Preliminary summary of Online Member Forum comments

David T. Walsworth, MD, Chair

Pursuant to Policy D-600.956, adopted at the November 2021 Special Meeting, commentary submitted to the online member forums will be used to generate a preliminary document to inform the discussion at the in-person reference committee hearings.

The following items are under consideration by Reference Committee C:

2. Council on Medical Education Report 2 – An Update on Continuing Board Certification
3. Council on Medical Education Report 3 – Onsite and Subsidized Childcare for Medical Students, Residents and Fellows (Resolution 304-J-21, Resolved 3)
6. Council on Medical Education Report 6 – Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents and Fellows
7. Resolution 301 – Medical Education Debt Cancellation in the Face of a Physician Shortage During the COVID-19 Pandemic
9. Resolution 303 – Fatigue Mitigation Respite for Faculty and Residents
10. Resolution 304 – Accountable Organizations to Resident and Fellow Trainees
11. Resolution 305 – Reducing Overall Fees and Making Costs for Licensing, Exam Fees, Application Fees, etc., Equitable for IMGS
12. Resolution 306 – Creating a More Accurate Accounting of Medical Education Financial Costs
13. Resolution 307 – Parental Leave and Planning Resources for Medical Students
14. Resolution 308 – University Land Grant Status in Medical School Admissions
15. Resolution 309 – Decreasing Bias in Evaluations of Medical Student Performance

16. Resolution 310 – Support for Standardized Interpreter Training

17. Resolution 311 – Discontinue State Licensure Requirement for COMLEX Level 2

18. Resolution 312 – Reduce Financial Burden to Medical Students of Medical Licensure Examinations

19. Resolution 313 – Decreasing Medical Student Debt and Increasing Transparency in Cost of Medical School Attendance

20. Resolution 314 – Support for Institutional Policies for Personal Days for Undergraduate Medical Students

21. Resolution 315 – Modifying Eligibility Criteria for the Association of American Medical Colleges' Financial Assistance Program

22. Resolution 316 – Providing Transparent and Accurate Data Regarding Students and Faculty at Medical Schools

23. Resolution 317 – Medical Student, Resident and Fellow Suicide Reporting

24. Resolution 318 – CME for Preceptorship

25. Resolution 319 – Senior Living Community Training for Medical Students and Residents

26. Resolution 320 – Tuition Cost Transparency

27. Resolution 321 – Improving and Standardizing Pregnancy and Lactation Accommodations for Medical Board Examinations

28. Resolution 322 – Standards in Cultural Humility Training Within Medical Education

29. Resolution 323 – Cultural Leave for American Indian Territories

30. Resolution 324 – Sexual Harassment Accreditation Standards for Medical Training Programs

31. Resolution 325 – Single Licensing Exam Series for Osteopathic and Allopathic Medical Students

32. Resolution 326 – Standardized Wellness Initiative Reporting
33. Resolution 327 – Leadership Training Must Become an Integral Part of Medical Education

34. Resolution 328 – Increasing Transparency of the Resident Physician Application Process

35. Resolution 329 – Use of the Terms "Residency" and "Fellowship" by Health Professionals Outside of Medicine
(1) COUNCIL ON MEDICAL EDUCATION REPORT 1 –
COUNCIL ON MEDICAL EDUCATION SUNSET REVIEW
OF 2012 HOUSE POLICIES

The Council on Medical Education recommends that the House of Delegates policies listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed. (Directive to Take Action)

No online forum testimony was received for Council on Medical Education Report 1.

(2) COUNCIL ON MEDICAL EDUCATION REPORT 2 – AN UPDATE ON CONTINUING BOARD CERTIFICATION

That our American Medical Association (AMA) amend Policy D-275.954 clauses 1, 22, and 38 by addition and deletion to read as follows:

1. (1), “Continue to monitor the evolution of Continuing Board Certification (CBC), continue its active engagement in discussions regarding their implementation, encourage specialty boards to investigate and/or establish alternative approaches for CBC, and prepare a yearly report to the House of Delegates regarding the CBC process when necessary as determined by the Council on Medical Education.”

2. (22), “Continue to participate in the Coalition for Physician Accountability, formerly known as the National Alliance for Physician Competence forums.”

3. (38), “Our AMA, through its Council on Medical Education, will continue to work with the American Board of Medical Specialties (ABMS) and ABMS member boards to implement key recommendations outlined by the Continuing Board Certification: Vision for the Future Commission in its final report, including the development and release of new, integrated standards for continuing certification programs by 2020 that will address the Commission’s recommendations for flexibility in knowledge assessment and advancing practice, feedback to diplomates, and consistency.” (Modify Current HOD Policy)

Online forum testimony on Council on Medical Education Report 2 was unanimously supportive, with one amendment suggesting that the CBC report be written on a biennial basis.

