ama council on medical education

The AMA Council on Medical Education: Shaping the Future of Physician Training

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Introduction:

The AMA Council on Medical Education (ACME) plays a pivotal role in shaping the future of medical education in the United States. Its influence extends across all aspects of physician training, from undergraduate medical education to residency programs and continuing medical education (CME). Understanding the ACME's functions, responsibilities, and impact is crucial for anyone involved in or interested in the medical profession. This article provides a comprehensive overview of the AMA Council on Medical Education, exploring its history, structure, current initiatives, and future directions.

Historical Context and Evolution of the AMA Council on Medical Education:

The AMA Council on Medical Education's origins can be traced back to the early 20th century, a time of significant changes and advancements in medical science and practice. The need for standardized and rigorous training became increasingly apparent. The council's initial focus was on establishing minimum standards for medical schools and ensuring the quality of medical education. Over time, the AMA Council on Medical Education's responsibilities broadened to encompass a wider range of issues related to physician training, including graduate medical education, continuing medical education, and the development of new educational technologies and methodologies. The council has played a crucial role in addressing challenges such as the evolving needs of the healthcare system, the integration of technology into medical practice, and the increasing complexity of medical knowledge.

Structure and Governance of the AMA Council on Medical Education:

The AMA Council on Medical Education is a body composed of physicians, educators, and other healthcare professionals with expertise in medical education. Its members are elected by the AMA House of Delegates, the AMA's policy-making body. The council operates under the guidance of the AMA Board of Trustees and is responsible for developing and implementing policies and programs related to medical education. The council's work is supported by a dedicated staff of professionals with expertise in various aspects of medical education administration and research. The structure ensures a blend of experienced practitioners and fresh perspectives, fostering dynamic and relevant policy development within the AMA Council on Medical Education.

Key Responsibilities and Activities of the AMA Council on Medical Education:

The AMA Council on Medical Education's responsibilities are multifaceted and crucial to the healthcare system's well-being. Some key functions include:

Accreditation: The council plays a key role in the accreditation of medical schools and residency training programs. This ensures that these programs meet established standards of quality and excellence. The rigorous accreditation process helps maintain high standards of medical education nationwide. This ensures that graduating physicians possess the knowledge, skills, and professional attitudes necessary to provide high-quality patient care.

Curriculum Development and Reform: The AMA Council on Medical Education is actively involved in developing and promoting innovative approaches to medical education. This includes supporting the integration of new technologies, interprofessional education, and competency-based medical education. The council works to ensure medical curricula remain relevant to the evolving needs of the healthcare system and the patients they serve.

Continuing Medical Education (CME): The AMA Council on Medical Education establishes standards and guidelines for CME, ensuring that physicians receive ongoing professional development opportunities throughout their careers. This continuous learning is essential for maintaining competence and staying abreast of advancements in medical science and technology. The focus is on providing high-quality, evidence-based CME activities that meet the needs of practicing physicians.

Physician Well-being: Recognizing the critical importance of physician well-being, the AMA Council on Medical Education advocates for initiatives that support physician health and resilience. Addressing burnout and promoting a healthy work-life balance are key priorities, as these factors directly impact the quality of patient care.

Advocacy: The AMA Council on Medical Education actively advocates for policies and programs that support medical education and improve the quality of healthcare. The council works to influence governmental policies and

funding decisions that affect medical education and healthcare delivery.

Impact and Significance of the AMA Council on Medical Education:

The AMA Council on Medical Education's impact on the medical profession and the healthcare system is profound and far-reaching. The council's work ensures that medical graduates are well-prepared to practice medicine, and that practicing physicians maintain their competence throughout their careers. This contributes to improved patient care, enhanced healthcare outcomes, and a more robust and responsive healthcare system. The AMA Council on Medical Education's efforts to standardize medical education, promote innovation, and address critical issues in the healthcare industry are essential for the long-term health and well-being of the population.

Future Directions and Challenges for the AMA Council on Medical Education:

The AMA Council on Medical Education faces ongoing challenges in adapting to the rapidly changing landscape of healthcare. These challenges include:

Technological Advancements: Integrating new technologies into medical education and ensuring that physicians are equipped to use these technologies effectively is a significant undertaking.

Evolving Healthcare System: The healthcare system is continually evolving, with changes in healthcare delivery models, payment systems, and population health management. Medical education must adapt to these changes to prepare future physicians for the challenges they will face.

Health Equity and Social Determinants of Health: Addressing health disparities and improving health equity are critical priorities. Medical education must incorporate a focus on social determinants of health and cultural competency to ensure that all patients receive equitable care.

