**Education Issues**

**EMC - EDUCATION (CONTINUING MEDICAL)**

**EMC-001**

Education and Research as a Component of the Health Care System: The Wisconsin Medical Society recognizes that education and research are a critical component of our health care system and must be appropriately funded. As the health care system is reformed or changed, it is essential that provisions or mechanisms to provide adequate, stable financing of medical education and research be included. (HOD, 0412)

**EMC-004**

Procedures for Reconsideration and Appeal of Adverse Accreditation Decisions: It is the policy of the Wisconsin Medical Society that Continuing Medical Education (CME) adverse accreditation decisions must adhere to specific guidelines. (HOD, 0410)

**EMC-005**

Joint Sponsor Policy Statement: The Wisconsin Medical Society supports the position that: The Council on Medical Education will give preference to requests for activity sponsorship with AMA PRA Category 1 Credit™ approval from Society councils and committees planning activities that coincide with the Society Annual Meeting or other major meetings. The Council on Medical Education and the Society may decline any other request for sponsorship for any reason deemed appropriate. The Council will encourage organizations seeking sponsorship to use other available accreditation mechanisms or attain independent accreditation status. The Council may at its discretion recommend sponsorship as the source of last resort and on a one-time only basis. If the Council does not approve sponsorship, the requestor may appeal this decision to the Society Board of Directors, which shall make the final determination of whether to approve the activity sponsorship. (HOD, 0413)

**EMC-006**

Support of Commercial Vendors: The Wisconsin Medical Society (Society) welcomes the support of continuing medical education by commercial vendors. Guidelines for this support are officially adopted from Accreditation Council for Continuing Medical Education’s Standards for Commercial Support and are as follows:

- Program Control: In accordance with the guidelines, the overall planning and responsibility for the Continuing Medical Education activity is with the Council on
Medical Education. This includes the selection of speakers, topics, meeting sites and other important decisions.

- **Recognition**: Financial support is acknowledged by an appropriate statement on all printed materials. The Council on Medical Education receives grants directly and pays the expenses and honoraria from the Society account. Publicity for the activity is controlled solely by the Society and its Council on Medical Education. Grants are welcomed for the preparation and dissemination of brochures, announcements, and posters, which will be prepared by, and identified with the Society. Company representatives should not issue formal invitations for the activity to physicians unless expressly approved by the designated CME staff.

- **Representatives**: Company representatives may attend all meetings, with a name badge provided by the Society.

- **Exhibits**: Booths or other displays are allowed on a rental basis. Such displays must be set up in a separate exhibit area. (HOD, 0413)

**EMC-007**

**Timely Publication of Clinical Studies**: The Wisconsin Medical Society supports the position that important medical treatment studies should be disseminated in a scientific communication to the medical profession in a timely fashion. (HOD, 0412)

**EMC-010**

**Examination for Maintenance of Medical License**: The Wisconsin Medical Society opposes the imposition of any clinical skills examination for maintenance of medical license as other mechanisms exist to ensure physician’s competence. (HOD, 0410)*

**EMC-011**

**Prescription Safety Education**: The Wisconsin Medical Society recommends that the Wisconsin Medical Examining Board should require appropriate continuing medical education on the safe and appropriate prescribing of controlled substances as a condition of initial and continuing licensure, and recommends that the federal government or its designated regulatory agencies allow states to develop their own education requirements through state regulatory licensing boards. (HOD, 0412)

**EMC-012**

**Maintenance of Certification**: The Wisconsin Medical Society opposes mandatory maintenance of certification as a condition of medical licensure. (HOD, 0414)

**EME - EDUCATION (MEDICAL)**

**EME-001**

**Restrictive Covenants**: The Wisconsin Medical Society will continue to monitor the use and enforceability of restrictive covenants, especially within the health care industry, and will provide information to members regarding restrictive covenants as necessary or requested. (HOD, 0415)

*Currently under five-year policy review.*
EME-003
Due Process for Housestaff: The Wisconsin Medical Society supports:

- The July 2003 Accreditation Council for Graduate Medical Education (ACGME) doctrine of “fair institutional policies and procedures for academic or other disciplinary actions taken against physicians in training.”
- Adjudication of physicians-in-training complaints related to actions that could result in dismissal or could threaten career development.
- Incorporation of language into physician-in-training contracts that requires the program to provide an annual written contract no later than March 1 that provides a reasonable timeframe to initiate an appeal for non-renewed contracts. (HOD, 0412)

EME-005
Domestic Violence Training in Medical School: The Wisconsin Medical Society supports and encourages domestic violence prevention training during medical school and residency training. (HOD, 0411)

EME-007
ACLS and BLS Training for Residents: The Wisconsin Medical Society:

- Encourages, as early as feasible in the first year of residency, the teaching of ACLS (Advanced Cardiac Life Support) and BLS (Basic Life Support) to maintain certification.
- Supports encouraging making ACLS and BLS an integral part of the residents’ training.
- Strongly encourages Neonatal Resuscitation Program (NRP) and Pediatric Advanced Life Support (PALS) training as early as feasible for ob/gyn, family medicine, pediatricians, anesthesiologists, and emergency medical programs, as appropriate. (HOD, 0412)

EME-012
Role of Medical Schools in the Community: The Wisconsin Medical Society:

- Respectfully recommends that both medical schools be encouraged to work within Wisconsin to provide high-quality and appropriately distributed clinical services to underserved communities in the state, as part of reducing health care disparities in the most efficient manner possible while providing supervised experience to young physicians and medical students.
- Supports developing a set of principles that would guide the communication and interactions between the private medical community and the medical schools as they pursue their educational mission. These principles should be developed in consultation with the medical schools and the private medical community and should address the potential for conflict and ways to facilitate the resolution of conflicts that arise. (HOD, 0414)