(3) COUNCIL ON MEDICAL EDUCATION REPORT 3 –
ONSITE AND SUBSIDIZED CHILDCARE FOR MEDICAL STUDENTS, RESIDENTS AND FELLOWS
(RESOLUTION 304-J-21, RESOLVED 3)

The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolution 304-J-21, Resolved 3, and the remainder of this report be filed:

1. That our AMA recognize the unique childcare challenges faced by medical students, residents and fellows, which result from a combination of limited negotiating ability (given the matching process into residency), non-traditional work hours, extended or
unpredictable shifts, and minimal autonomy in selecting their work schedules. (New HOD Policy)

2. That our AMA recognize the fiscal challenges faced by medical schools and graduate medical education institutions in providing onsite and/or subsidized childcare to students and employees, including residents and fellows. (New HOD Policy)

3. That our AMA encourage provision of onsite and/or subsidized childcare for medical students, residents, and fellows. (New HOD Policy)

4. That our AMA work with the Accreditation Council for Graduate Medical Education, Association of American Medical Colleges, and American Association of Colleges of Osteopathic Medicine to identify barriers to childcare for medical trainees and innovative methods and best practices for instituting on-site and/or subsidized childcare that meets the unique needs of medical students, residents, and fellows. (Directive to Take Action)

Online forum testimony on Council on Medical Education Report 3 was unanimously supportive.

(4) COUNCIL ON MEDICAL EDUCATION REPORT 4 – PROTECTION OF TERMS DESCRIBING PHYSICIAN EDUCATION AND PRACTICE (RESOLUTION 305-J-21, ALTERNATE RESOLVED 2)

The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolution 305-J-21, Alternate Resolved 2, and the remainder of this report be filed:

1. That our AMA engage with academic institutions that develop educational programs for training of non-physicians in health care careers, and their associated professional organizations, to create alternative, clarifying nomenclature in place of “resident,” “residency,” “fellow,” “fellowship” and “attending” and other related terms to reduce confusion with the public. (Directive to Take Action)

2. That AMA Policy H-275.925, “Protection of the Titles ‘Doctor,’ ‘Resident’ and ‘Residency’” be amended by insertion and deletion as follows:

Our AMA: (1) will advocate that all health professionals in a clinical health care setting clearly and accurately communicate to patients and relevant others their qualifications, and degree(s) attained, and current training status within their training program; (2) and develop model state legislation for implementation to this effect; and (2) (3) supports state legislation that would make it a felony to misrepresent oneself as a physician (MD/DO); and (4) will expand efforts in educational campaigns that: a) address the differential education, training and licensure/certification requirements for non-physician health professionals versus physicians (MD/DO) and b) provide clarity regarding the role that physicians (MD/DO) play in providing patient care relative to other health professionals as it relates to nomenclature, qualifications, degrees attained and current training status. (Modify Current HOD Policy)

Online forum testimony on Council on Medical Education Report 4 was unanimously supportive. The author of Resolution 329 suggested addition by amendment to
Recommendation 1 to include the language from their resolution which asks the AMA to "hold a national discussion" on the topic and additional language regarding the significance of the terms which was not offered in Resolution 329. A suggestion was made for this Council to confer with the Council on Ethical and Judicial Affairs (CEJA) on the use of "physician" versus "professional" and referenced the AMA Code of Medical Ethics Opinion 10.8 Collaborative Care.

(5) COUNCIL ON MEDICAL EDUCATION REPORT 5 – EDUCATION, TRAINING, AND CREDENTIALING OF NON-PHYSICIAN HEALTH CARE PROVIDERS AND THEIR IMPACT ON PHYSICIAN EDUCATION AND TRAINING (RESOLUTION 305-J-21, RESOLVED 8)

The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolved 8 of Resolution 305-J-21 and the remainder of this report be filed:

1. That our AMA support the concept that interprofessional education include a mechanism by which members of interdisciplinary teams learn about, with, and from each other; and that this education include learning about differences in the depth and breadth of their educational backgrounds, experiences, and knowledge and the impact these differences may have on patient care. (New HOD Policy)

2. That our AMA support a clear mechanism for medical school and appropriate institutional leaders to intervene when undergraduate and graduate medical education is being adversely impacted by undergraduate, graduate, and postgraduate clinical training programs of non-physicians. (New HOD Policy)


4. That our AMA encourage medical education regulatory bodies to review their conflict of interest and other policies related to non-physician health care professionals holding formal leadership positions (e.g., board, committee) when that non-physician professional represents a field that either possesses or seeks to possess the ability to practice without physician supervision. (Directive to Take Action)

5. That Policy D-275.949, "Non-Physician Postgraduate Medical Training," be rescinded, as having been accomplished by the writing of this report.

Our AMA will study and report back to the House of Delegates on curriculum, accreditation requirements, accrediting bodies, and supervising boards for undergraduate, graduate and postgraduate clinical training programs for non-physicians and the impact on undergraduate and graduate medical education. (Rescind HOD Policy)

Online forum testimony on Council on Medical Education Report 5 was unanimously supportive. A minor amendment was offered to remove the word "provider" in the title and
replacing with “professional” to be more in line with AMA policy; this amendment was supported in further online testimony.