Conclusion:

The AMA Council on Medical Education plays a vital and indispensable role in the advancement of medical education in the United States. Its influence extends across all aspects of physician training, from undergraduate medical education to continuing professional development. By setting standards, promoting innovation, and advocating for policies that support high-quality medical education, the ACME contributes significantly to the improvement of patient care and the overall health of the nation. The council's continued commitment to addressing the challenges and opportunities of the evolving healthcare landscape ensures the ongoing development of well-trained, competent, and compassionate physicians ready to meet the needs of patients now and in the future.

FAQs:

1. How can I get involved with the AMA Council on Medical Education? You can become involved by becoming a member of the AMA and actively participating in its activities, or by seeking opportunities for collaboration with the council on specific projects.

1. What are the specific accreditation standards for medical schools? The specific standards are detailed on the AMA website and are subject to periodic updates.

1. How does the ACME address physician burnout? The ACME supports research and initiatives aimed at identifying contributing factors to burnout and promoting strategies to improve well-being, such as promoting work-life balance and reducing administrative burdens.

1. How does the ACME incorporate technology into medical education? Through initiatives promoting the use of simulation, telehealth, and other technologies in training and curriculum development.

1. What is the role of the ACME in interprofessional education? The ACME promotes and supports interprofessional education initiatives to foster collaboration among healthcare professionals.

1. How can I access the resources and publications of the AMA Council on Medical Education? Resources and publications are available on the AMA website.

1. How is the ACME funded? The ACME is primarily funded through the AMA's membership dues and other revenue streams.

1. What are the current priorities of the AMA Council on Medical Education?

Current priorities include addressing physician well-being, improving health equity, and adapting to technological advancements in healthcare.

1. How does the ACME ensure the relevance of medical education to the needs of society? The ACME actively monitors societal needs and trends in healthcare to inform curriculum development and ensure its ongoing relevance.

Related Articles:

1. "The Future of Medical Education: A Competency-Based Approach": This article discusses the shift towards competency-based medical education and the role of the AMA Council on Medical Education in this transition.

1. "Addressing Physician Burnout: Strategies and Initiatives": This article examines the issue of physician burnout and highlights the AMA Council on Medical Education's role in promoting physician well-being.

1. "The Role of Technology in Medical Education: Innovations and Challenges": This article explores the integration of technology into medical education and the challenges and opportunities associated with this.

1. "Interprofessional Education: Collaborative Approaches to Healthcare Delivery": This article discusses the importance of interprofessional education and the AMA Council on Medical Education's role in promoting collaborative practice among healthcare professionals.

1. "Accreditation Standards for Medical Schools and Residency Programs": This article provides a detailed overview of the accreditation standards established and maintained by the AMA Council on Medical Education.

1. "The Impact of Social Determinants of Health on Medical Education": This article explores the growing focus on social determinants of health in medical education and the efforts of the AMA Council on Medical Education in this area.

1. "Continuing Medical Education: Maintaining Competence in a Changing Healthcare Landscape": This article discusses the importance of continuing medical education and the AMA Council on Medical Education's role in setting standards and providing resources.

1. "Health Equity and Medical Education: Addressing Disparities in Healthcare": This article focuses on the AMA Council on Medical Education's initiatives aimed at promoting health equity and addressing disparities in healthcare access and outcomes.

1. "The Evolution of Medical Education: A Historical Perspective": This article provides a historical overview of the evolution of medical education and highlights the significant contributions of the AMA Council on Medical Education.

ama council on medical education: *The Master Adaptive Learner* William Cutrer, Martin Pusic, Larry D Gruppen, Maya M. Hammoud, Sally A. Santen, 2019-09-29 Tomorrow's best physicians will be those who continually learn, adjust, and innovate as new information and best practices evolve, reflecting adaptive expertise in response to practice challenges. As the first volume in the American Medical Association's MedEd Innovation Series, The Master Adaptive Learner is an instructor-focused guide covering models for how to train and teach future clinicians who need to develop these adaptive skills and utilize them throughout their careers. - Explains and clarifies the concept of a Master Adaptive Learner: a metacognitive approach to learning based on self-regulation that fosters the success and use of adaptive expertise in practice. - Contains both theoretical and practical material for instructors and administrators, including guidance on how to implement a Master Adaptive Learner approach in today's institutions. - Gives instructors the tools needed to empower students to become efficient and successful adaptive learners. - Helps medical faculty and instructors address gaps in physician training and prepare new doctors to practice effectively in 21st century healthcare systems. - One of the American Medical Association Change MedEd initiatives and innovations, written and edited by members of the ACE (Accelerating Change in Medical Education) Consortium – a unique, innovative collaborative that allows for the sharing and dissemination of groundbreaking ideas and projects.

