

## Chair's Message

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### How the GEA Functions to Help Faculties Reach Their Goals

In the Spring 2001 edition of the GEA Correspondent I asked, "What can the GEA do to help faculty achieve scholarship in education, and to help medical schools value teaching and learning"? I am more optimistic than ever that working together we can achieve these goals.

To what do I attribute this optimism? It started when I first became involved in GEA activities, and has accelerated as I have observed first-hand how effectively the GEA works, and how talented and dedicated are so many of the teaching faculties in our medical schools. Being able to attend three of the four Regional meetings convinced me that the education faculties in our GEA Regions, where GEA themes and priorities are implemented, are fully prepared and eager to lead Ludmerer's second revolution in medical education. The attendance at these meetings was impressive. More impressive was the high quality of presentations, posters, workshops, and small group discussions. But most impressive to me were the relaxed enjoyment of those attending, the

networking among individuals as they discussed common issues and the genuine desire of the more senior members to help junior members achieve scholarship in education. This sense of togetherness, of working to achieve something meaningful - the education of students and physicians, and the evidence of faculty altruism, are things I have not observed at other meetings.

At the January GEA Steering Committee meeting we discussed the progress made on the Scholarship in Education project, and plans for the future. The progress is due to the efforts and ideas of GEA faculties and has included regional and national case based discussions, "Scholarship in Teaching: What is it and How Should it be Rewarded"; a 1999 *Academic Medicine* article by Deb Simpson and Rhee Fincher, "Making a Case For the Teaching Scholar"; and the seminal article by Rhee Fincher, Deb Simpson, and 7 co-authors in the September 2000 edition of *Academic Medicine*, "Scholarship in Teaching: An Imperative for the 21st Century". These contributions formed the framework for the GEA's November 2000 national plenary session, "Defining and Measuring 'Scholarship' in Medical Education". This plenary was attended by more than 400 faculty and at its conclusion the attendees were asked how the GEA could help faculty achieve scholarship in education. We received more than 150 suggestions from this broad based involvement of the GEA membership, which formed the basis for our discussion of Scholarship in Education at the January GEA Steering Committee

meeting, and the foundation for future plans. Chief among these plans was to ask Rhee Fincher, M.D., Medical College of Georgia, to lead the original nine authors of the September 2000 article in prioritizing the suggestions from the plenary session, developing time-lines for their implementation, and the resources needed. Part of their deliberations has included discussions at the Central and Southern Regional meetings, which resulted in regional prioritization of the items suggested at the national plenary. The recommendations of the "original nine" were discussed at the May GEA Steering Committee meeting, and final recommendations for implementation in the Regions were developed. These include:

- Recommendation #1: A GEA/AAMC endorsed Position Paper
- Recommendation #2: Adoption of an LCME, and other accrediting bodies;

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"MUST" for Education as Scholarship

- Recommendation #3: Individual and organizational development to value Education as Scholarship

The Scholarship in Education project is an example of the effective operationalization of the GEA reorganization. Ideas are generated from individuals, through Sections, and from Councils. From these sources and others, the Steering Committee establishes themes and priorities in education. From there it is essential for leaders in the Regions and Sections to step forward, and to get broad-based input from GEA members. Observing this process in action has confirmed my belief that the education of students and physicians is in good hands, that we can lead the second revolution in medical education, and that the GEA can help faculty achieve their goals.

Another example of how the GEA functions to help faculty educators is the Assessing Professionalism project. The GEA's involvement in this theme started during the Medical School Objectives Project; a discussion of the facets of professionalism often dominated the meetings. The GEA Steering Committee subsequently developed a plan intended to delineate clear ways for Regions to implement assessing professionalism across the continuum of medical education. The plan included forming Task Forces by having each Region identify two people from each Section. These Section Task Forces (UGME, GME, and CME) were asked to provide a report on assessing professionalism in their domain, with five references of the best evidence, and tools needed for assessment. The RIME Section Task Force was asked to develop research questions based on the references identified by the other Task Forces. These reports were collated in a document with sections on definition, the learning environment, assessment tools, and research questions. This

document formed the basis for extraordinarily valuable discussions at the Spring Regional meetings, from which common themes emerged. A revised document was then developed for discussion at the May Steering Committee meeting. The Steering Committee's discussion produced a final document to serve as a guide for the plenary session at the 2001 annual meeting, and as material for Section and Regional meetings. The final recommendations will be implemented in Regions through their Sections. This process of theme development and subsequent collation by the Steering Committee, continuing interaction of Regions and Sections, input from a broad base of education faculties, and implementation of the final recommendations in the Regions has proven a valuable way for finding common themes, keeping them alive and moving, and getting them implemented.

How does the Steering Committee decide upon new themes and priorities? Great ideas come from all directions, from the Executive Council, from other Councils, from the OSR and ORR; they come from a Region or Section; and they come from individuals. All of this is monitored, considered and brought forward, by AAMC staff. We are fortunate to have Brownie Anderson, Cynthia Woodard, and Caroline Coleman as the primary staff supporting the GEA. The GEA could never function so effectively without the dedicated staff of the AAMC.

It has been my special pleasure to serve as the Chair of the GEA. As always, I received more than I gave, and I learned more than I taught. What I received has been unselfish help from so many people who really are interested in helping others learn, and a deep appreciation of education faculties across North America. And what I learned is what a dynamic, effective, and forward-thinking organization the GEA is, and how much it means to students, faculty, medical schools, and the Association of American Medical Colleges.

## REGIONAL REPORTS

### NEGEA Reort

The NEGEA Regional Meeting held, in Baltimore on March 2-4, 2001 was hosted by Johns Hopkins, Uniformed Services School of Medicine, and University of Maryland. The theme "Genetics Curriculum: A Life-Long Learning Perspective" allowed the blending of UME, GME, and CME objectives that were met through a variety of interactive teaching formats and small group activities.