(6) COUNCIL ON MEDICAL EDUCATION REPORT 6 – CLINICAL APPLICATIONS OF PATHOLOGY AND LABORATORY MEDICINE FOR MEDICAL STUDENTS, RESIDENTS AND FELLOWS

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

1. That our AMA modify Policy D-155.988, “Support for the Concepts of the Choosing Wisely Program,” by addition to read as follows:

   (1) Our AMA supports the concepts of the American Board of Internal Medicine Foundation’s Choosing Wisely program.

   (2) Our AMA will promote awareness of the Choosing Wisely initiative and encourage medical schools and their teaching hospitals to incorporate concepts from the campaign into their educational offerings. (Modify Current HOD Policy)

2. That our AMA rescind Policy D-295.930, “Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents and Fellows,” as having been fulfilled by this report. (Rescind HOD Policy)

Online forum testimony on Council on Medical Education Report 6 was unanimously supportive.

(7) RESOLUTION 301 – MEDICAL EDUCATION DEBT CANCELLATION IN THE FACE OF A PHYSICIAN SHORTAGE DURING THE COVID-19 PANDEMIC

RESOLVED, That our American Medical Association study the issue of medical education debt cancellation and consider the opportunities for integration of this into a broader solution addressing debt for all medical students, physicians in training, and early career physicians. (Directive to Take Action)

Online forum testimony on Resolution 301 was unanimously supportive of our AMA undertaking a study of this issue, including testimony by the Council on Medical Education.

(8) RESOLUTION 302 – RESIDENT AND FELLOW ACCESS TO FERTILITY PRESERVATION

RESOLVED, That our American Medical Association support education for residents and fellows regarding the natural course of female fertility in relation to the timing of medical education, and the option of fertility preservation and infertility treatment (New HOD Policy); and be it further
RESOLVED, That our AMA advocate inclusion of insurance coverage for fertility preservation and infertility treatment within health insurance benefits for residents and fellows offered through graduate medical education programs (Directive to Take Action); and be it further

RESOLVED, That our AMA support the accommodation of residents and fellows who elect to pursue fertility preservation and infertility treatment, including the need to attend medical visits to complete the oocyte preservation process and to administer medications in a time-sensitive fashion. (New HOD Policy)

Online forum testimony on Resolution 302 was supportive of the need for fertility preservation and infertility treatment. The Council on Medical Education indicated that the first and third resolved clauses were not necessary, and offered a minor amendment to the second resolved clause.

(9) RESOLUTION 303 – FATIGUE MITIGATION RESPITE FOR FACULTY AND RESIDENTS

RESOLVED, That our American Medical Association make available resources to institutions and physicians that support self-care and fatigue mitigation, help protect physician health and well-being, and model appropriate health promoting behaviors (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for policies that support fatigue mitigation programs, which include, but are not limited to, quiet places to rest and funding for alternative transport including return to work for vehicle recovery at a later time for all medical staff who feel unsafe driving due to fatigue after working. (Directive to Take Action)

Online forum testimony on Resolution 303 was supportive. The Council on Medical Education recommended that the second resolved clause be amended to specifically include residents and fellows.

(10) RESOLUTION 304 – ACCOUNTABLE ORGANIZATIONS TO RESIDENT AND FELLOW TRAINEES

RESOLVED, That our American Medical Association work with relevant stakeholders to: (1) determine which organizations or governmental entities are best suited for being permanently responsible for resident and fellow interests without conflicts of interests; (2) determine how organizations can be held accountable for fulfilling their duties to protect the rights and wellbeing of resident and fellow trainees as detailed in the Residents and Fellows’ Bill of Rights; (3) determine methods of advocating for residents and fellows that are timely and effective without jeopardizing trainees’ current and future employability; (4) study and report back by the 2023 Annual Meeting on how such an organization may be created, in the event that no organizations or entities are identified that meet the above criteria; and (5) determine transparent methods to communicate available residency positions to displaced residents. (Directive to Take Action)
Online forum testimony on Resolution 304 was unanimously supportive. While the fourth resolved clause asks for study, the Council on Medical Education recommended that the entire resolution be referred for study.

(11) RESOLUTION 305 – REDUCING OVERALL FEES AND MAKING COSTS FOR LICENSING, EXAM FEES, APPLICATION FEES, ETC., EQUITABLE FOR IMGS

RESOLVED, That our American Medical Association work with all relevant stakeholders to reduce application, exam, licensing fees and related financial burdens for international medical graduates (IMGs) to ensure cost equity with US MD and DO trainees (Directive to Take Action); and be it further

RESOLVED, That our AMA amend current policy H-255.966, “Abolish Discrimination in Licensure of IMGs,” by addition to read as follows:

2. Our AMA will continue to work with the FSMB to encourage parity in licensure requirements, and associated costs, for all physicians, whether U.S. medical school graduates or international medical graduates. (Modify Current HOD Policy)

Online forum testimony on Resolution 305 was supportive. The Council on Medical Education recommended that the first resolved clause be amended to ask for study and the second resolved clause be deleted. Other online testimony supported the Council amendment.

