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)

BACKGROUND

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

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

Despite the findings and opinions noted above, the education and pre-professional development of premedical and pre-health care students still tends to focus largely on acquiring knowledge in foundational sciences—biology, chemistry, mathematics, psychology, sociology, etc., and achievement of high scores on institutional and national examinations. As noted by Albright, Webster et al., “Students come to college with varying degrees of commitment and understanding of their chosen careers and majors; students may decide on a medical career without much thought to what that means.” Once accepted into medical or health care training, the educational experiences focus largely on acquiring the scientific knowledge and technical skills necessary to provide competent care. Duffy, in his eloquent assessment of the impact of the Flexner Report, noted “the poverty of professional ideals now current in medicine” that has been the unintended result of the profession’s emphasis on science and research. While the importance of demonstrating academic abilities and foundational knowledge in the sciences to admissions committees is generally not disputed, at present there is little emphasis in most premedical educational environments for the pre-professional and early professional student to gain an
understanding of the “greater calling” of the chosen profession. As noted by Rockey and Winship,\(^8\)
“We must make changes throughout the continuum of medical education and training that foster
the development of medical leaders who can think and act—with our patients’ best interests in the
pre-eminent—in the service of the profession and our health care system.” Inui’s report to the
AAMC on professionalism development\(^9\) notes the current status of medical student education:
“The ‘formative trajectory’ of medical students is one that prepares them poorly for the kind of life
commitment that we as faculty, given our ideals about professionalism in medicine, hope they
make in their careers.”

CURRENT AMA ACTIVITIES/INVOLVEMENT IN THE PREMEDICAL EDUCATION
DOMAIN

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

OTHER ORGANIZATIONS’ ACTIVITIES/INVOLVEMENT IN THE PREMEDICAL
EDUCATION DOMAIN

The “Becoming a Physician” site provides a direct link to the National Association of Advisors for
the Health Professions (NAAHP) and the AAMC’s “Aspiring Docs.” Accessing educational
material from the NAAHP site requires membership and a $125 annual fee. The Aspiring Docs
website focuses almost exclusively on the application process, career options, services available,
financial aid, and an overview of the medical education continuum. Publicly accessible websites
maintained by the American Medical Student Association and the Student National Medical
Association contain similar information related to the process of applying to medical school.

POTENTIAL STRATEGIES FOR ENHANCING OUR AMA’S ROLE IN THE PREMEDICAL
EDUCATION ARENA

The opportunity exists to expand current premedical education and mentoring of aspiring
physicians and those considering medicine as a profession. Capitalizing on these opportunities
could fill gaps that have been identified for decades (and for the most part incompletely addressed),
such as early development of professionalism and altruism characteristics for future physicians.
A potential opportunity would be for the AMA, alone or in collaboration with other medical
education interests, to investigate enhancing its existing “Becoming a Physician” website with
additional educational resources targeted to premedical and pre-health care students. These
resources, in the form of online modules, could serve to provide an understanding of the
foundations of the profession. Possible topics could include, but are not limited to:

- The origin and evolution of the profession
- Basic concepts of medical professionalism
- An introduction to medical ethics and discussion of their relevance to contemporary issues
- The role of the physician in society and public health
- Basic medical economics
- The impact of sentinel and recent legislation on medical practice
- Physician leadership development
- Interprofessional teamwork in health care, and the physician’s role on the team
- The role and influence of organized medicine
- Milestones, stages of training, and the roles of regulatory bodies involved in the oversight
  of physician education and the practice of medicine

A further step could be a simple assessment at the end of each module to assure successful
completion of that module. Successful completion could result in a downloadable “certificate of
completion.” This certificate could in turn be provided in medical school application materials to
demonstrate to admissions committees that an applicant has an understanding of the basis of the
profession and commitment to the principles. To complement this resource, the AMA could
consider offering low-cost opportunities for engagement activities to premedical students or pre-
health professions students, to include access to the modules. Such activities might lead to
development of an early relationship between aspiring physicians and our AMA, which could
potentially provide additional downstream benefits to the organization in terms of membership and
expanded involvement with the AMA. It could also provide an additional measure for medical
school admissions personnel as they consider the merits of a given applicant. Prior to development,
input from medical schools would be needed to fully explore feasibility and potential value to
schools of this program.

RESOURCE NEEDS/BARRIERS

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

EXISTING AMA POLICY

Current AMA policy relevant to this report includes the following:

H-295.871, Initiative to Transform Medical Education: Strategies for Medical Education Reform.
OurAMA continues to recognize the need for transformation of medical education across the
continuum from premedical preparation through continuing physician professional development
and the need to involve multiple stakeholders in the transformation process, while taking an
appropriate leadership and coordinating role.

H-295.995, Recommendations for Future Directions for Medical Education
Our AMA supports the following recommendations relating to the future directions for medical
education: (1) The medical profession and those responsible for medical education should
strengthen the general or broad components of both undergraduate and graduate medical education. All medical students and resident physicians should have general knowledge of the whole field of medicine regardless of their projected choice of specialty. (2) Schools of medicine should accept the principle and should state in their requirements for admission that a broad cultural education in the arts, humanities, and social sciences, as well as in the biological and physical sciences, is desirable. . . . (5) Medical schools should require their admissions committees to make every effort to determine that the students admitted possess integrity as well as the ability to acquire the knowledge and skills required of a physician. (6) Although the results of standardized admission testing may be an important predictor of the ability of students to complete courses in the preclinical sciences successfully, medical schools should utilize such tests as only one of several criteria for the selection of students. Continuing review of admission tests is encouraged because the subject content of such examinations has an influence on premedical education and counseling. (7) Medical schools should improve their liaison with college counselors so that potential medical students can be given early and effective advice. The resources of regional and national organizations can be useful in developing this communication. . . .

SUMMARY AND RECOMMENDATIONS

Society and leaders in medical education have been calling for an increased emphasis on professionalism development in medical education. Meanwhile, premedical education and most established organizational resources focusing on these learners emphasize educational requirements and achievement scores in the foundational sciences. Our AMA could address the needs of the profession and society by providing enhanced resources for pre-professional development and mentoring, prior to matriculation into medical school, for a broad group of learners who will become tomorrow’s health professionals. As a first step, revising and updating the “Becoming a Physician” website would enhance the value of this resource and help premedical student better understand the practice of medicine and the role of physicians in society. A second step, pending a thorough review of feasibility and available resources, would be to develop additional AMA engagement activities to 1) aid premedical students as they seek entry to medical school, 2) assist advisors and mentors to these students, 3) help medical schools make better, more informed decisions on admissions, and 4) help future medical students, and physicians, understand the relevance of our AMA and the long-term value of engagement and membership in the association.

The Council on Medical Education therefore recommends that the following recommendations be adopted and that the remainder of the report be filed.

1. That our American Medical Association (AMA) update its “Becoming a Physician” website with most relevant information to enhance usage and usability, and support the concept and explore the feasibility of enhancing current AMA online resources for premedical students. (Directive to Take Action)

2. That our AMA explore the feasibility of developing innovative online “premedical” engagement activities that are affordable to students and cost-effective for our AMA and have value to medical school admissions personnel. (Directive to Take Action)

3. That our AMA explore the feasibility of developing resources to enhance premedical student advising and mentoring by physicians and others. (Directive to Take Action)

Fiscal Note: $5,000.
REFERENCES

1. H-295.871 Initiative to Transform Medical Education: Strategies for Medical Education Reform.

2. GPEP Report 1984. Published by the Association of American Medical Colleges.