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provides a masterful analysis of undergraduate and graduate medical education in the United States today. It represents a major educational document, based firmly on educational psychology, learning theory, empirical studies, and careful personal observations of many individual programs. It also recognizes the importance of financing, regulation, and institutional culture on the learning environment, which suffuses its recommendations for reform with cogency and power. Most important, like Abraham Flexner's classic study a century ago, the report recognizes that medical education and practice, at their core, are profoundly moral enterprises. This is a landmark volume that merits attention from anyone even peripherally involved with medical education. —Kenneth M. Ludmerer, author, Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care This is a very important book that comes at a critical time in our nation's history. We will not have enduring health care reform in this country unless we rethink our medical education paradigms. This book is a call to arms for doing just that. —George E. Thibault, president, Josiah Macy, Jr. Foundation The authors provide us with the evidence-based model for physician education with associated changes in infrastructure, policy, and our roles as educators. Whether you agree or not with their conclusions, if you are a teacher this book is a must-read as it will frame both what and how we discuss medical education throughout the current century. —Deborah Simpson, associate dean for educational support and evaluation, Medical College of Wisconsin A provocative book that provides us with a creative vision for medical education. Using in-depth case studies of innovative educational practices illustrating what is actually possible, the authors provide sage advice for transforming medical education on the basis of learning theories and educational research. —Judith L. Bowen, professor of medicine, Oregon Health & Science University

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ama council on medical education: Health Systems Science Review E-Book Jesse M. Ehrenfeld, Jed D. Gonzalo, 2019-03-30 As part of the American Medical Association (AMA)'s Accelerating Change in Medical Education Consortium's work, Health Systems Science (HSS) is establishing itself as the third major branch of a balanced medical education, alongside basic and clinical sciences. Health Systems Science Review is a first-of-its-kind review book designed to prepare future physicians and other health care professionals to function effectively within health systems by better understanding how health care is delivered, how health care professionals work together to deliver that care, and how the health system can improve patient care and health care delivery. This study tool provides case-based questions followed by discussions of answers and suggested readings—making it a valuable review resource for medical students and instructors, as well as medical residents; nursing, allied health, and public health students; and hospital administrators. - Meets a growing need for an effective, targeted review tool on HSS, a topic increasingly covered on the USMLE and other exams. - Contains 250+ case-based, multiple-choice questions, with extensive discussion of correct and incorrect answers. - Offers an up-to-date, effective review to support and assess competence in HSS, covering health care delivery and processes, health care policy and economics, clinical informatics and technology, social determinants of health, patient safety, teamwork and collaboration, systems thinking and complexity science, and much more. - Provides highly relevant content applicable to today's evolving health care delivery written by experts in emerging areas of HSS. - Serves as an excellent study companion for

the ground-breaking book, Health Systems Science, by Susan E. Skochelak, MD, MPH, et al., also developed by the AMA's Accelerating Change in Medical Education Consortium, which is at the forefront of change and innovation in medical education.

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ama council on medical education: *Nutrition Education in U.S. Medical Schools* National Research Council, Division on Earth and Life Studies, Commission on Life Sciences, Food and Nutrition Board, Committee on Nutrition in Medical Education, 1985-02-01 As the general public has become more aware of advances in nutrition, consumer demands for advice on matters of diet and disease have grown. This book offers recommendations to upgrade what were found to be largely inadequate nutrition programs in U.S. medical schools in order that health professionals be better qualified to advise and treat their patients. A comprehensive study of one-third of American 4-year undergraduate medical schools provided information on the current status of nutrition programs at each school. Conclusions were drawn and recommendations made from analysis of this gathered information. Questions examined in this volume include: Has medical education kept pace with advances in nutrition science? Are medical students equipped to convey sound nutritional advice to their patients? What strategies are needed to initiate and sustain adequate teaching of nutrition in medical schools?

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mistakes. After all, to err is human. Instead, this book sets forth a national agendaâ€with state and local implicationsâ€for reducing medical errors and improving patient safety through the design of a safer health system. This volume reveals the often startling statistics of medical error and the disparity between the incidence of error and public perception of it, given many patients' expectations that the medical profession always performs perfectly. A careful examination is made of how the surrounding forces of legislation, regulation, and market activity influence the quality of care provided by health care organizations and then looks at their handling of medical mistakes. Using a detailed case study, the book reviews the current understanding of why these mistakes happen. A key theme is that legitimate liability concerns discourage reporting of errorsâ€which begs the question, How can we learn from our mistakes? Balancing regulatory versus market-based initiatives and public versus private efforts, the Institute of Medicine presents wide-ranging recommendations for improving patient safety, in the areas of leadership, improved data collection and analysis, and development of effective systems at the level of direct patient care. To Err Is Human asserts that the problem is not bad people in health careâ€it is that good people are working in bad systems that need to be made safer. Comprehensive and straightforward, this book offers a clear prescription for raising the level of patient safety in American health care. It also explains how patients themselves can influence the quality of care that they receive once they check into the hospital. This book will be vitally important to federal, state, and local health policy makers and regulators, health professional licensing officials, hospital administrators, medical educators and students, health caregivers, health journalists, patient advocatesâ€as well as patients themselves. First in a series of publications from the Quality of Health Care in America, a project initiated by the Institute of Medicine