(12) RESOLUTION 306 – CREATING A MORE ACCURATE ACCOUNTING OF MEDICAL EDUCATION FINANCIAL COSTS

RESOLVED, That our American Medical Association study the costs of medical education, taking into account medical student tuition and accrued loan interest, to come up with a more accurate description of medical education financial costs. (Directive to Take Action)

Online forum testimony on Resolution 306 was supportive. The Council on Medical Education recommended that AMA Policy D-305.984 be reaffirmed in lieu of this resolution as it already addresses the purpose of Resolution 306. Further online testimony supported study and offered an amendment to specify its intent.

(13) RESOLUTION 307 – PARENTAL LEAVE AND PLANNING RESOURCES FOR MEDICAL STUDENTS

RESOLVED, That our American Medical Association encourage medical schools to create comprehensive informative resources that promote a culture that is supportive of their students who are parents, including information and policies on parental leave and relevant make up work, options to preserve fertility, breastfeeding, accommodations during pregnancy, and resources for childcare that span the institution and the surrounding area (New HOD Policy); and be it further
RESOLVED, That our AMA encourage medical schools to give students a minimum of 6 weeks of parental leave without academic or disciplinary penalties that would delay anticipated graduation based on time of matriculation (New HOD Policy); and be it further

RESOLVED, That our AMA encourage that medical schools formulate, and make readily available, plans for each year of schooling such that parental leave may be flexibly incorporated into the curriculum (New HOD Policy); and be it further

RESOLVED, That our AMA urge medical schools to adopt policy that will prevent parties involved in medical training (including but not limited to residency programs, administration, fellowships, away rotations, physician evaluators, and research opportunities) from discriminating against students who take family/parental leave (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for medical schools to make resources and policies regarding family leave and parenthood transparent and openly accessible to prospective and current students. (Directive to Take Action)

Online forum testimony on Resolution 307 was supportive. The Council on Medical Education recommended the following: adoption of the first resolved clause, amendment of AMA Policy H-405.960(4) in lieu of the second resolved clause, not adoption of the third resolved clause, amendment to the fourth resolved clause to include additional stakeholders, and reaffirmation of Policy H-405.960(14) in lieu of the fifth resolved clause.

(14) RESOLUTION 308 – UNIVERSITY LAND GRANT STATUS IN MEDICAL SCHOOL ADMISSIONS

RESOLVED, That our American Medical Association work with the Association of American Medical Colleges, Liaison Committee on Medical Education, Association of American Indian Physicians, and Association of Native American Medical Students to design and promulgate medical school admissions recommendations in line with the federal trust responsibility (Directive to Take Action); and be it further

RESOLVED, That our AMA amend Policy H-350.981, “AMA Support of American Indian Health Career Opportunities,” by addition to read as follows:

AMA Support of American Indian Health Career Opportunities H-350.981

AMA policy on American Indian health career opportunities is as follows:

(1) Our AMA, and other national, state, specialty, and county medical societies recommend special programs for the recruitment and training of American Indians in health careers at all levels and urge that these be expanded.

(2) Our AMA support the inclusion of American Indians in established medical training programs in numbers adequate to meet their needs. Such training programs for American Indians should be operated for a sufficient period of time to ensure a continuous supply of physicians and other health professionals. These efforts should include, but are not limited to, priority consideration of applicants
who self-identify as American Indian or Alaska Native and can provide some form of affiliation with an American Indian or Alaska Native tribe in the United States, and robust mentorship programs that support the successful advancement of these trainees.

(3) Our AMA utilize its resources to create a better awareness among physicians and other health providers of the special problems and needs of American Indians and that particular emphasis be placed on the need for stronger clinical exposure and a greater number of health professionals to work among the American Indian population.

(4) Our AMA continue to support the concept of American Indian self-determination as imperative to the success of American Indian programs, and recognize that enduring acceptable solutions to American Indian health problems can only result from program and project beneficiaries having initial and continued contributions in planning and program operations.

(5) Our AMA acknowledges long-standing federal precedent that membership or lineal descent from an enrolled member in a federally recognized tribe is distinct from racial identification as American Indian or Alaska Native and should be considered in medical school admissions even when restrictions on race-conscious admissions policies are in effect.

(6) Our AMA will engage with the Association of Native American Medical Students and Association of American Indian Physicians to design and disseminate American Indian and Alaska Native medical education curricula that prepares trainees to serve AI-AN communities. (Modify Current HOD Policy)

Online forum testimony on Resolution 308 was mixed. The Council on Medical Education recommended referral with report back. One comment offered a minor amendment to the first resolved clause, and recommended amendment by addition and deletion of -AMA Policy H-350.981 in the second resolved clause. The author supported these amendments.

