on acquiring knowledge in
25 foundational sciences—biology, chemistry, mathematics, psychology, sociology, etc., and
26 achievement of high scores on institutional and national examinations. As noted by Albright,
27 Webster et al., "Students come to college with varying degrees of commitment and understanding
28 of their chosen careers and majors; students may decide on a medical career without much thought
29 to what that means."⁶ Once accepted into medical or health care training, the educational
30 experiences focus largely on acquiring the scientific knowledge and technical skills necessary to
31 provide competent care. Duffy, in his eloquent assessment of the impact of the Flexner Report,
32 noted "the poverty of professional ideals now current in medicine" that has been the unintended
33 result of the profession's emphasis on science and research.⁷ While the importance of
34 demonstrating academic abilities and foundational knowledge in the sciences to admissions
35 committees is generally not disputed, at present there is little emphasis in most premedical
36 educational environments for the pre-professional and early professional student to gain an
37

1 understanding of the “greater calling” of the chosen profession. As noted by Rockey and Winship,⁸
2 “We must make changes throughout the continuum of medical education and training that foster
3 the development of medical leaders who can think and act—with our patients’ best interests in the
4 pre-eminent—in the service of the profession and our health care system.” Inui’s report to the
5 AAMC on professionalism development⁹ notes the current status of medical student education:
6 “The ‘formative trajectory’ of medical students is one that prepares them poorly for the kind of life
7 commitment that we as faculty, given our ideals about professionalism in medicine, hope they
8 make in their careers.”
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10 CURRENT AMA ACTIVITIES/INVOLVEMENT IN THE PREMEDICAL EDUCATION
11 DOMAIN

12 Our AMA’s current outreach and products addressing the needs of premedical and pre-health care
13 students are limited. Student membership in the AMA requires enrollment in a Liaison Committee
14 on Medical Education (LCME)- or American Osteopathic Association (AOA)-accredited medical
15 education program. According to our AMA, more than 50 percent of medical students in LCME-
16 accredited school programs hold active AMA student memberships. Premedical students begin
17 forging a bond and commitment to the organization through their interaction with the AMA
18 “Becoming a Physician” website. This is one of the most-visited sections of the AMA website.
19 Indeed, AMA data show that the site garnered more than 275,000 page views in 2014 and is
20 averaging over 30,000 page views/month in 2015. At the same time, however, the premedical
21 information provided on that site focuses primarily on the technical aspects of admission to
22 medical education programs, with links to other organizations’ websites and an overview of the
23 steps to independent practice. An updated, enhanced website, with more attention to the
24 professional development aspect of the field of medicine, may better serve the needs of the many
25 premedical students who use this popular resource and increase their understanding of the ethical
26 foundation that underpins the profession.
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28
29 OTHER ORGANIZATIONS’ ACTIVITIES/INVOLVEMENT IN THE PREMEDICAL
30 EDUCATION DOMAIN

31 The “Becoming a Physician” site provides a direct link to the National Association of Advisors for
32 the Health Professions (NAAHP) and the AAMC’s “Aspiring Docs.” Accessing educational
33 material from the NAAHP site requires membership and a \$125 annual fee. The Aspiring Docs
34 website focuses almost exclusively on the application process, career options, services available,
35 financial aid, and an overview of the medical education continuum. Publicly accessible websites
36 maintained by the American Medical Student Association and the Student National Medical
37 Association contain similar information related to the process of applying to medical school.
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40 POTENTIAL STRATEGIES FOR ENHANCING OUR AMA’S ROLE IN THE PREMEDICAL
41 EDUCATION AREA

42 The opportunity exists to expand current premedical education and mentoring of aspiring
43 physicians and those considering medicine as a profession. Capitalizing on these opportunities
44 could fill gaps that have been identified for decades (and for the most part incompletely addressed),
45 such as early development of professionalism and altruism characteristics for future physicians.
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48 A potential opportunity would be for the AMA, alone or in collaboration with other medical
49 education interests, to investigate enhancing its existing “Becoming a Physician” website with
50 additional educational resources targeted to premedical and pre-health care students. These

1 resources, in the form of online modules, could serve to provide an understanding of the
2 foundations of the profession. Possible topics could include, but are not limited to:
3