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ama council on medical education: Making Healthcare Safe Lucian L. Leape, 2021-05-28 This unique and engaging open access title provides a compelling and ground-breaking account of the patient safety movement in the United States, told from the perspective of one of its most prominent leaders, and arguably the movement’s founder, Lucian L. Leape, MD. Covering the growth of the field from the late 1980s to 2015, Dr. Leape details the developments, actors, organizations, research, and policy-making activities that marked the evolution and major advances of patient safety in this time span. In addition, and perhaps most importantly, this book not only comprehensively details how and why human and systems errors too often occur in the process of providing health care, it also promotes an in-depth understanding of the principles and practices of patient safety, including how they were influenced by today’s modern safety sciences and systems theory and design. Indeed, the book emphasizes how the growing awareness of systems-design thinking and the self-education and commitment to improving patient safety, by not only Dr. Leape but a wide range of other clinicians and health executives from both the private and public sectors, all converged to drive forward the patient safety movement in the US. Making Healthcare Safe is divided into four parts: I. In the Beginning describes the research and theory that defined patient safety and the early initiatives to enhance it. II. Institutional Responses tells the stories of the efforts of the major organizations that began to apply the new concepts and make patient safety a reality. Most of these stories have not been previously told, so this account becomes their histories as well. III. Getting to Work provides in-depth analyses of four key issues that cut across disciplinary lines impacting patient safety which required special attention. IV. Creating a Culture of Safety looks to

the future, marshalling the best thinking about what it will take to achieve the safe care we all deserve. Captivatingly written with an “insider’s” tone and a major contribution to the clinical literature, this title will be of immense value to health care professionals, to students in a range of academic disciplines, to medical trainees, to health administrators, to policymakers and even to lay readers with an interest in patient safety and in the critical quest to create safe care.

ama council on medical education: *Taking Action Against Clinician Burnout* National Academies of Sciences, Engineering, and Medicine, National Academy of Medicine, Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being, 2020-01-02 Patient-centered, high-quality health care relies on the well-being, health, and safety of health care clinicians. However, alarmingly high rates of clinician burnout in the United States are detrimental to the quality of care being provided, harmful to individuals in the workforce, and costly. It is important to take a systemic approach to address burnout that focuses on the structure, organization, and culture of health care. Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being builds upon two groundbreaking reports from the past twenty years, To Err Is Human: Building a Safer Health System and Crossing the Quality Chasm: A New Health System for the 21st Century, which both called attention to the issues around patient safety and quality of care. This report explores the extent, consequences, and contributing factors of clinician burnout and provides a framework for a systems approach to clinician burnout and professional well-being, a research agenda to advance clinician well-being, and recommendations for the field.

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edition continues to cover a wide range of subject matter within five broad areas – Foundations, Teaching and Learning, Assessment and Selection, Research and Evaluation, and Faculty and Learners – as well as featuring a wealth of new material, including new chapters on the science of learning, knowledge synthesis, and learner support and well-being. The third edition of Understanding Medical Education: Provides a comprehensive and authoritative resource summarizing the theoretical and academic bases to modern medical education practice Meets the needs of all newcomers to medical education whether undergraduate or postgraduate, including those studying at certificate, diploma or masters level Offers a global perspective on medical education from leading experts from across the world Providing practical guidance and exploring medical education in all its diversity, Understanding Medical Education continues to be an essential resource for both established educators and all those new to the field.

ama council on medical education: Redesigning Continuing Education in the Health Professions Institute of Medicine, Board on Health Care Services, Committee on Planning a Continuing Health Care Professional Education Institute, 2010-03-12 Today in the United States, the professional health workforce is not consistently prepared to provide high quality health care and assure patient safety, even as the nation spends more per capita on health care than any other country. The absence of a comprehensive and well-integrated system of continuing education (CE) in the health professions is an important contributing factor to knowledge and performance deficiencies at the individual and system levels. To be most effective, health professionals at every stage of their careers must continue learning about advances in research and treatment in their fields (and related fields) in order to obtain and maintain up-to-date knowledge and skills in caring for their patients. Many health professionals regularly undertake a variety of efforts to stay up to date, but on a larger scale, the nation's approach to CE for health professionals fails to support the professions in their efforts to achieve and maintain proficiency. Redesigning Continuing Education in the Health Professions illustrates a vision for a better system through a comprehensive approach of continuing professional development, and posits a framework upon which to develop a new, more effective system. The book also offers principles to guide the creation of a national continuing education institute.