Highlights of the meeting included:

- A powerful kickoff event - where a panel of patients shared stories of their genetics-related syndromes and their interactions/struggles with the health care system
- Strong keynote speakers, particularly Alan Guttmacher, M.D., who discussed the impact of genetics on clinical medicine and medical education
- A standardized patient simulation that effectively demonstrated this teaching tool for ethics, communication skills, and genetics counseling

### THE GEA Correspondent

GROUP ON EDUCATIONAL AFFAIRS

The GEA Correspondent is accessible through the GEA web site semi-annually by the Group on Educational Affairs of the Association of American Medical Colleges

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▼  
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- A discussion panel for “models that work” illustrated the application of genetics education across the continuum
- The exploration of genetics and medical informatics
- And an elegant dinner at the Baltimore National Aquarium

Thanks to all who participated and helped with the planning, with special thanks to John Shatzer, Ph.D., and Donna Waechter, Ph.D., for orchestrating the myriad details of an excellent program.

The 2002 spring’s regional meeting will be held May 4-6, 2002, Rochester, NY with the themes: Competency-Based Education, Simulation, and Reducing Medical Errors

A quick tour of Rochester’s new teaching facility and simulation demos will kick off the plenary and workshops focusing on the above themes and related topics. A variety of interactive workshop formats will link the themes to the needs of UGME (basic and clinical sciences), GME and CME educators, and will encourage team approaches to exploring curriculum design, assessment and research. Those wishing to focus on the simulation aspects will want to come to workshops beginning May 3 as part of the national 6th Conference on Simulation in Medical Education that is overlapping the same weekend. More information will be coming soon.

Other features of the 2002 NEGEA regional meeting will include:

- Orientation for new members
- Poster sessions (details will be forthcoming)
- Further work on the “Professionalism Project”, and
- New work on “Curriculum Evaluation and Outcomes” at all levels of training

**TO ALL YOU MEDICAL EDUCATORS OUT THERE: THIS IS YOUR ORGANIZATION!** We want to hear from you: How can this organization

help you achieve your personal and your school’s educational goals? A Steering Committee member will be calling the educational dean at your school to provide an update of activities, solicit ideas, and request names of nominees for the steering committee. So speak to your educational dean or contact us directly:

#### Steering Committee:

Mary Y. Lee, Chair, Tufts  
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Elizabeth Armstrong, Past-Chair, Harvard  
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David Davis, CME, U of Toronto  
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Hilary Schmidt, RIME, Columbia  
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John Shatzer, UME, Johns Hopkins  
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We look forward to hearing from you and hope to see you next spring in Rochester!

Mary Y. Lee, M.D.  
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*Chair, Northeast Region*

## Central Group on Educational Affairs

### Overview

The University of Minnesota hosted the CGEA’s Annual Meeting with leadership provided by our Program Steering Committee composed of Chris Reznich, Ph.D., Brian Mavis, Ph.D., and local host Ilene Harris, Ph.D.. Final registration was 211.

### A Few Highlights

Orientation Program (Dr. Giuila Bonaminio)

Dr. Bonaminio spearheaded the planning and development of this new program as part of her “Member at Large” project requirement. The event was well received with 40 registered and 16 in actual attendance. Although originally targeted toward new members, we learned that even established members appreciated the opportunity to learn more about the structure and various activities of the CGEA.

Educational Leadership and Management (Dr. Fred McCurdy)

Dr. McCurdy began this threepart series program as a premeeting workshop last year and continued with part two this year. Similarly, this effort was undergone as part of Dr. McCurdy’s Member at Large project requirement. Approximately 50 individuals attended the program which continues to be well received.

### Teaching as Scholarship

A round table session extended the Teaching as Scholarship theme established last year. Individuals (n = 23) who won teaching awards were invited to facilitate round table discussions as part of the CGEA’s business/luncheon meeting. Each awardee began the discussion by telling their worst disaster as a teacher, and then used the “lessons learned” as a springboard for discussion. The session, needless to say, was comical, informative, and lively!

### Medical Education Resource Exchanges (MERE)

Two MERE sessions were implemented with individuals exchanging resources relevant to SP cases and OnLine Curriculum Resources.

### New Officers

We are pleased to welcome the following new officers to our Executive Committee:

Debra Klamen, M.D., University of IL, Chicago. Member-at-Large, 2001-4

Larry Gruppen, Ph.D., University of MI. Section Chair of RIME, 2001-3

Karen Wendelberger Marcante, M.D., MCW. Section Chair of UGME, 2001-3.

Ilene Harris, Ph.D., University of Minn. Chair-Elect, 2001-3

Janet Riddle, M.D., Rush, Section Chair of GME, 2001-2

Bart Galle, M.D., University of Minn. Section Chair of CME, 2001- 2

### CGEA MiniGrant Program

The Review Committee recommended acceptance of the grant proposal entitled "A Comprehensive Literature Review: Assessing the Good Doctor" submitted by Dr. Linda Distlehorst as the Principal Investigator. The EC approved the recommendation.

Debra DaRosa, Ph.D.  
<ddarosa@nmh.org>  
Chair, Central Region

## Report from the Southern Group on Educational Affairs

The 2001 annual spring meeting was held in Little Rock, Arkansas hosted by the University of Arkansas for Medical Sciences (DAMS). The theme for the meeting was *Teaching, Learning, Knowing in 2001: An Odyssey of Outcomes*. The educational objectives for this year's meeting included developing: a better understanding of the

process of educational outcome assessment; an appreciation of the interdependence of undergraduate medical education outcomes with graduate medical education outcomes, and of graduate medical education with continuing medical education outcomes; an understanding of professionalism in medicine and a knowledge of how to assess this; and the skills needed for improvement in teaching and educational research.

