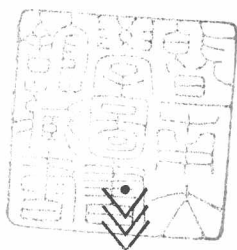


GRADUATE MEDICAL EDUCATION



*REPORT OF THE COMMISSION ON
GRADUATE MEDICAL EDUCATION*

1940

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GRADUATE MEDICAL EDUCATION

*REPORT OF THE COMMISSION ON
GRADUATE MEDICAL EDUCATION*

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60 East Scott Street, Chicago, Illinois

FOREWORD

THE Commission on Graduate Medical Education was organized on December 4, 1937, in pursuance of a resolution adopted by the Advisory Board for Medical Specialties earlier in the same year. At the opening meeting the chairman defined the function and purpose of the Commission. Among other things, he said:

“The Commission on Graduate Medical Education will undertake to formulate the educational problems and principles involved in the continuation of medical training for a period of years after graduation and the adequate training of specialists, and to make recommendations for methods whereby those in practice, general and limited, may keep abreast of new developments in diagnosis, treatment and prevention. It is the opinion of the Commission that these phases of graduate medicine are closely related and should be regarded broadly as parts of a single problem.

“The educational problems of the internship need definition in the larger concept of medical education because of the great confusion that now exists among physicians, hospitals and medical faculties regarding this vital, though frequently unsatisfactory, phase of training. There is need of integrating the hospital training with the undergraduate course and of making it more effective as a preparation either for general practice or for advanced training in a specialty.

“The Advisory Board for Medical Specialties, the

FOREWORD

Council on Medical Education and Hospitals of the American Medical Association and the various American specialty boards have established in general terms the basic requirements for proper training for the several specialties, particularly for recent graduates. Educational programs for actually putting these general standards into effect to meet the needs of the country have to be formulated.

“A wide variety of short courses are offered in different sections of the country for physicians in practice. Some of the efforts have been limited to instruction in the hospitals of large cities and other plans have aimed to carry instruction to the physician in his own environment through various forms of extension teaching. It is important that all of these efforts be focused more clearly on the needs of different groups of practitioners. There should be differentiation in instruction for those engaged in general practice and for those already confining their work to a specialty.

“In recognition of the need of a study of the whole situation in graduate and postgraduate medical training, it seems desirable that there be set up a group to mobilize the best current opinions and experience and to formulate principles and standards of training which may be of help in setting up programs of instruction. Such a group should comprise representatives of the profession, the specialty boards, the hospitals, the medical schools and the state regulatory bodies familiar with these problems. It would develop standards of training which would be of help to the various agencies concerned with the inspection and evaluation of facilities. There should be no duplication of effort or conflict with such agencies.

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"The Advisory Board for Medical Specialties is more representative of the different interests involved than any other body and it was felt that it should create a group to study the whole problem. Hence its action in Atlantic City on June 6, 1937, creating the Commission on Graduate Medical Education.

"It was understood that the Commission would concern itself primarily with those problems which are common to all the specialty boards and organizations dealing with the different aspects of graduate medicine and would not attempt to accredit or evaluate facilities or to perform other administrative functions now carried out by the American Medical Association, the American College of Surgeons, the Association of American Medical Colleges and other administrative agencies.

"The Commission can function most satisfactorily by the employment of a full time director of study for a term of about three years to carry out the necessary work."

These policies have formed the basis for the Commission's work.

The Commission's activities were financed by the Rockefeller Foundation, the Carnegie Corporation, the Josiah Macy, Jr. Foundation and smaller contributions from organizations and societies interested in this problem. The generous response by these organizations to the Commission's requests is deeply appreciated.

Hundreds of medical educators, officers of national and local professional organizations, other practicing physicians, hospital administrators and educators interested in the problems of graduate education have aided in the development of this report through their generosity in offering constructive suggestions, advice and criticism.

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In addition, the pertinent literature has been carefully studied. Ideas obtained from all of these sources are reflected at various points in the report.

In the development of this report there has been no attempt to survey present practices in an effort to discover the methods and ideas of the majority. Rather the aim has been to bring together the best medical and educational ideals and philosophies and to synthesize these into a series of consistent workable principles. The report does not set up detailed procedures, its purpose being to create standards but not to standardize. When specific details are mentioned, they are for purposes of illustration only, for it is realized that the situation faced by each group will make certain variations necessary within the broad educational framework here suggested.

The *Final Report of the Commission on Medical Education*, published in 1932, dealt largely with its primary objective, the problems of undergraduate medical education, but it considered briefly the problems in the field of graduate medical education. In a sense, therefore, this report may be considered as a companion book and complement to the earlier work.

The ultimate objective of this report is to stimulate greater interest in the whole field of graduate medical education so that there will be improved educational content of the internship and residency resulting in a better trained medical profession with a keener desire to keep abreast of developments in medical practice and with a clearer realization that medical education is a continuous process extending throughout the physician's lifetime. The essential purpose of all these recommendations is to provide better medical care to the patient.

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