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resources that cover such topics as modifiers, clinical examples, add-on codes, vascular families, multianalyte assays and telemedicine services Comprehensive E/M code selection tables -- aid physicians and coders in assigning the most appropriate evaluation and management codes Adhesive section tabs -- allow you to flag those sections and pages most relevant to your work More full color procedural illustrations Notes pages at the end of every code set section and subsection

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ama council on medical education: Code of Medical Ethics American Medical Association, 2012 For more than 160 years, this book has been the authoritative ethics guide on medical professionalism. The Code speaks to the enduring values of medicine as a profession. As a statement of the values to which physicians commit themselves individually and collectively, the Code is the standard for medicine as a professional community. Addressing the professional challenges faced by physicians today, the Code of Medical Ethics presents guidance through more than 200 ethical opinions on topics ranging from physician obligation in disaster preparedness and response, to physician participation in interrogations, to genetic testing and counseling, to use of electronic mail and health-related online sites. In addition to containing the nine Principles of Medical Ethics, this resource incorporates new and updated opinions, such as quality and access to care, decision making for minor patients, breach of security in electronic health records, respecting civil rights in intra-professional relationships, and more. An essential companion for physicians and other medical professionals, attorneys, and patients who contend with the challenging issues and choices inherent in modern medicine, this resource has been increasingly looked to for legal advocacy, decision making in matters of health care law and litigation, and development of health care policy.

ama council on medical education: Code of Medical Ethics of the American Medical Association American Medical Association, 1897

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ama council on medical education: Graduate Medical Education Outcomes and Metrics National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Care Services, 2018-05-30 Graduate medical education (GME) is critical to the career development of individual physicians, to the functioning of many teaching institutions, and to the production of our physician workforce. However, recent reports have called for substantial reform of GME. The current lack of established GME outcome measures limits our ability to assess the impact of individual graduates, the performance of residency programs and teaching institutions, and the collective contribution of GME graduates to the physician workforce. To examine the opportunities and challenges in measuring and assessing GME outcomes, the National Academies of Sciences, Engineering, and Medicine held a workshop on October 10â€11, 2017, in Washington, DC. Workshop participants discussed: meaningful and measurable outcomes of GME; possible metrics that could be used to track these GME outcomes; possible mechanisms for collecting, collating, analyzing, and reporting these data; and further work to accomplish this ambitious goal. This publication summarizes the presentations and discussions from the workshop.

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medicine as a professional community. Addressing the professional challenges faced by physicians today, the Code of Medical Ethics presents guidance through more than 200 ethical opinions on topics ranging from physician obligation in disaster preparedness and response, to physician participation in interrogations, to genetic testing and counseling, to use of electronic mail and health-related online sites. In addition to containing the nine Principles of Medical Ethics, this resource incorporates new and updated opinions, such as quality and access to care, decision making for minor patients, breach of security in electronic health records, respecting civil rights in intra-professional relationships, and more. An essential companion for physicians and other medical professionals, attorneys, and patients who contend with the challenging issues and choices inherent in modern medicine, this resource has been increasingly looked to for legal advocacy, decision making in matters of health care law and litigation, and development of health care policy.

ama council on medical education: The Illness Narratives Arthur Kleinman, 2020-10-13 From one of America's most celebrated psychiatrists, the book that has taught generations of healers why healing the sick is about more than just diagnosing their illness. Modern medicine treats sick patients like broken machines -- figure out what is physically wrong, fix it, and send the patient on their way. But humans are not machines. When we are ill, we experience our illness: we become scared, distressed, tired, weary. Our illnesses are not just biological conditions, but human ones. It was Arthur Kleinman, a Harvard psychiatrist and anthropologist, who saw this truth when most of his fellow doctors did not. Based on decades of clinical experience studying and treating chronic illness, The Illness Narratives makes a case for interpreting the illness experience of patients as a core feature of doctoring. Before Being Mortal, there was The Illness Narratives. It remains today a prescient and passionate case for bridging the gap between patient and practitioner.