The focus of the meeting was highlighted through an excellent keynote address by Wayne Davis, Ph.D., University of Michigan School of Medicine on "Educational Outcomes: Theory and Practice". Dr. Davis' address was followed with reflections by a panel of representatives from all four GEA sections. Selected handouts from the SGEA 2001 meeting, including the keynote presentation, are available at the meeting website <[http://www.uams.edu/sgea/home\\_page.htm](http://www.uams.edu/sgea/home_page.htm)>. Also of note was the invited session on "Assessment of Professionalism" led by Henry B. Slotnick, Ph.D., Professor at the University of North Dakota School of Medicine and Health Sciences. This interactive, working session resulted in the development of an extensive list of behaviors consistent with being a professional and an indication of where in a physician's medical training/career one might expect mastery of these behaviors.

During the program there were over 40 peerreviewed discussion groups, posters, workshops, and presentations. Socially, participants enjoyed a wonderful dinner and musical interlude at the Little Rock Club overlooking downtown Little Rock. RuthMarie Fincher, M.D. provided an excellent update on the GEA Scholarship Project, Phase II. The following special interest groups met: Introduction to Clinical Medicine, Standardized Patients, Basic Science Educators, Computers in Medical Education, Faculty Development, and, for the first time in the SGEA, Quality Improvement in Medical Education. Each SIG was asked to submit an action plan regarding future SIG related activities in SGEA.

During the meeting, all SECTIONS met and reported the following activities:

### CME/GME Combined Session (Paul Mazmanian/Chris Smith)

These two sections shared a matrix of ACGME competencies derived from conversations with the Presidents and selected leadership of the Alliance for Continuing Medical Education; the Council on Continuing Medical Education, Association for Hospital Medical Education; the Continuing Medical Education Section, Group on Educational Affairs, Association of American Medical Colleges; and the Society for Academic Continuing Medical Education. At the session, it was agreed that:

1. the ACGME competencies are important to both sections, CME and GME,
2. selfassessment is important to the success of:
  - a) professionals in CME and GME,
  - b) offices of CME and GME,
  - c) communities involved in CME and GME, and
3. the CME and GME Sections of the SGEA will form a working group to review the matrix and to determine how selfassessment and associated outcomes might be improved in CME and GME.

### RIME (Patricia O'Sullivan)

RIME facilitated the evaluation of the submissions and subsequent sessions during this year's meeting. The section initiated a mentoring project to enhance posters and presentations at this year's meeting and will continue that effort next year. RIME solicited individuals to help with this year's AAMC RIME meeting as well as nominees for the RIME planning committee from the Southern Region. RIME will develop at least two offerings for the next SGEA meeting. One will be a workshop by Sonia Crandall, Ph.D., on the review process.

### UME (Cam Enarson)

The focus of the UME program was a presentation by Jamie Shumway, Ph.D.,

West Virginia University, entitled "Reflections on Assessing Medical Students in a Competence based Curriculum." The presentation reflected his experiences during his sabbatical year at the University of Dundee.

The SGEA Steering Committee is continuing to focus on professional development and increasing participation in southern region institutions. To that end SGEA will:

- Continue to support and develop the mentoring/scholarship program
- Send letters of acknowledgment to the Deans of those who presented at SGEA
- Utilize our funding to encourage SGEA participation and honor exemplary scholarly activity
- Add two members at large to the steering committee.

All section chairs remain in office and the chairelect for SGEA is Kevin Krane (Tulane University). SGEA began collecting dues from member institutions in 1999. Our plans are to continue to solicit dues to support the annual meeting; travel grants, and plaques/certificates to recognize scholarly activity of SGEA members.

The Medical University of South Carolina College of Medicine, Charleston, South Carolina will host the 2002 SGEA spring meeting, March 14-17. The theme will be "Promoting Lifelong Learning: From Ideas to Results".

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*Chair, Southern Region*

## WESTERN GEA Report

The annual spring meeting of the WGEA was held April 20-22 at the UCLA School of Medicine and the program committee was chaired by LuAnn Wilkerson, Ed.D. The theme of the meeting was "Using Technology to Support Teaching and Learning." There were 50 oral, poster, and workshop presentations submitted from 16 medical schools in the region. Approximately 150 individuals attended.

Awards for Excellence were given to:

- Robin Deterding, M.D., University of Colorado School of Medicine:

*"The creation of a multimedia pediatric examination"*

- Colleen O'Connor Grochowski, M.A., Lynn Tomasa, Ph.D. and Nancy Alexander Koff, Ph.D., The University of Arizona College of Medicine:

*"Enhancing Geriatrics and Gerontology in Undergraduate Medical Education"*

- Steven Mitchell, M.D. and William Anderson, Ph.D., University of New Mexico School of Medicine:

*"Electronic Delivery of Performance Based Examinations"*

One of the oral presentation sessions at the spring meeting focused on Professionalism, one of the current GEA projects, and featured three submitted papers that generated much discussion. Issues and/or questions arising from this discussion included:

- Defining professionalism is the essential step in its teaching and assessment.
- Can professionalism be taught, learned, assessed, and retained?
- Are attributes of professionalism considered in the admissions process?
- Do attributes of professionalism deteriorate during medical education and, if so, why?
- Poor communication skills of students may hamper assessment of professionalism.

At the WGEA business meeting the schematic representation of the AAMC/GEA organizational structure, developed by Bob Watson, M.D., University of Florida College of Medicine, was distributed, discussed and found to be informative and useful. The roles of the GEA Steering Committee, the GEA sections, regions and special interest groups (SIGs) were reviewed and empha-

sized. The status of the AAMC Graduation Questionnaire (GQ) was discussed. There was also some discussion regarding surveys such as the GQ and the potential need for IRB approval.