(15) RESOLUTION 309 – DECREASING BIAS IN EVALUATIONS OF MEDICAL STUDENT PERFORMANCE

RESOLVED, That our American Medical Association work with appropriate stakeholders, such as the Liaison Committee on Medical Education and the Commission on Osteopathic College Accreditation to support: 1) increased diversity and implementation of implicit bias training to individuals responsible for assessing medical students' performance, including the evaluation of professionalism and investigating and ruling upon disciplinary matters involving medical students; and 2) that all reviews of medical student professionalism and academic performance be conducted in a blinded manner when doing such does not interfere with appropriate scoring (Directive to Take Action); and be it further
RESOLVED, That our AMA study the impact of two-interval clinical clerkship grading systems on residency application outcomes and clinical performance during residency. 
(Directive to Take Action)

Online forum testimony on Resolution 309 was supportive. The Council on Medical Education recommended substitute language in lieu of the first resolved clause and deletion of the second resolved clause, given the difficulty in accessing the data needed to inform such a study. In addition, the Council noted that work is underway via the AMA ChangeMedEd unit looking at longitudinal tracking, as recently published in *Academic Medicine*.

(16) RESOLUTION 310 – SUPPORT FOR STANDARDIZED INTERPRETER TRAINING

RESOLVED, That our American Medical Association recognize the importance of using medical interpreters as a means of improving quality of care provided to patients with Limited English Proficiency (LEP) including patients with sensory impairments (New HOD Policy); and

RESOLVED, That our AMA encourage physicians and physicians in training to improve interpreter-use skills and increase education through publicly available resources such as the American Association of Medical College’s “Guidelines for Use of Medical Interpreter Services” (New HOD Policy); and be it further

RESOLVED, That our AMA work with the Commission for Medical Interpreter Education, National Hispanic Medical Association, National Council of Asian Pacific Islander Physicians, National Medical Association, Association of American Indian Physicians, and other relevant stakeholders to develop a cohesive Continuing Medical Education module offered through the AMA Ed Hub for physicians to effectively and appropriately use interpreter services to ensure optimal patient care. (Directive to Take Action)

Online forum testimony on Resolution 310 was supportive. An amendment was proffered asking the AMA to work with interested parties to develop national accreditation of interpreters, with services provided at no cost to physicians. The amendment further proposed policy that any physician using an accredited interpreter not be held liable in a lawsuit.

(17) RESOLUTION 311 – DISCONTINUE STATE LICENSURE REQUIREMENT FOR COMLEX LEVEL 2 PE

RESOLVED, That our American Medical Association advocate to remove COMLEX Level 2 PE as a requirement for state medical licensure for graduates of accredited U.S. and Canadian osteopathic medical schools, and encourage state medical societies to do the same for their state licensure bodies. (Directive to Take Action)

Online forum testimony on Resolution 311 was mixed. A comment from the National Board of Osteopathic Medical Examiners (NBOME) noted that COMLEX Level 2 PE is indefinitely suspended and recommended this resolution not be adopted unless or until alternate methods to assess clinical skills are identified and adopted. The Council on Medical Education also recommended that it not be adopted, and that existing policies
related to this topic be reviewed and consolidated through a future policy sunset report.

Other online testimony indicated support of the resolution and noted that, unlike USMLE Step 2 CS, COMLEX Level 2 PE had been suspended but not discontinued and urged our AMA to advocate to the osteopathic community for elimination of this examination.

(18) RESOLUTION 312 – REDUCE FINANCIAL BURDEN TO MEDICAL STUDENTS OF MEDICAL LICENSURE

RESOLVED, That our American Medical Association advocate for medical licensure examinations and related study, practice examinations, and examination preparatory materials released by the National Board of Medical Examiners and the National Board of Osteopathic Medical Examiners to be available at a cost that does not exceed the reasonable cost of providing the examination and examination preparatory materials. (Directive to Take Action)

Online forum testimony on Resolution 312 was supportive, with the exception of the Council on Medical Education, which recommended that AMA Policies D-295.939 and H-305.925 be reaffirmed in lieu of Resolution 312.

(19) RESOLUTION 313 – DECREASING MEDICAL STUDENT DEBT AND INCREASING TRANSPARENCY IN COST OF MEDICAL SCHOOL ATTENDANCE

RESOLVED, That our American Medical Association work with Congress and related bodies to make it a priority to reduce the costs of medical school tuition incurred by graduates of U.S. medical schools, without sacrificing current educational quality (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage the written transparent disclosure by U.S. medical schools of the overall cost of attendance, including but not limited to, cost of living; educational materials not provided by the school, such as exam preparatory materials from outside companies; examination fees; interview and residency application costs; and other related costs incurred by students over the duration of their education (New HOD Policy); and be it further

RESOLVED, That our AMA encourage the written transparent disclosure of all scholarships provided by an institution, including disclosure of allocation criteria and duration (New HOD Policy); and be it further

RESOLVED, That our AMA encourage U.S. medical schools to provide written, transparent information about how medical school tuition dollars are allocated across the medical school budget. (New HOD Policy)

Online forum testimony on Resolution 313 was supportive, with the exception of the Council on Medical Education, which recommended reaffirmation of AMA Policies H-305.925, D-305.967, H-310.966, and H-350.978 in lieu of this resolution.
(20) RESOLUTION 314 – SUPPORT FOR INSTITUTIONAL POLICIES FOR PERSONAL DAYS FOR UNDERGRADUATE MEDICAL STUDENTS

RESOLVED, That our American Medical Association encourage medical schools to accept flexible uses for excused absences from clinical clerkships (New HOD Policy); and be it further

RESOLVED, That our AMA support a clearly defined number of easily accessible personal days for medical students per academic year, which should be explained to students at the beginning of each academic year and a subset of which should be granted without requiring an explanation on the part of the students. (New HOD Policy)

Online forum testimony on Resolution 314 was mixed. The Council on Medical Education recommended that AMA Policy D-310.968 be reaffirmed and amended in lieu of Resolution 314, such that the key elements of the first resolved clause be added to the third clause of the policy and the second resolved clause be added as a new tenth clause in the same policy. Other online testimony indicated support for this resolution as drafted as well as referral for further study, due to concerns that using most, or all, personal days during a given clerkship could have significant repercussions on the quality of education.