ama council on medical education: Conflict of Interest in Medical Research, Education, and Practice Institute of Medicine, Board on Health Sciences Policy, Committee on Conflict of Interest in Medical Research, Education, and Practice, 2009-09-16 Collaborations of physicians and researchers with industry can provide valuable benefits to society, particularly in the translation of basic scientific discoveries to new therapies and products. Recent reports and news stories have, however, documented disturbing examples of relationships and practices that put at risk the integrity of medical research, the objectivity of professional education, the quality of patient care, the soundness of clinical practice guidelines, and the public's trust in medicine. Conflict of Interest in Medical Research, Education, and Practice provides a comprehensive look at conflict of interest in medicine. It offers principles to inform the design of policies to identify, limit, and manage conflicts of interest without damaging constructive collaboration with industry. It calls for both short-term actions and long-term commitments by institutions and individuals, including leaders of academic medical centers, professional societies, patient advocacy groups, government agencies, and drug, device, and pharmaceutical companies. Failure of the medical community to take convincing action on conflicts of interest invites additional legislative or regulatory measures that may be overly broad or unduly burdensome. Conflict of Interest in Medical Research, Education, and Practice makes several recommendations for strengthening conflict of interest policies and curbing relationships that create risks with little benefit. The book will serve as an invaluable resource for individuals and organizations committed to high ethical standards in all realms of medicine.

ama council on medical education: Code of Ethics for Nurses with Interpretive Statements American Nurses Association, 2001 Pamphlet is a succinct statement of the ethical obligations and duties of individuals who enter the nursing profession, the profession's nonnegotiable ethical standard, and an expression of nursing's own understanding of its commitment to society. Provides a framework for nurses to use in ethical analysis and decision-making.

ama council on medical education: Ethics in Mental Health Research James M. DuBois, 2008 Research holds a key to preventing and effectively treating mental disorders, including ADHD, depression, schizophrenia, and substance abuse. Yet even as research holds out promise, mental health researchers face numerous ethical challenges. Responsible for ensuring participants are able

and willing to grant consent, researchers must also constantly protect privacy and confidentiality. But for so many situations, the appropriate decisions are not so clear. An individual with cognitive deficits may have difficulty understanding a research study and granting informed consent, but nevertheless wants to participate. Many studies gather private information about medical records or illegal behaviors that could lead to emotional, social, or legal harm if shared, yet state laws and institutional review boards may require researchers to breach confidentiality in specific situations. Moreover, mental health consumers and other vulnerable research participants are frequently familiar with historical cases of abuse of human subjects, and may be mistrustful of researchers or fear exploitation. At the same time, researchers are often frustrated when they feel that advocates or institutional review boards erect barriers to research, even while failing to enhance the ethical treatment of participants. Ethical research is rarely simply about avoiding bad activities, and more frequently about how to pursue good research when multiple values and commitments conflict. Ethics in Mental Health Research explores how ethical issues arise in mental health research, and offers concrete guidance to researchers who seek to comply with federal regulations while conducting research that is at once ethical and scientifically credible. Case studies used throughout illustrate a variety of situations and effective problem-solving strategies. This book is essential reading for mental health researchers, IRB members, and research advocates.

ama council on medical education: A Doctor's Dozen Catherine Florio Pipas, MD, MPH, 2018-09-04 Burnout affects a third of our population and over half of our health professionals. For the second group, the impact is magnified, as consequences play out not only on a personal level, but also on a societal level and lead to medical errors, suboptimal care, low levels of patient satisfaction, and poor clinical outcomes. Achieving wellbeing requires strategies for change. In this book, Dr. Pipas shares twelve lessons and strategies for improved health that she has learned from patients, students, and colleagues over her twenty years working as a family physician. Each lesson is based on observation and research, and begins with a story of an exemplary patient whose challenges and successes reflect the theme of the lesson. Along with the lessons, the author offers plans for action, which taken together create the framework for a healthy life. Each lesson concludes with resources and a health challenge.

ama council on medical education: Learning Surgery Stephen F. Lowry, 2006-09-28 A symptom-based version of the critically-acclaimed Norton/Surgery: Basic Science and Clinical Evidence, Learning Surgery provides a ready reference to those in third and fourth year residencies. Essential algorithms and case presentations meet with clerkship learning objectives as outlined by the Association of Surgical Education in their ASE Manual. Two sections include Introduction to Clinical Surgery in the Surgical Clerkship Setting and Management of Surgical Diseases During the Clerkship. Chapters include: Stroke, Hypertension, Abdominal Masses, Head Injuries, and Burns. Written by leading clinicians and educators, both surgery residents and medical students will find LEARNING SURGERY indispensible in their rotations and clerkships. Surgeons who train residents will also find the text a valuable ajunct to their teaching.