EME-014
Medical Education Funding: The Wisconsin Medical Society strongly supports state funded Graduate Medical Education funding for residency training programs and sufficient yearly
tuition assistance and capitation payments to Wisconsin medical students attending the Medical College of Wisconsin. (HOD, 0410)*

**EME-015**

**Residency Cap:** The Wisconsin Medical Society supports increasing the number of graduate medical education (residency and fellowship) positions to adequately address the developing physician workforce shortage and supports rescinding funding caps for graduate medical education imposed by the Balanced Budget Act of 1997. (HOD, 0414)

**EME-017**

**Education of Medical Students and Residents/Fellows in Quality Improvement:** The Wisconsin Medical Society respectfully encourages our state’s medical schools and residency/fellowship programs to incorporate quality and performance improvement curricula, including principles of quality and performance improvement unique to Wisconsin, into their training. (HOD, 0410)*

**EME-018**

**Diversity Competency Training:** The Wisconsin Medical Society encourages the requirement of training that ensures competency in working with and caring for diverse populations, including communities that differ in race, ethnicity, culture, age, sex, gender, gender identity, sexual orientation, religious affiliation, socioeconomic status and disability. This required competency training would encompass the following:

- Providing definitions of the terms cultural competency, in race, ethnicity, culture, sex, gender, gender identity, sexual orientation, disability, and provide tools to develop a critical understanding of one’s own privileges and prejudices
- Identifying and understanding of the ways in which traditions and beliefs of diverse patient populations affect the nature of professional relationships and patient care
- Developing an understanding of the extent to which stereotypes can affect medical decision-making
- Identifying strategies for recognizing patterns of health care disparities as well as barriers to quality health care, and providing clinically relevant strategies to combat them
- Enhancing cross-cultural clinical skills, including history-taking, problem solving and promoting patient compliance. (HOD, 0411)

**EME-019**

**Supporting Two-Interval Grading Systems for Medical Education in Wisconsin:** The Wisconsin Medical Society acknowledges the benefits of a two-interval grading system in medical colleges and universities in the state of Wisconsin for the first two years of instruction. The Wisconsin Medical Society asks the AMA to acknowledge the benefits of a two-interval grading system in medical colleges and universities in the United States for the first two years of instruction. (HOD, 0412)

*Currently under five-year policy review.*
EME-020
Decreasing the Financial Burden of Unsubsidized Federal Loans for Wisconsin Medical Students: The Wisconsin Medical Society supports federal legislation that reinstates Federal Direct Subsidized Loans for medical students and legislation that provides interest subsidies on federal loans for medical students with Wisconsin residency while attending medical school in the state of Wisconsin. (HOD, 0413)

EME-021
Introducing Small Group Practice Opportunities to Medical Students: The Wisconsin Medical Society will advocate for programs and seminars to involve medical students in externships with solo and small group community practices, and will support the development of evening seminars with medical students and doctors/practice managers where the small practice work style and business details can be discussed. (HOD, 0413)

EME-022
Computer Use by Medical Students: The Wisconsin Medical Society encourages the state’s medical schools and residency training programs to teach future practicing physicians effective methods of utilizing electronic devices in the exam room and at the bedside, so that they enhance rather than impede the doctor-patient relationship, so as to have a positive impact on said relationship and health care for the patient. (HOD, 0414)

EME-023
Practical Use of Advance Directives in Medical Education: The Wisconsin Medical Society asks the American Medical Association (AMA) to recommend that all Liaison Committee on Medical Education (LCME)-, and Commission on Osteopathic College Accreditation (COCA)-accredited medical schools provide students the opportunity to complete an advance directive and learn to further address advance care planning in the course of their curricula.

The Society asks the AMA to encourage the LCME and COCA to include in their current accreditation standards opportunities for personal completion of advance directives by medical students and opportunities to further address advance care planning in the course of the medical school curricula.

The Society encourages development of a model educational module for the teaching of advance directives and advance care planning. (HOD, 0414)

EME-024
Medical Education Debt Relief: The Wisconsin Medical Society will support legislation and other efforts to reduce the burden of medical education debt. The Society recognizes that efforts to avert medical education debt before it accrues in order to lessen the impact of the level of debt on a trainee’s choice of specialty are preferable to efforts aimed at reducing it afterwards. (HOD, 0414)
EMP - EDUCATION OF OTHER PROFESSIONALS

EMP-001
Education for Non-medical Leaders: The Wisconsin Medical Society supports programs that educate legislators, business leaders and others about the complexities and demands of medical practice. (HOD, 0415)

EMP-002
Improved Medical Education of County Coroners and Others: The Wisconsin Medical Society supports working with the legislature and the governor to ensure the quality of appropriate medical education of coroners, district attorneys, police and sheriffs’ departments to improve understanding and cooperation with physicians in medical-legal problems. (HOD, 0415)

EMP-003
School Nurses: The Wisconsin Medical Society recognizes the importance of school nurses to provide a safe environment for our students and supports appropriate nurse-to-student ratios in all schools. (HOD, 0410)*

RES - MEDICAL RESEARCH

RES-001
National Institute of Health Funding After Sequestration Cuts: The Wisconsin Medical Society supports an increase in National Institutes of Health (NIH) funding for biomedical research and the Agency for Healthcare Research and Quality (AHRQ) to counteract funding cuts. The Society will advocate with the Wisconsin Congressional delegation and the AMA to protect and support funding for NIH biomedical research and the AHRQ. (HOD, 0413)

*Currently under five-year policy review.