The next WGEA chair will be Michael Prislun, M.D., from the University of California Irvine. He will assume this responsibility on September 1, 2001.

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*Chair, Western Region*

## Liaisons to GEA

### OSR Report

The OSR is currently working on three national projects:

1. "What to Ask During the Residency Interview" – We are working with the ORR to update this document to include questions about the latest issues in residency programs (e.g., resident unionization, financial stability of the sponsoring institution, etc.). The revised document will be distributed through the OSR representatives to the member institutions.
2. OSR Knowledge Base – The OSR is constructing an online database of chapter projects and resources to enhance the sharing of information between chapters. The database will allow our representatives to identify the areas of expertise at their institution and to query the expertise of other institutions. Topics such as honor codes, medical Spanish courses, and student-run clinics will be included.
3. Humanism in Medicine Award – We received fifty-six nominations for the award this year, which is an increase of about twenty percent from the previous year. Our selection committee is currently reviewing the nominations and the final selection will be announced at the annual meeting in November.

In addition to these projects, the OSR is exploring the following hot topics and future project ideas:

- Standardized Patient Testing – The National Board of Medical Examiners (NBME) is now pilot-testing the proposed standardized patient exam (USMLE Step 2B). The exam is currently estimated to cost approximately \$1200 per student, not including travel expenses, so students are quite concerned about the plans for implementation. The NBME is currently evaluating the cost-effectiveness of the exam under different testing models.
- Collaboration with MSJAMA – The editors of the medical student section of *JAMA* have asked us to assist in the recruitment of student authors. Their works will be published in *JAMA* through a competitive process.
- Leadership Development Program – We are exploring the idea of creating a leadership development program for medical students. The program is likely to combine special sessions at our meetings with practical leadership experiences, but we are still in the early stages of consideration.
- Community Service Projects – The Ad Board will be discussing the creation of a national community service project within the OSR.

The planning for our annual meeting activities is proceeding smoothly. Session topics include the following items:

- Medical Errors with ORR and Institute of Medicine
- Definition of Underrepresented Minorities
- Virtue Ethics
- Cultural Humility
- Student Debt
- Humanism in Medicine Award

We will also be continuing our annual poster session to share student research, community service, and educational programs between schools.

Michael H. Rosenthal  
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*OSR Chair*

## ORR Report

### Purpose

The ORR serves as the resident voice of the AAMC, offering input on matters before the Association, and providing professional development opportunities for residents interested in academic medicine. Representatives are appointed by the AAMC Council of Academic Societies (CAS), from each of the 24 general specialties recognized by the American Board of Medical Specialties (ABMS). Jessica Roberts, M.D., Tulane University, and Devdutta Sangvai, M.D., Medical College of Ohio, respectively ORR Chair and Chair-elect, serve on the AAMC's Executive Council as voting members.

The ORR was established in 1991 by the AAMC Executive Council for the purpose of:

- providing a communication link between residents and the medical education community,
- providing AAMC with resident views and involving residents in AAMC governance, and,
- providing professional, leadership, and academic development opportunities for residents.

### Meetings

The ORR held its fifth annual professional development conference in Scottsdale, AZ April 28- May 1 in conjunction with the Group on Resident Affairs. The professional development conference featured a very successful workshop on transitioning from residency to practice, lead by a California-based consultant expert in advising physicians about practice options.

The 2001 ORR Annual Meeting will mark the organization's tenth anniversary. The professional development programming at the annual meeting will focus on residents as teachers, with a morning workshop lead by Debra DaRosa, Ph.D. and Gary Dunnington, M.D. The leadership development pro-

gramming will focus on developing a statement regarding residents' relationship with industry. A joint session with the Organization of Student Representatives will consider medical errors and the code of silence around examining medical errors, with Dr. Joseph Scherger serving as the keynote speaker. Other programming includes "resident education and the cost of patient care," with the Group on Resident Affairs, and "interviewing do's and don'ts" with the Women in Medicine group.

### Other Key Activities

Solicitations for the ORR's third annual Community Service Recognition Award have been sent to members of the ORR and GRA. The purpose of the award is to encourage a service ethic among residents by recognizing those who have made contributions to their communities above and beyond the requirements of their training program. Further information about the award can be found at [www.aamc.org/about/orr/ornomineeform.htm](http://www.aamc.org/about/orr/ornomineeform.htm)

With the GRA, the ORR will be developing a "careers in academic medicine" resource. Web site: <[www.aamc.org](http://www.aamc.org)>

Information: Alexis Ruffin, Senior Staff Associate, Division of Medical Education, (202) 828-0439, <[alruffin@aamc.org](mailto:alruffin@aamc.org)>.

Devdutta Sangvai, M.D.  
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*ORR Liaison to GEA*

GEA Annual Meeting  
Web site @:  
[www.aamc.org/members/  
gea/annualmtg2001](http://www.aamc.org/members/gea/annualmtg2001)

## SECTION REPORTS

### Continuing Medical Education (CME) Section

The following represents the activities and progress in the CME Section of the GEA:

#### Regional Meetings

Each of the regional meetings convened CME section meetings this past spring. The attendance at these section meetings is still small, but growing. Efforts are continuing to make CME an even more established part of future regional GEA activities. Direct communication with the section leaders in each region concerning CME realities and needs will be a part of this initiative. Also, activities that cross the continuum of medical education such as the Professionalism Project and the ACGME Core Competencies efforts should be of particular interest to CME professionals.