ama council on medical education: Intoxicated by My Illness Anatole Broyard, 1993-06-01 Anatole Broyard, long-time book critic, book review editor, and essayist for the New York Times, wants to be remembered. He will be, with this collection of irreverent, humorous essays he wrote concerning the ordeals of life and death—many of which were written during the battle with cancer that led to his death in 1990. A New York Times Notable Book of the Year “A heartbreakingly eloquent and unsentimental meditation on mortality . . . Some writing is so rich and well-spoken that commentary is superfluous, even presumptuous. . . . Read this book, and celebrate a cultured spirit made fine, it seems, by the coldest of touches.”—Los Angeles Times “Succeeds brilliantly . . . Anatole Broyard has joined his father but not before leaving behind a legacy rich in wisdom about the written word and the human condition. He has died. But he lives as a writer and we are the wealthier for it.”—The Washington Post Book World “A virtuoso performance . . . The central essays of Intoxicated By My Illness were written during the last fourteen months of Broyard’s life. They are held in a gracious setting of his previous writings on death in life and literature, including a

fictionalized account of his own father's dying of cancer. The title refers to his reaction to the knowledge that he had a life-threatening illness. His literary sensibility was ignited, his mind flooded with image and metaphor, and he decided to employ these intuitive gifts to light his way into the darkness of his disease and its treatment. . . . Many other people have chronicled their last months . . . Few are as vivid as Broyard, who brilliantly surveys a variety of books on illness and death along the way as he draws us into his writer's imagination, set free now by what he describes as the deadline of life. . . . [A] remarkable book, a lively man of dense intelligence and flashing wit who lets go and yet at the same time comtains himself in the style through which he remains alive."—The New York Times Book Review "Despite much pain, Anatole Broyard continued to write until the final days of his life. He used his writing to rage, in the words of Dylan Thomas, against the dying of the light. . . . Shocking, no-holds-barred and utterly exquisite."—The Baltimore Sun

ama council on medical education: Homelessness, Health, and Human Needs Institute of Medicine, Committee on Health Care for Homeless People, 1988-02-01 There have always been homeless people in the United States, but their plight has only recently stirred widespread public reaction and concern. Part of this new recognition stems from the problem's prevalence: the number of homeless individuals, while hard to pin down exactly, is rising. In light of this, Congress asked the Institute of Medicine to find out whether existing health care programs were ignoring the homeless or delivering care to them inefficiently. This book is the report prepared by a committee of experts who examined these problems through visits to city slums and impoverished rural areas, and through an analysis of papers written by leading scholars in the field.

ama council on medical education: The Medical School of the Future Henry Pickering Bowditch, 1900

ama council on medical education: Accessibility, Inclusion, and Action in Medical Education Association of American Medical Colleges, 2018-03-09 To capture the current state of disability in medical education, the AAMC and the University of California, San Francisco, School of Medicine partnered to publish a new report drawn from the lived experiences of learners with disabilities. This publication weaves together major themes from interviews with 47 students, residents, and physicians with disabilities to identify cultural and structural barriers and catalyze institutional policies that support all qualified learners, regardless of disability, throughout the medical education continuum. The report highlights key considerations that leaders in academic medicine can implement to increase meaningful access for learners with disabilities, including:

ama council on medical education: Medicare RBRVS Sherry L. Smith, University Distinguished Professor of History and Associate Director of the Clements Center for Southwest Studies Sherry L Smith, 2008

ama council on medical education: Continuing Medical Education Dennis K. Wentz, 2011 The only full-scale history of continuing medical education and its future

ama council on medical education: The Medical Teacher Kenneth R. Cox, Christine E. Ewan, 1988

ama council on medical education: Core Entrustable Professional Activities for Entering Residency Association of American Medical Colleges, 2014-05-28 This landmark publication published by the AAMC identifies a list of integrated activities to be expected of all M.D. graduates making the transition from medical school to residency. This guide delineates 13 Entrustable Professional Activities (EPAs) that all entering residents should be expected to perform on day 1 of residency without direct supervision regardless of specialty choice.The Core EPAs for Entering Residency are designed to be a subset of all of the graduation requirements of a medical school. Individual schools may have additional mission-specific graduation requirements, and specialties may have specific EPAs that would be required after the student has made the specialty decision but before residency matriculation. The Core EPAs may also be foundational to an EPA for any practicing physician or for specialty-specific EPAs.Update: In August 2014, the AAMC selected ten institutions to join a five-year pilot to test the implementation of the Core Entrustable Professional Activities (EPAs) for Entering Residency. More than 70 institutions, representing over half of the

medical schools accredited by the U.S. Liaison Committee on Medical Education (LCME), applied to join the pilot, demonstrating the significant energy and enthusiasm towards closing the gap between expectations and performance for residents on day one. The cohort reflects the breadth and diversity of the applicant pool, and the institutions selected are intended to complement each other through the unique qualities and skills that each team and institution brings to the pilot.Faculty and Learners' Guide (69 pages) - Developing faculty: The EPA descriptions, the expected behaviors, and the vignettes are expected to serve as the foundation for faculty development. Faculty can use this guide as a reference for both feedback and assessment in pre-clinical and clinical settings.- Developing learners: Learners can also use this document to understand the core of what is expected of them by the time they graduate. The EPA descriptions themselves delineate the expectations, while the developmental progression laid out from pre-entrustable to entrustable behaviors can serve as the roadmap for achieving them.