(21) RESOLUTION 315 – MODIFYING ELIGIBILITY CRITERIA FOR THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES’ FINANCIAL ASSISTANCE PROGRAM

RESOLVED, That our American Medical Association encourage the Association of American Medical Colleges to conduct a study of the financial impact of the current Fee Assistance Program policy to medical school applicants. (New HOD Policy)

Online forum testimony on Resolution 315 was supportive. The Council on Medical Education offered substitute language in lieu of this resolution. Further testimony indicated support for Resolution 315.

(22) RESOLUTION 316 – PROVIDING TRANSPARENT AND ACCURATE DATA REGARDING STUDENTS AND FACULTY AT MEDICAL SCHOOLS

RESOLVED, That our American Medical Association work with the Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation to encourage their respective accredited medical schools to make publicly available without charge transparent and accurately reported race and ethnicity demographic data regarding students and faculty. (Directive to Take Action)

Online forum testimony on Resolution 316 was unanimously supportive.

(23) RESOLUTION 317 – MEDICAL STUDENT, RESIDENT AND FELLOW SUICIDE REPORTING

RESOLVED, That our American Medical Association amend Policy D-345.983 by addition to read as follows:
Study of Medical Student, Resident, and Physician Suicide D-345.983

Our AMA will: (1) explore the viability and cost-effectiveness of regularly collecting National Death Index (NDI) data and confidentially maintaining manner of death information for physicians, residents, and medical students listed as deceased in the AMA Physician Masterfile for long-term studies; (2) monitor progress by the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and the Accreditation Council for Graduate Medical Education (ACGME) to collect data on medical student and resident/fellow suicides to identify patterns that could predict such events; (3) support the education of faculty members, residents and medical students in the recognition of the signs and symptoms of burnout and depression and supports access to free, confidential, and immediately available stigma-free mental health and substance use disorder services; and (4) collaborate with other stakeholders to study the incidence of and risk factors for depression, substance misuse and addiction, and suicide among physicians, residents, and medical students; (5) work with appropriate stakeholders to develop a standardized reporting mechanism for the confidential collection of pertinent suicide information of trainees in medical schools, residency, and fellowship programs, along with current wellness initiatives, to inform and promote meaningful interventions at these institutions; and (6) create a publicly accessible database that stratifies medical institutions based on relative rate of trainee suicide over a period of time, in order to raise awareness and promote the implementation of initiatives to prevent medical trainee suicide, while maintaining confidentiality of the deceased. (Modify Current HOD Policy)

Online forum testimony on Resolution 317 was mixed. While supporting the spirit of the resolution, testimony recommended not adoption given the sensitivity and confidentiality of these data. The Council on Medical Education noted the commonalities in Resolutions 317 and 326 and therefore recommended that Resolution 326 be adopted as amended in lieu of Resolution 317. Further testimony supported the Council’s amendment. Additional online testimony proffered amendments to the resolution to include data on suicide attempts.

(24) RESOLUTION 318 – CME FOR PRECEPTORSHIP

RESOLVED, That our American Medical Association study formulating a plan, in collaboration with other interested bodies, to award AMA Category 1 credits to physicians who serve as preceptors and teach medical students, residents, fellows, and other allied health professional students training in Liaison Committee on Medical Education/Accreditation Council for Graduate Medical Education accredited institutions (Directive to Take Action); and be it further

RESOLVED, That our AMA devise a method of converting those credits awarded by other organizations into AMA recognized credits for the purpose of CME. (Directive to Take Action)

Online forum testimony on Resolution 318 recommended increasing communication about the opportunities to participate in continuing medical education through AMA and JAMA. The Council on Medical Education recommended that AMA Policy H-300.977 and
H-300.988 be reaffirmed in lieu of Resolution 318 given the AMA Physician's Recognition Award (PRA) credit system already allows for physicians to obtain credit for activities performed as a preceptor.

(25) RESOLUTION 319 – SENIOR LIVING COMMUNITY TRAINING FOR MEDICAL STUDENTS AND RESIDENTS

RESOLVED, That our American Medical Association advocate to require training of medical students and residents in senior living communities (to include nursing homes and assisted living facilities) during their primary care rotations (internal medicine, family medicine and geriatric medicine). (Directive to Take Action)

Online forum testimony on Resolution 319 was supportive. The Council on Medical Education recommended substitute language in lieu of this resolution. Further online testimony recommended deleting “residents” from the resolved clause given that the ACGME already sets the educational requirements for residents in geriatric medicine.