#### ACCME Standards for Commercial Support (SCS)

The Accreditation Council on Continuing Medical Education (ACCME) has recently requested feedback on the SCS from a number of its constituents, including the AAMC. All members of the CME section were contacted about their evaluation of the standards and input was collated and sent to the ACCME. Additionally, others in the GEA were queried about their opinion as CME consumers and faculty members. In July 2001, Deborah Danoff, M.D., Associate Vice President, Division of Medical Education presented a report on behalf of the AAMC and our constituents to the Task Force.

#### Annual Meeting, 2001

Preparations are continuing for the fall meeting of the AAMC. Two sessions are being planned on Professionalism. The CME contribution will derive from the CME section report prepared under the leadership of Ellen Cosgrove, M.D. (U of New Mexico). The other members of her committee include Paul Mazmanian,

Ph.D. (VCU), Bart Galle, Ph.D. (U of Minnesota), Nancy Davis, Ph.D. (Kansas University/AAFP), Ron Edelstein, M.D. (Charles Drew), Bob Kristofco (U of Alabama), Don Moore, Ph.D. (Vanderbilt), Darlyne Rath (U of Toronto), and Bob Smedley (Temple). The CME section meeting (November 5, 2:30-4 p.m.) will focus on Organizational Models to Facilitate Education Across the Continuum. Speakers at this session will include Ronald Franks, M.D., Dean of Medicine and Vice President for Health Affairs, East Tennessee-J H Quillen College of Medicine and incoming Chair of the Executive Council of the ACCME, David Stevens, M.D., Senior Vice President, Division of Medical School Standards and LCME Secretary 2002-2003, and Barton Galle, Ph.D., Director of CME, University of Minnesota. At this session we will address a number of important issues. These include models of institutional programs that assure CME input in GME and UME and the evaluation of CME units in medical schools in the context of an LCME self study and survey.

#### Blue Ribbon Panel on Continuing Medical Education

The AAMC Division of Medical Education has invited nationally recognized experts in CME to serve as a planning committee to provide recommendations on the establishment of a Blue Ribbon Panel on CME. The members of the planning committee include Joseph Green, Ph.D. (Chair), Barbara Barnes, M.D., Nancy Bennett, Ph.D., Bob Kristofco, MSW, Steven Minnick, M.D., and Henry Pohl, M.D. The committee began its work in March and had its first meeting on June 4, 2001.

Joseph S. Green, Ph.D.  
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*Section Leader, Continuing Medical Education*

### Graduate Medical Education (GME) Section

#### Purpose

The purpose of the GME Section is to promote excellence in the education of

physicians during residency training and to foster the: development and continued improvement of programs of graduate medical to enhance physician learning; professional development of the teachers of graduate medical education; advancement of research in graduate medical education and the dissemination of the results of that research; and development of policies that recognize the fundamental importance of graduate medical education.

#### National Steering Committee

Rosemarie Fisher, M.D. (Yale University School of Medicine) and Janet Riddle, MD (Rush Medical School) have joined the Section's Steering Committee as representatives from the Northeast and Central regions, respectively. Other members of the Steering Committee include: Chris Smith, M.D. (University of Arkansas – Southern region), Susan Ellis (University of Arizona – Western region), Joan Freidland, M.D. (Baylor – Past-Chair), Jim Norton, Ph.D. (University of Kentucky – GRA Liaison), Jessica Roberts, M.D. (Tulane – ORR Representative). Dr. Deborah Danoff, AAMC staff, is assisting the Section with its activities. The Steering Committee is updating the Section's bylaws, which will be available soon on the new GEA website <[www.aamc.org/members/gea](http://www.aamc.org/members/gea)> along with contact information and reports on current projects and activities. A small ad hoc group has been formed to address the value of being a member of the GME Section and how to increase the visibility of the Section. In addition, to increased communication among the Section's members and others involved in GME, all decanal GME representatives will now receive the postings to the GEAGRAD-MAIL listserve. New members are welcome to join: send a message to <[majordomo@aamcinfo.aamc.org](mailto:majordomo@aamcinfo.aamc.org)> in the message box type: subscribe geagradmail <your email address>.

#### Regional Meetings

This spring all of the regional spring meetings had many offerings relevant to GME. The Northeast meeting focused

on the teaching of medical genetics across the continuum of UME, GME and CME. The Western meeting offered oral presentations on new curriculum for GME, creating a multi-disciplinary conference, assessing resident's exposure to managed care, and residents as teachers. Poster sessions for GME included profiling residents' experiences on clinical rotations, multi-level tutorials in family medicine education and advising pediatric residents about career choices. A skills workshop offered opportunities to design dynamic curriculum for GME. In the South the GME section joined the CME section for a luncheon meeting. Participants discussed the initial report of the GEA Assessment of Professionalism project and a matrix to stimulate discussion of the ACGME competencies related to CME activities aimed at academic continuing medical education, specifically in the domains of continuing professional education, CME offices at academic institutions, and community CME activities. GME section participants at the Central meeting discussed the value of membership in the GME Section and how the GEA-GME Section is different than the Group on Resident Affairs (GRA) - the GRA is focused more on the day-to-day and month-to-month requirements of program directors and institutional GME directors in maintaining compliance with accrediting organizations and funding agencies. The GME section of the GEA focuses more on academic related issues of GME including curriculum development and assessment of the competencies.

#### Resident Teaching Skills Project

The website <[www.residentteachers.com](http://www.residentteachers.com)>, developed by Elizabeth Morrison, M.D., with assistance from Joan Friedland, M.D., Maurice Hitchcock, Ph.D., John Boker, Ph.D., Lloyd Rucker, M.D. and Janet Hafler, Ph.D., is operational and provides useful information to residents and faculty members who teach residents and students. A small group with representation from the GME Section, OSR, ORR and Resident Teaching Skills SIG was assembled in the summer to develop an

AAMC statement of purpose, note achievements to date and to recommend next steps for the Resident Teaching Skills project.

