The Association of American Medical Colleges and the Association of Medical School Psychologists: Finding Psychology’s Place in Academic Medicine

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INTRODUCTION

This paper discusses the Association of Medical School Psychologists’ (AMSP) links to psychology associations and to academic medicine organizations, especially the Association of American Medical Colleges (AAMC). AMSP is a professional association composed primarily of and for psychologists who work in medical schools, teaching hospitals, and other academic health center (AHC) settings. Within the framework of professional psychology organizations, AMSP is currently Section VIII of Division 12, the Society of Clinical Psychology, of the American Psychological Association. Within the framework of academic medicine, AMSP is currently a member of the AAMC’s Council of Academic Societies (CAS), one of the three governing components of the AAMC. The AAMC is a powerful force in academic medicine that touches all phases and levels of medical education. AAMC activities affect medical students, residents, and faculty; institutions such as the medical schools and hospitals within which physicians are trained; and many professional specialty associations composed of physicians and other groups that are active in medical school settings and play an important role in the education of medical doctors.

DEVELOPMENT OF AMSP AND ITS TIES TO OTHER ORGANIZATIONS

AMSP’s organizational beginnings can be traced to the formation in 1979 of the New York State...
Association of Medical School Psychology Directors, when Reuben Silver, PhD, of Albany Medical College, invited Heads of Psychology in medical schools in New York State to develop a forum to discuss issues of mutual concern. In 1981, Dr Silver, then President of the New York group, issued a call for a national meeting that led to the establishment in 1982 of a new, national entity that would later become known as the AMSP (Silver, 1996; Reuben, Silver, Carr, & Leventhal, 2005). For nearly 20 years, AMSP remained a relatively small, independent group composed primarily of a small number of psychologists, mostly chief psychologists or senior leaders in their respective medical schools, committed to work in academic medical centers and many of whom had developed distinguished careers in those settings. Many of these years were not easy ones for psychologists working in academic medical centers, who frequently encountered opposition from psychiatrists (Silver, 1996; Reuben et al., 2005).

In the years 2000 and 2002, two pivotal events occurred for AMSP. In 2000, Association members voted their approval of an agreement for AMSP to become Section VIII of the Society of Clinical Psychology in the American Psychological Association (APA). Through this affiliation, AMSP for the first time had a home within organized psychology for psychologists who work in medical school/AHC settings. Two years later, in February of 2002, AMSP was admitted as a member to the AAMC’s CAS. It took psychologists in medical schools two decades to establish these affiliations, but in a brief period, AMSP firmly planted one foot in clinical psychology and the other foot firmly in the CAS component of the governance structure of American medical colleges. Prior to this, medical school psychologists felt on their own organizationally. They were never fully embraced by organized psychology and remained on the periphery of academic medicine. Earlier attempts by psychologists in medical schools to become APA or AAMC affiliates were unsuccessful. For example, with respect to forming ties with professional psychology organizations, as early as 1954, there had been a movement to establish a division of medical psychology in the APA, which did not succeed. With respect to forming ties with academic medicine, AMSP attempted to join CAS but in 1991 was denied membership after several years of seeking AAMC affiliation (Silver, 1996; Reuben et al., 2005).

In becoming a new section within APA’s Division 12, the Society of Clinical Psychology, the membership of AMSP clearly indicated its wish to affiliate with APA, a move that fits well with APA’s expanding definition of the role of psychology in the health care system. Clinical psychology has become more identified with general health care and health service delivery. In 1996, the APA Council of Representatives adopted a definition of psychologists as “health service providers,” not merely mental health service providers (APA Policy Manual, 1996). In 2001, APA revised its mission statement to affirm psychology’s place as a health care profession by expanding the definition of “psychologist” to a “health service” provider, and not limiting psychological services solely to mental health, a trend that has been ever more strongly reaffirmed since then (e.g., APA Public Policy Office, 2004). For its part, AMSP, in seeking to establish enduring roots within the organizational structure of academic medicine and within the organizational affairs of psychology, has affirmed the broadened view of the psychologists’ role in health care, education, research, and training.

In becoming a member of the CAS of AAMC, AMSP affirmed medical school and academic health center psychologists’ connection to academic medicine. The AAMC is the most important and influential academically based organization concerned with medical education, biomedical research, and the welfare of medical school faculty. There are presently more than 3,100 plus psychologists working in the 125 medical schools and related medical hospitals and health care facilities that belong to the AAMC (Hong & Leventhal, 2004). As noted by Garcia-Felton and Leventhal (2005), medical school/AHC psychologists need to understand the determinants of their physician colleagues’ priorities and behavior, which includes understanding the role of academic medicine organizations such as the AAMC. Moreover, many of the AAMC’s priorities and objectives have direct relevance for the work of psychologists in academic medical centers and medical settings. We will review the history and governance of the AAMC as well as its present organization and future directions.

AAMC HISTORY, GOALS, AND STRUCTURE

The AAMC is a non-profit organization founded in 1876 to work for reform in medical school education. Since that time, the Association has broadened its interest in academic medicine to include the facilitation of biomedical research, provision of health care in the community, the quality of teaching, and much more. The 1965 Coggeshall Report dramatically changed the direction and organization of the AAMC.