Additional Resources

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The AMA wrote a letter to the U.S. Department of State (DoS) 38 urging the DoS to work with U.S. Citizenship and Immigration Services and the Educational 39 Commission for Foreign …

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In 1933, the American Medical Association (AMA) established the American Board of Medical Specialties (ABMS) to bring order to the proliferation of specialty boards and address conflicts …

REPORT 5 OF THE COUNCIL ON MEDICAL EDUCATION (A-15)
In response to Policy D-275.959, Competency and the Aging Physician, this report explores whether there is a need to establish guidelines for the testing for and judgment of an aging/late …

AMA medical education activities - CMSS
We are pleased to announce an invitation to submit an idea for a book chapter focusing on reimagining medical education in the U.S., with a focus on social justice. While we invite …

HOD ACTION: Council on Medical Education Report 5 …
16 innovations being studied in the AMA-led consortium is competency-based medical education, in 17 which learners are advanced to the next level of training upon satisfactory demonstration …

History of GME accreditation in the United States and West …
AMA Council on Medical Education and Hospitals publishes the first list of hospitals approved for residency training

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ACCME/AMA Glossary of Terms and Definitions
May 11, 2024 · The AMA elected body that formulates policy on medical education (including undergraduate, graduate, and CPPD/CME) by recommending educational policies to the AMA …

TESTIMONY TO THE CHAIR OF THE AMERICAN MEDICAL …
We therefore urge the AMA to supplement the policy recommended in the Report to not only adopt a policy that AMA “supports the physical and psychological safety” of diplomates, but …

MedEd’s horizon - Henry Schein
In its 2021 report, the AMA Council on Medical Education expressed strong support for diversifying the health care workforce as a means of addressing health inequities and …

COUNCIL ON MEDICAL EDUCATION - American Medical …
In addition to these public programs, there are numerous private pathway programs across the continuum of medical education to support diversity in medicine and access to care for the …

Bylaws | Council on Medical Education | AMA - American …
To review and recommend policies for medical and allied health education, whereby the AMA may provide the highest education service to both the public and the profession;

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In short, the ACE initiative fostered a community of innovation in medical education centered around our AMA. This informational report provides a detailed description of the activities and …

COUNCIL ON MEDICAL EDUCATION - American Medical …
These concerns have led to the development of American Medical Association (AMA) policy and advocacy to increase residency training positions, and policy that promotes systems and …

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Recent data indicate that 4.6 percent of enrolled medical students have

requested an accommodation for a disability, a percentage that has grown recently. Attention deficit …

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Older physicians are not required to pass a health assessment or an assessment of competency or quality performance in their area or scope of practice. Physicians must lead in developing …

COUNCIL ON MEDICAL EDUCATION - councilreports.ama …
At the March 15, 2020, meeting of the Council of Medical Education, members decided to develop an informational report on preparedness for pandemics across the medical education …

AMA Council on Medical Education - American Medical …
Constitution and Bylaws of the AMA, which define the Council's members, election process, and terms of office. These rules are adopted by the Council pursuant to Section 6.0.1 of the AMA

COUNCIL ON MEDICAL EDUCATION
study due to concerns among the House of Delegates that the AMA was advocating for a screening process for senior/late career physicians. This report is in response to that referral.

COUNCIL ON MEDICAL EDUCATION - American Medical …
the development of American Medical Association (AMA) policy and advocacy to increase residency training positions, and policy that promotes systems and programs to guide …

COUNCIL ON MEDICAL EDUCATION - councilreports.ama …
The Council on Medical Education is committed to ensuring that CBC supports physicians' ongoing learning and practice improvement and can assure the public that physicians are …

REPORT 4 OF THE COUNCIL ON MEDICAL EDUCATION …
In 1933, the American Medical Association (AMA) established the American Board of Medical Specialties (ABMS) to bring order to the proliferation of specialty boards and address conflicts …

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23 1933, the American Board of Medical Specialties (ABMS) is comprised of 24 certifying boards, 24 representing nearly one million active board-certified physicians. The ABMS oversees …

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American Medical Association (AMA) Policy D-275.954, "Continuing Board Certification," provides an update on some of the changes that have occurred as a result of collaboration among …

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The Council on Medical Education has corresponded with the ACGME regarding the AMA's option of eliminating the Fifth Pathway program and a presentation

was made to the …

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18 establishment of the Council on Medical Education in 1904, the Council adopted an “ideal 19 standard” that medical schools ought to require preliminary education sufficient to enable the …

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The AMA wrote a letter to the U.S. Department of State (DoS) 38 urging the DoS to work with U.S. Citizenship and Immigration Services and the Educational 39 Commission for Foreign …

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