#### Faculty Development Project

In order to plan future offerings, members of this project group developed a survey that was sent to GEA members this summer. They have also drafted a mission statement and suggestions for a professional development meeting aimed specifically at teachers of GME with specific modules on curriculum development, implementation and assessment for the competency-based era (with types of outcomes that can be assessed), how to use web-based instructional programs, developing trainees' patient communication skills, evidence-based medicine teaching, teaching and refining basic clinical skills-standardized assessments, integrating new content into practice and teaching, and developing systems within the individual institutions for faculty development in GME.

#### AAMC National Meeting

The fall meeting will have many sessions of interest to section members - plenary and RIME sessions, small group discussions and mini-workshops. The GME Section is sponsoring a mini-workshop on Assessing Professionalism: Concept to Construct. Our National Section Meeting on Wednesday, 11/7, 1:30-3:00 p.m., will provide brief updates on our current projects, examples of scholarly activities in GME, report on the Faculty Development survey results and discussion of future projects. I am very pleased to announce a new session, Developing Faculty Educators for GME, Wednesday, 11/7, 3:15-4:45 p.m. I hope that members will arrange their plans to attend these important sessions.

The GME Section has much to offer to those involved in GME - programs to enhance learning, professional development of teachers, research opportunities, and opportunities to work at the regional and national level.

Jeanne Heard, M.D., Ph.D.

<[heardjeannek@exchange.uams.edu](mailto:heardjeannek@exchange.uams.edu)>

*Section Leader, Graduate Medical Education*

## Undergraduate Medical Education (UGME) Section

The UGME Steering Committee has met via teleconference several times in 2001. The content of this report reflects both the outcome of those meetings and current UGME activities.

Regional Representatives are:

Central - Karen Marcdante, M.D.,  
Medical College of Wisconsin  
Northeast - John Shatzer, Ph.D., Johns  
Hopkins  
South - Cam Enarson, M.D., Wake  
Forest  
West - Gerald Merenstein, M.D., Colorado

#### Current Projects

Based upon the current GEA Professionalism Project and the current competency focus of accreditation organizations (LCME, ACGME), the UGME section has taken on the task of defining medical student outcomes. Questions being considered include:

1. Beginning with the MSOP, what outcomes or expectations might we define for our medical students? (Similar to the GEA Professionalism Project)
2. What criteria and standards might be applied to measuring these outcomes? (Put another way, how would we recognize success on the part of the student?)
3. What are the best measures and methods of measurement?
4. What faculty skills would be necessary (for development) in order to instruct our students and to perform the assessments indicated above?

Utilizing Web Crossings, the following discussion folders are active:

1. Defining competency-based learning outcome
2. Criteria for measuring learning outcomes
3. Best measures of learning outcomes
4. Identification of faculty skills required to implement the competency-based approach

Questions regarding this project should be directed to James Shumway, Ph.D. at West Virginia University School of Medicine, <jshumway@hsc.wvu.edu>.

#### Election of Section Chair-Elect

As per current bylaws, it is time to select a Chair-Elect for the UGME Section. Nominees are Jamie Shumway, Ph.D. (West Virginia), James Harper, M.D. (Nebraska), and Bruce Morgenstern, M.D. (Mayo). Ballots were mailed to all UGME Section members.

#### Revision of UGME Section Bylaws -

Relative to the following issues, the Steering Committee is recommending revision of the UGME Section Bylaws.

- Succession of Chair-Elect and the term of Past-Chair as steering committee members is confusing and does not provide adequately for succession planning/preparation, continuity, and organizational memory
- Timing of election of the chair-elect is out of synchrony with the other sections
- The purpose of the recommended changes is to simplify the succession process, to ensure continuity, and to create a process more consistent with the election process of the other sections and the regions

### Current Bylaws

The Section's National Steering Committee shall be comprised of the Section chair, Section Past-Chair, or the Section Chair-Elect, depending upon which is active during that year of the Chair's term, the four regional representatives, a representative elected by the OSR, and a liaison representative from the GSA, appointed by agreement of the Chairs of the GEA and the GSA. All shall be considered full voting members of the UGME Section Steering Committee.

The regional representatives shall be the Chair of the regions' UGME Section, if such a regional group has been formally organized, or shall be elected by the full

regional constituency. This shall be determined by each region.

#### Terms of Office

The terms of office shall be as follows:

- Past Chair - one year
- Chair - two years
- Chair-Elect - one year
- Regional Representatives - 2 years
- OSR Representative - as elected
- GSA Liaison - as appointed

#### Nomination and Election Process

The Chair-elect shall be elected in alternate years, the following year the Chair-elect rises to become Chair of the Section. That year the former Chair will become Past-Chair and will serve one year in that position. During this year the past-Chair will Chair the nominating committee. Upon the election of the Chair-elect, the Past-Chair will no longer be a member of the Steering Committee. Nomination for Chair-Elect shall be handled as outlined in the by-laws. Elections shall be handled in conjunction with the GEA election of Chair-elect and section representatives. All individuals who have self-identified as members of the Section are eligible for holding any office in the Section. The nomination and election process shall be in compliance with the GEA By-laws.

### Proposed Bylaws

The Section's National Steering Committee shall be comprised of the Section Chair, Section Past-Chair, and the Section Chair-Elect, the four regional representatives, a representative elected by the OSR, and a liaison representative from the GSA, appointed by agreement of the Chairs of the GEA and the GSA. All shall be considered full voting members of the UGME Section Steering Committee.