(26) RESOLUTION 320 – TUITION COST TRANSPARENCY

RESOLVED, That our American Medical Association collaborate with organizations such as the Association of American Medical Colleges in creating transparency in tuition costs of undergraduate medical education institutions (Directive to Take Action); and be it further

RESOLVED, That our AMA work with other national organizations to improve the affordability of medical education. (Directive to Take Action)

Online forum testimony on Resolution 320 was supportive. The Council on Medical Education recommended that AMA Policy H-305.988 be reaffirmed in lieu of the first resolved clause and that Policy H-305.925 be reaffirmed in lieu of the second resolved clause. Further testimony supported the Council’s recommendation for the first resolved clause and indicated that the second resolved clause be added to Policy H-305.925.

(27) RESOLUTION 321 – IMPROVING AND STANDARDIZING PREGNANCY AND LACTATION ACCOMMODATIONS FOR MEDICAL BOARD EXAMINATIONS

RESOLVED, That our American Medical Association support and advocate for the implementation of 60 minutes of additional, scheduled break time for medical students and residents who have pregnancy complications and/or lactation needs for all NBME administered examinations, consistent with American Board of Internal Medicine accommodations (New HOD Policy); and be it further

RESOLVED, That our AMA support and advocate for the addition of pregnancy comfort aids, including but not limited to, ginger teas, saltines, wastebaskets, and antiemetics, to the USMLE pre-approved list of Personal Item Exemptions (PIEs) permitted in the secure testing area for pregnant individuals. (New HOD Policy)

Online forum testimony on Resolution 321 was supportive. The Council on Medical Education recommended amendments to the first resolved clause to include the NBOME
as well as ABMS member boards’ exams, and to emphasize that 60 minutes be the minimum amount of break time.

(28) RESOLUTION 322 – STANDARDS IN CULTURAL HUMILITY TRAINING WITHIN MEDICAL EDUCATION

RESOLVED, That our AMA amend policy H-295.897, “Enhancing the Cultural Competence of Physicians,” by addition to read as follows:

Enhancing the Cultural Competence of Physicians H-295.897
1. Our AMA continues to inform medical schools and residency program directors about activities and resources related to assisting physicians in providing culturally competent care to patients throughout their life span and encourage them to include the topic of culturally effective health care in their curricula.
2. Our AMA continues to support research into the need for and effectiveness of training in cultural competence and cultural humility, using existing mechanisms such as the annual medical education surveys.
3. Our AMA will assist physicians in obtaining information about and/or training in culturally effective health care through dissemination of currently available resources from the AMA and other relevant organizations.
4. Our AMA encourages training opportunities for students and residents, as members of the physician-led team, to learn cultural competency from community health workers, when this exposure can be integrated into existing rotation and service assignments.
5. Our AMA supports initiatives for medical schools to incorporate diversity in their Standardized Patient programs as a means of combining knowledge of health disparities and practice of cultural competence with clinical skills.
6. Our AMA will encourage the inclusion of peer-facilitated intergroup dialogue in medical education programs nationwide.
7. Our AMA supports the development of national standards for cultural humility training in the medical school curricula. (Modify Current HOD Policy)

Online forum testimony on Resolution 322 was unanimously supportive.

(29) RESOLUTION 323 – CULTURAL LEAVE FOR AMERICAN INDIAN TERRITORIES

RESOLVED, That our AMA amend H-310.923, Eliminating Religious Discrimination from Residency Programs, by addition as follows:

Eliminating Religious and Cultural Discrimination from Residency and Fellowship Programs and Medical Schools H-310.923

Our AMA encourages residency programs, fellowship programs, and medical schools to:

(1) make an effort to accommodate Allow residents’ trainees to take leave and attend religious and cultural holidays and observances, including those practiced by American Indians and Alaskan Natives, provided that patient care and the rights of other residents trainees are not compromised; and (2) explicitly inform applicants and entrants about their policies and procedures related to accommodation for religious and cultural holidays and observances; (Modify Current HOD Policy) and be it further
RESOLVED, That our AMA will work with the Association of American Indian Physicians, Association of Native American Medical Students, and other appropriate stakeholders to design model cultural leave policies for undergraduate and graduate medical education programs and employers. (Directive to Take Action)

Online forum testimony on Resolution 323 was supportive. One comment proffered an amendment to the first resolved clause to delete “including those practiced by American Indians and Alaskan Natives,” as well as a substitute second resolved clause. The Council on Medical Education concurred with the amendments and recommended the addition of language to the proposed substitute second resolved clause to include “American Indian, Alaska Native, and Native Hawaiian communities.”

(30) RESOLUTION 324 – SEXUAL HARASSMENT ACCREDITATION STANDARDS FOR MEDICAL TRAINING PROGRAMS

RESOLVED, That our AMA encourage the LCME and ACGME to create a standard for accreditation that includes sexual harassment training, policies, and repercussions for sexual harassment in undergraduate and graduate medical programs; (Directive to Take Action) and be it further

RESOLVED, That our AMA encourage the LCME and ACGME to assess: 1) medical trainees’ perception of institutional culture regarding sexual harassment and preventative trainings and 2) sexual harassment prevalence, reporting, investigation of allegations, and Title IX resource utilization in order to recommend best practices. (Directive to Take Action)

Online forum testimony on Resolution 324 was supportive, with the exception of the Council on Medical Education who recommended that AMA Policy H-295.955 be reaffirmed in lieu of this resolution.

