

**AMERICAN MEDICAL STUDENT ASSOCIATION**  
**HOUSE OF DELEGATES 2017**  
**RESOLUTION: B5**

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SCHOOL: East Tennessee State University Quillen College of Medicine, New York Medical College, East Tennessee State University Quillen College of Medicine

SUBJECT: Principles Regarding Medical Education Mission Statements

TYPE: Resolution of Principles

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1 WHEREAS for the content of mission statements of medical schools AMSA has long supported  
2 promotion of the social mission of medical education  
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4 WHEREAS part of this support has not included support for formalized teaching of leadership  
5 development in medical education  
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7 WHEREAS High-quality healthcare increasingly relies on teams, collaboration, and  
8 interdisciplinary work, and physician leadership is essential for optimizing health system  
9 performance<sup>1-3</sup>

10 WHEREAS the Accrediting Council for Graduate Medical Education has established in its  
11 common program requirements that trainees demonstrate competence in interpersonal and  
12 communication skills, professionalism including to “continuously improve patient care based on  
13 constant self-evaluation and life-long learning,” systems based practice, and quality  
14 improvement that all involve teams<sup>4</sup>

15 WHEREAS the training and implicit characteristics of both physicians and physicians-in-training  
16 may not always be conducive to fostering teamwork and collaboration; because the healthcare  
17 industry is a challenging and dynamic environment; and medical leadership advancement within  
18 the establishment is often due to clinical, research, or academic prowess rather than  
19 demonstration of mastery of leadership competencies<sup>5</sup>  
20

21 WHEREAS the few formal leadership development programs in medical education tend to focus  
22 on technical skills and knowledge rather than other equally important competencies such as  
23 emotional intelligence, self and social awareness, group dynamics, and organizational  
24 psychology; and leadership development programs in medical education often exclude  
25 physicians-in-training<sup>6,7</sup>  
26

**THEREFORE BE IT RESOLVED** that the Principles on Medical Education Mission Statements (p. 148) be AMENDED BY ADDITION to state:

The American Medical Student Association:

1. In regard to the content of mission statements of medical schools:
  - a. STRONGLY ENCOURAGES medical school to recognize and actively promote the social mission of medical education.
  - b. SUPPORTS comparative assessment of medical schools' contribution to the social mission of medical education.
  - c. SUPPORTS the inclusion of and accountability for causes that reflect a:
    - i. ~~Primacy of teaching to the mission of academic medical centers.~~  
Focus on formally teaching and cultivating leadership competencies in medical education:
      1. As an essential component to developing the professional identity of physicians at all levels of training and across all specialties
      2. As a means to promote effective interprofessional collaboration among healthcare professionals and teams
      3. To recognize that leadership competencies are integral to the delivery of high quality healthcare
    - ii. Focus on service to the community.
    - iii. Emphasis on developing scientific discovery within its students through, but not limited to, basic and/or clinical science research.

FISCAL NOTE: None

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#### REFERENCES:

1. Reinertsen JL. Physicians as leaders in the improvement of health care systems. *Ann Intern Med* 1998;128:833–8.
2. McAlearney AS. Using leadership development programs to improve quality and efficiency in healthcare. *J Healthc Manag* 2008;53:319–31.
3. Lee TH. Turning doctors into leaders. *Harv Bus Rev*. 2010;88(4):50–8.
4. The Accreditation Council for Graduate Medical Education. Common Program Requirements. Available at: [http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs\\_07012016.pdf](http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_07012016.pdf). Accessed December 24, 2016.
5. Stoller, JK. Developing Physician Leaders: A Call to Action. *J Gen Intern Med* 2009. 24(7):876–8.
6. Stoller JK. Developing physician-leaders: Key competencies and available programs. *J Health Admin Ed* 2008 Fall;25(4):307-28.
7. Frich, JC, Brewster, AL, Cherlin, EJ, Bradley, EH. Leadership Development Programs for Physicians: A Systematic Review.” *J Gen Intern Med* 2014; 30(5):656–74.

73 **REPORT OF REFERENCE COMMITTEE B**

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75 **DISCUSSION**

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77 **BOT:** Adopt as written.

78 **BRD:** Adopt as written.

79 **PRD:** Adopt as written.

80 **IRD:** Adopt as written.

81 **ACTE:** Adopt as written.

82 **Premedical Caucus:** none.

83 **Other groups:** none.

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85 **SUMMARY OF DISCUSSION**

86 No discussion of pros vs cons offered.

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88 **REFERENCE COMMITTEE COMMENTS**

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90 None. Accept as written.

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92 **REFERENCE COMMITTEE RECOMMENDATION**

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94 Adopt as written