The regional representatives shall be the Chair of the regions' UGME Section, if such a regional group has been formally organized, or shall be elected by the full regional constituency. This shall be determined by each region.

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The terms of office shall be as follows:

- Past Chair - two years
- Chair - two years
- Chair-Elect - two years
- Regional Representatives - two years
- OSR Representative - as elected
- GSA Liaison - as appointed

#### Nomination and Election Process

The Chair-elect shall be elected in alternate years. After 2 years the Chair-elect rises to become Chair of the Section. That year the former Chair will become Past-Chair and will serve two years in that position. The past-Chair will Chair the nominating committee. Nomination for Chair-Elect shall be handled as outlined in the by-laws. Elections shall be handled in conjunction with other GEA elections. All individuals who have self-identified as members of the Section are eligible for holding any office in the Section. The nomination and election process shall be in compliance with the GEA By-laws.

#### Regional Section Reports

All regions reported successful annual meetings. Discussion of the GEA Professionalism Project was enthusiastic and productive, with input currently in Brownie's hands for synthesis.

#### New Initiatives

The following issues and ideas were identified during the UGME Steering Committee meeting and have been put forward on the list serve in an attempt to increase section activity and to invite members of SIGs to increase their participation in the section.

- Identification of models for integration of basic science and clinical instruction, in particular during the 3rd and 4th years of medical school
- Addressing the issue of Best Evidence in Medical Education (BEME) – what exemplary literature exists? What strategies/ processes have been developed for critical appraisal of educational lit-

erature (modeled after critical appraisal of clinical literature)? What effective methods for Evidence Based Medical Education Journal clubs are in place? How should educators utilize education studies to improve the process and hence outcomes of education? How does one determine applicability of educational research to their setting?

- What are the current key questions for medical education?
- Based upon established goals/objectives and assessment methodologies, what are the most effective instructional methods for ensuring desired outcomes (apply to knowledge, skills, attitudes/behaviors, problem solving skills)?
- What is the best process for planning outcomes-based instruction? How do we ensure that assessment methods match the stated objectives (needs/outcomes-based)? This might involve application of Instructional Systems Design models.
- How many schools utilize USMLE Step 2 passage as a graduation requirement? What does this imply for remediation? What does this imply for curriculum (to prevent the need for remediation)? What is the schools' responsibility/obligation prior to remediation?

Ernest Yoder, M.D.

<eyoder@providence-hospital.org>  
Section Leader, Undergraduate Medical Education

## Research in Medical Education (RIME) Section

The RIME Section Steering Committee has continued its work by teleconference, and we have had two meetings since the last steering committee meeting. Several issues have been on our agenda:

### The RIME Program Planning Committee

The process to select one Ph.D. and one M.D. to join the RIME program committee is conducted by the RIME regional representatives, and was chaired this year by Emil Petrusa, Ph.D., former section chair. Nominations are sought from the regions, and after a selection and ranking process based on agreed upon criteria, a slate of nominees is prepared for the RIME members' vote. Although the RIME program committee is not constituted to be specifically representative, a range of expertise and perspectives is valuable, and the nominating committee takes this into account.

### Encouraging Involvement

The Section Steering Committee wants very much to encourage members to become actively engaged in the Section's activities. This year, members were encouraged to become more actively involved in the RIME program. Invitations were extended to all regional meeting attendees by the regional representatives and, through the listserv, for participation as paper reviewers, abstract moderators or session observers. Several people expressed interest, and their names were transmitted to Brownie Anderson. Our goal is to help people become more familiar with the RIME program, and to participate in various ways, starting more peripherally, but leading to more involvement. We also see the review process as a learning process for those who participate. Invitations were extended to all the members to nominate potential RIME Program Committee members. Thank you for your responses, which brought several new names to our attention.

### Workshops

The RIME Section Steering Committee also discussed with Paul Mazmanian, Ph.D., Chair of the RIME program committee, some workshops to supplement researchers' skills that might be offered in association with the RIME meeting. Several workshops proposed to the Program Committee will be offered as part of this year's program.

### Task Force on Reviewer Guidelines

This task force, co-chaired by Georges Bordage, M.D., Ph.D., for the RIME Section and Addeane Caelleigh, Editor of *Academic Medicine*, has completed its report. This report will be very useful for researchers as well as reviewers, as it highlights the standards for the design, implementation and reporting of a strong study. The report represents a huge amount of careful work and will be a very important resource. The Steering Committee has begun to discuss how the guidelines might be made known to RIME members.

### Steering Committee Discussions

This committee is discussing how it might best help to move the section ahead. We look forward to the next stage of the assessment of professionalism project, and have discussed the role that RIME might have in either developing tools for the assessment of professionalism, or in providing resources for members to assist them in using the tools appropriately.

If you haven't joined the Section listserv, please do, and please let me or your regional representative know of any ideas you have for the Section.

Karen V. Mann, Ph.D.

<kmann@tupdean2.med.dal.ca>

Section Leader, Research in Medical Education

GEA Annual Meeting Web site @:  
[www.aamc.org/members/gea/annualmtg2001](http://www.aamc.org/members/gea/annualmtg2001)

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## NEWSBRIEFS FROM THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

### Hartford Foundation

The Association of American Medical Colleges (AAMC), in collaboration with the John A. Hartford Foundation in New York City, has awarded 20 grants to U.S. medical schools to enhance their gerontology and geriatric curricula. This is the second phase of a grant first awarded to the AAMC in 1999; with the implementation of this phase, the Hartford awards to the AAMC totals \$4.8 million and includes 40 medical schools.