(31) RESOLUTION 325 – SINGLE LICENSING EXAM SERIES FOR OSTEOPATHIC AND ALLOPATHIC MEDICAL STUDENTS

RESOLVED, That our AMA encourage the development of a single licensing examination series for all medical students attending a medical school accredited by the Liaison Committee on Medical Education (LCME) or the Commission on Osteopathic College Accreditation (COCA), with a separate, additional osteopathic-specific subject test for osteopathic medical students. (Directive to Take Action)

Online forum testimony on Resolution 325 was uniformly in favor of its adoption, with the exception of the NBOME calling for not adoption of this item. This testimony noted differences in DO education and therefore assessment, called attention to perceived bias against DO versus MD graduates in residency program selection, and encouraged equitable and fair treatment of all applicants.
(32) RESOLUTION 326 – STANDARDIZED WELLNESS INITIATIVE REPORTING

RESOLVED, That our AMA amend Study of Medical Student, Resident, and Physician Suicide D-345.983 as follows:

D-345.983 – STUDY OF MEDICAL STUDENT, RESIDENT, AND PHYSICIAN SUICIDE

Our AMA will: (1) explore the viability and cost-effectiveness of regularly collecting National Death Index (NDI) data and confidentially maintaining manner of death information for physicians, residents, and medical students listed as deceased in the AMA Physician Masterfile for long-term studies; (2) monitor progress by the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and the Accreditation Council for Graduate Medical Education (ACGME) to collect data on medical student and resident/fellow suicides to identify patterns that could predict such events; (3) support the education of faculty members, residents and medical students in the recognition of the signs and symptoms of burnout and depression and supports access to free, confidential, and immediately available stigma-free mental health and substance use disorder services; and (4) collaborate with other stakeholders to study the incidence of and risk factors for depression, substance misuse and addiction, and suicide among physicians, residents, and medical students; and (5) work with appropriate stakeholders to explore the viability of developing a standardized reporting mechanism for the collection of current wellness initiatives that institutions have in place to inform and promote meaningful mental health and wellness interventions in these populations. (Modify Current HOD Policy)

Online forum testimony on Resolution 326 was limited yet supportive, with an amendment proffered by the Council on Medical Education to the proposed fifth clause of Policy D-345.983. The rationale for the change was to shift the emphasis to sharing of best practices to address the root of the problem versus release of individual-level data on mental health that should ideally remain confidential. The Council noted that this resolution seeks to amend the same policy raised in Resolution 317.

(33) RESOLUTION 327 – LEADERSHIP TRAINING MUST BECOME AN INTEGRAL PART OF MEDICAL EDUCATION

RESOLVED, That our American Medical Association study the extent of the impact of AMA Policy D-295.316, “Management and Leadership for Physicians,” on elective curriculum and provide a report at the interim meeting (Directive to Take Action); and be it further
RESOLVED, That our AMA advocate for the implementation of concrete steps to incorporate leadership training as an integral part of the core curriculum of medical school education, post-graduate training, and for practicing physicians.

Online forum testimony on Resolution 327 was supportive, with a minor amendment proposed by the Council on Medical Education as to the timing of the resulting report called for in the resolution.

(34) RESOLUTION 328 – INCREASING TRANSPARENCY OF THE RESIDENT PHYSICIAN APPLICATION PROCESS

RESOLVED, That our American Medical Association, and interested stakeholders, study options for improving transparency in the resident application process. (Directive to Take Action)

Online forum testimony on Resolution 328 was uniformly supportive, to lessen the growing burden on residency program personnel and applicants alike and increase the odds of a more holistic review process, which has the added benefit of improved diversity of entrants into GME. The Council on Medical Education supported the resolution.

(35) RESOLUTION 329 – USE OF THE TERMS "RESIDENCY" AND "FELLOWSHIP" BY HEALTH PROFESSIONALS OUTSIDE OF MEDICINE

RESOLVED, That our American Medical Association hold a national discussion about the historical value and current nature of the terms “residency” and “fellowship” to describe physician postgraduate training and address the ramifications of nonphysician clinician groups using similar nomenclature that can confuse the general public. (Directive to Take Action)

Online forum testimony on Resolution 329 was mixed. Some testimony was supportive of the resolution. The authors proposed that, in lieu of this resolution, they would be open to amending the first recommendation of CME Report 4-A-22 by addition to include “hold a national discussion”. Further, they offered additional language for the first recommendation of CME 4, which was not offered in the original Resolution 329. The Council on Medical Education recommended this resolution be not adopted given these issues are addressed in CME 4-A-22. Further, the Council noted that the report included language within the recommendations to “expand efforts in educational campaigns” which may address the suggestion for a national conversation.