4 • The origin and evolution of the profession
5 • Basic concepts of medical professionalism
6 • An introduction to medical ethics and discussion of their relevance to contemporary issues
7 • The role of the physician in society and public health
8 • Basic medical economics
9 • The impact of sentinel and recent legislation on medical practice
10 • Physician leadership development
11 • Interprofessional teamwork in health care, and the physician's role on the team
12 • The role and influence of organized medicine
13 • Milestones, stages of training, and the roles of regulatory bodies involved in the oversight
14 of physician education and the practice of medicine
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16 A further step could be a simple assessment at the end of each module to assure successful
17 completion of that module. Successful completion could result in a downloadable "certificate of
18 completion." This certificate could in turn be provided in medical school application materials to
19 demonstrate to admissions committees that an applicant has an understanding of the basis of the
20 profession and commitment to the principles. To complement this resource, the AMA could
21 consider offering low-cost opportunities for engagement activities to premedical students or pre-
22 health professions students, to include access to the modules. Such activities might lead to
23 development of an early relationship between aspiring physicians and our AMA, which could
24 potentially provide additional downstream benefits to the organization in terms of membership and
25 expanded involvement with the AMA. It could also provide an additional measure for medical
26 school admissions personnel as they consider the merits of a given applicant. Prior to development,
27 input from medical schools would be needed to fully explore feasibility and potential value to
28 schools of this program.
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30 RESOURCE NEEDS/BARRIERS

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32 Implementing the strategies noted above would require resource allocation within the AMA. The
33 expertise for content development is currently present among staff and active members. Staff time
34 for content development would need to be allocated and prioritized. Within the appropriate AMA
35 unit(s), infrastructure would need to be developed to support the proposed activities, along with
36 new staff time. A marketing plan would need to be developed and implemented. Allocation of
37 these resources and coordination of efforts presents challenges within the organization.
38

39 EXISTING AMA POLICY

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41 Current AMA policy relevant to this report includes the following:
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43 H-295.871, Initiative to Transform Medical Education: Strategies for Medical Education Reform.
44 Our AMA continues to recognize the need for transformation of medical education across the
45 continuum from premedical preparation through continuing physician professional development
46 and the need to involve multiple stakeholders in the transformation process, while taking an
47 appropriate leadership and coordinating role.
48

49 H-295.995, Recommendations for Future Directions for Medical Education
50 Our AMA supports the following recommendations relating to the future directions for medical
51 education: (1) The medical profession and those responsible for medical education should

1 strengthen the general or broad components of both undergraduate and graduate medical education.
2 All medical students and resident physicians should have general knowledge of the whole field of
3 medicine regardless of their projected choice of specialty. (2) Schools of medicine should accept
4 the principle and should state in their requirements for admission that a broad cultural education in
5 the arts, humanities, and social sciences, as well as in the biological and physical sciences, is
6 desirable. . . . (5) Medical schools should require their admissions committees to make every effort
7 to determine that the students admitted possess integrity as well as the ability to acquire the
8 knowledge and skills required of a physician. (6) Although the results of standardized admission
9 testing may be an important predictor of the ability of students to complete courses in the
10 preclinical sciences successfully, medical schools should utilize such tests as only one of several
11 criteria for the selection of students. Continuing review of admission tests is encouraged because
12 the subject content of such examinations has an influence on premedical education and counseling.
13 (7) Medical schools should improve their liaison with college counselors so that potential medical
14 students can be given early and effective advice. The resources of regional and national
15 organizations can be useful in developing this communication. . . .
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17 **SUMMARY AND RECOMMENDATIONS**

18 Society and leaders in medical education have been calling for an increased emphasis on
19 professionalism development in medical education. Meanwhile, premedical education and most
20 established organizational resources focusing on these learners emphasize educational requirements
21 and achievement scores in the foundational sciences. Our AMA could address the needs of the
22 profession and society by providing enhanced resources for pre-professional development and
23 mentoring, prior to matriculation into medical school, for a broad group of learners who will
24 become tomorrow's health professionals. As a first step, revising and updating the "Becoming a
25 Physician" website would enhance the value of this resource and help premedical student better
26 understand the practice of medicine and the role of physicians in society. A second step, pending a
27 thorough review of feasibility and available resources, would be to develop additional AMA
28 engagement activities to 1) aid premedical students as they seek entry to medical school, 2) assist
29 advisors and mentors to these students, 3) help medical schools make better, more informed
30 decisions on admissions, and 4) help future medical students, and physicians, understand the
31 relevance of our AMA and the long-term value of engagement and membership in the association.
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33 The Council on Medical Education therefore recommends that the following recommendations be
34 adopted and that the remainder of the report be filed.
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- 36 1. That our American Medical Association (AMA) update its "Becoming a Physician"
37 website with most relevant information to enhance usage and usability, and support the
38 concept and explore the feasibility of enhancing current AMA online resources for
39 premedical students. (Directive to Take Action)
- 40 2. That our AMA explore the feasibility of developing innovative online "premedical"
41 engagement activities that are affordable to students and cost-effective for our AMA and
42 have value to medical school admissions personnel. (Directive to Take Action)
- 43 3. That our AMA explore the feasibility of developing resources to enhance premedical
44 student advising and mentoring by physicians and others. (Directive to Take Action)

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Fiscal Note: \$5,000.

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