

**AMERICAN MEDICAL STUDENT ASSOCIATION**  
**HOUSE OF DELEGATES 2017**  
**RESOLUTION: A11**

INTRODUCED BY: Allison Hare, Community & Public Health Programming Coordinator, Community & Public Health Action Committee; Diana Huang, Vice President for Programming Development; Tanya Khan, Community & Public Health Advocacy Coordinator, Community & Public Health Action Committee; Mallika Sabharwal, Chair, Community & Public Health Action Committee

SCHOOL: University of Wisconsin-Madison; Lewis Katz School of Medicine at Temple University; Northeast Ohio Medical University; University of Louisville School of Medicine

SUBJECT: Amendment to Principles Regarding Preventive Medicine and Public Health

TYPE: Resolution of Principles

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1 WHEREAS in 1995 AMSA resolved to urge the medical profession to include preventive  
2 medicine as an integral component of clinical training; and  
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4 WHEREAS the American Board of Medical Specialties recognizes preventive medicine as a  
5 unique medical specialty that focuses on the health of individuals, communities, and populations  
6 through the application of biostatistics and epidemiology, health services management and  
7 administration, control and prevention of environmental and occupational factors, clinical  
8 preventive medicine activities, and assessment of social, cultural, and behavioral influences on  
9 health; and (1)  
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11 WHEREAS our PPP currently supports education around preventive medicine in broad terms but  
12 not specific approaches that would support the development of students into professionals in the  
13 field of preventive medicine and public health; and  
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15 WHEREAS there are currently 73 accredited Preventive Medicine residency training programs  
16 in the United States and Preventive Medicine is one of the 24 medical specialties recognized by  
17 the American Board of Medical Specialties (ABMS), but medical students are usually not made  
18 aware of the specialty of Preventive Medicine as a training option; and (1)  
19

WHEREAS most medical schools do not have elective opportunities in Preventive Medicine available for interested students, but offer elective opportunities in many subspecialty fields;

**THEREFORE BE IT RESOLVED** that the Principles on Preventive Medicine and Public Health (p. 84 - 86) be AMENDED BY ADDITION to state:

In regard to education:

a. URGES the American medical profession to make preventive medicine, including clinical preventive medicine and epidemiology, an integral part of the core education of students, residents, practicing physicians and other health professionals;

b. URGES physicians and other healthcare professionals to educate themselves on the use of evidence-based ICAM regarding lifestyle practices, foods and herbal medicines, towards prevention and reduction of disease, particularly in a primary care setting.

c. ENCOURAGES medical schools to support the formation of preventive medicine interest groups to generate and maintain interest in preventive medicine, and to inform students of the existence of Preventive Medicine training programs as an option for residency.

d. URGES the Liaison Committee on Medical Education and accredited schools of medicine to encourage all U.S. medical schools to establish an elective preventive medicine clerkship during the third and/or fourth years of undergraduate medical education.

FISCAL NOTE: None

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#### REFERENCES

1. Johns Hopkins Bloomberg School of Public Health. Preventive Medicine: A Student Resource. [http://www.jhsph.edu/academics/residency-programs/prevmed\\_student\\_resource/](http://www.jhsph.edu/academics/residency-programs/prevmed_student_resource/)

#### REPORT OF REFERENCE COMMITTEE A

#### DISCUSSION

BOT Adopt as amended

- d. URGES the Liaison Committee on Medical Education and American Osteopathic Association Commission on Osteopathic College Accreditation and accredited schools of medicine to encourage all U.S. medical schools to establish an electives in preventive

61 ~~medicine clerkship during the third and/or fourth years of undergraduate medical~~  
62 ~~education.~~

63 BRD: N/A

64 PRD: Recommend to adopt as written

65 IRD: recommends to adopt as written

66 ACTE: Recommends to amend statement D by adding “and the American osteopathic  
67 association.” towards the end

68 Premedical Caucus: N/A

69 Other Groups: Voted to NA

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71 **SUMMARY OF DISCUSSION:**

72 **PROS:** SUPPORTS the intention of the resolution. Changes are necessary to ensure that both  
73 osteopathic and allopathic are included under the resolution

74 **CONS:** No proposition testimony provided

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76 **REFERENCE COMMITTEE COMMENTS:**

77 The majority of the regions and caucuses were for this resolution; the majority voted to support  
78 the intention of the addition of preventative care electives, however, the inclusion of all medical  
79 schools are necessary.

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81 One committee member stated that preventative care should be enforced in all rotations and not a  
82 separate elective. For that creates an impression that preventative elective is and separate entity  
83 and an “elective”.

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85 **REFERENCE COMMITTEE RECOMMENDATION:**

86  
87 Adopt as amended

88  
89 **d. URGES** the Liaison Committee on Medical Education and American Osteopathic Association  
90 Commission on Osteopathic College Accreditation and accredited schools of medicine to  
91 encourage all U.S. medical schools to establish an electives in preventive medicine-clerkship  
92 during the third and/or fourth years of undergraduate medical education.