Each institution will receive up to \$50,000 a year, totaling \$100,000 over the course of the two-year grant. Each school is expected to offer a fully integrated curriculum spanning the four years of undergraduate medical school training. The institutions will provide medical students with the necessary skills to deliver high quality, compassionate care to the nation's burgeoning elderly population, and to effectively handle the complex issues associated with end-of-life care.

One example is at the University of Louisville School of Medicine, where geriatrics content will be integrated into the standardized patient and human patient simulation programs. Particularly innovative is the school's inclusion of a "standardized caregiver," used to simulate a typical hospital situation of a seriously ill older patient in crisis. The student will interact with the standardized caregiver to discuss treatment preferences, discontinuing curative care, and giving bad news.

At the Meharry Medical College School of Medicine, targeted geriatrics learning experiences occur during each year of medical school to systematically build students' knowledge about aging and geriatric medicine. During the internal medicine clerkship in the third year, the focus is on holistic health, which includes the psycho/social aspects of aging, as well as nutrition and dentistry. The Hartford grant complements Meharry's mission to serve the emerging needs of an older and more ethnically diverse population. Similarly, the University of New Mexico School of Medicine is using the Hartford grant to focus on Native American and Hispanic populations in their program of ethnogeriatrics.

The AAMC received 45 proposals from interested institutions, which were evaluated by geriatrics and medical educa-

tion experts. Materials produced by the grantees will be disseminated to U.S. and Canadian medical schools during the AAMC's Annual Meeting, as well as through academic publications, workshops, poster sessions, and other professional meetings. The final year of the grant program will feature a conference, sponsored by the AAMC and Hartford, about geriatrics and gerontology in medical education.

#### AAMC 2001 Hartford Grant Award Recipients

University of Alabama School of Medicine  
 Albert Einstein College of Medicine of Yeshiva University  
 University of California, Irvine, College of Medicine  
 University of Cincinnati College of Medicine  
 Columbia University College of Physicians and Surgeons  
 Duke University School of Medicine  
 Georgetown University School of Medicine  
 Indiana University School of Medicine  
 Jefferson Medical College of Thomas Jefferson University  
 Louisiana State University School of Medicine in Shreveport  
 University of Louisville School of Medicine  
 University of Massachusetts Medical School  
 Meharry Medical College School of Medicine  
 University of Missouri-Columbia School of Medicine  
 University of New Mexico School of Medicine  
 University of Pittsburgh School of Medicine  
 St. Louis University School of Medicine  
 State University of New York Upstate Medical University  
 College of Medicine  
 University of Texas Health Sciences Center at San Antonio  
 Wayne State University School of Medicine

#### Grant Award Recipients in 2000 include:

University of Arizona College of Medicine  
 University of California, Los Angeles, UCLA School of Medicine  
 University of California, San Francisco, School of Medicine  
 University of Connecticut School of Medicine  
 Southern Illinois University School of Medicine  
 Johns Hopkins University School of Medicine

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University of Kansas School of Medicine  
 University of Miami School of Medicine  
 University of Minnesota Medical School  
 University of Missouri-Kansas City School of Medicine  
 Mount Sinai School of Medicine of New York University  
 University of Nebraska College of Medicine  
 University of North Carolina School of Medicine  
 Ohio State University College of Medicine  
 University of South Carolina School of Medicine  
 East Tennessee State University James H. Quillen College  
 of Medicine  
 Texas Tech University Health Sciences Center  
 University of Texas Medical Branch  
 Medical College of Wisconsin  
 University of Wisconsin Medical School

## The AAMC-CDC Cooperative Agreement

A cooperative agreement (CA) between the Association of American Medical Colleges (AAMC) and the Centers for Disease Control and Prevention (CDC) was established in fall 2000 and emphasizes the importance of improved and increased collaborations between public health and medicine. Four major categories of collaborative activities between the AAMC, its membership and the CDC were identified in the agreement:

- Promoting the teaching of prevention and public health in academic medical centers
- Promoting the training of public health and prevention researchers within academic medical centers
- Increasing the number of underrepresented minority students in medical schools
- Activities to eliminate health disparities

Under the terms of a CA, the AAMC is able to broker programmatic activities between the CDC CIOs (Centers, Institutes, or Offices) and the organization's members. There are four pathways by which programmatic ideas may be generated and potentially lead to a funded project.

- A CIO may issue to the AAMC a Request for Applications (RFA) seeking proposals that address a very specific issue of interest to the CIO.
- A CIO may invite proposals by announcing to the AAMC Potential Extramural Research Topics (PERTs) of interest.
- The AAMC might seek to interest a CIO in a topic proposed by AAMC staff.
- The AAMC might seek to interest a CIO in a topic proposed by an AAMC member institution.

To date, the AAMC has distributed information on 53 PERTs and one RFA. The 53 PERTs elicited more than 80 Letters of Intent (LOIs), of which more than 30 full grant applications were requested. In addition, the RFA from the National Center for Infectious Diseases, involving "Unexplained Diarrhea Sentinel Surveillance", has elicited significant response. Awardees for both funding sources will be announced in the fall of 2001, with funding beginning in Fiscal Year 2002.

In the coming year, the AAMC seeks to expand our cooperative agreement with the CDC. Anticipated projects for the coming year include the evaluation of educational materials and new models and venues to facilitate population health and preventive medicine education. Finally, a new set of PERTs will be announced in early spring and disseminated to our member institutions.

For more information regarding the AAMC-CDC Cooperative Agreement, please visit our web site at [www.aamc.org/cdc](http://www.aamc.org/cdc) or contact us at [cdc@aamc.org](mailto:cdc@aamc.org).

## The 2001 Medical Student Graduation Questionnaire

Fourth-year medical students at our member institutions have recently completed the 2001 Medical Student Graduation Questionnaire (GQ). This year, over 14,000 students completed the GQ, for an overall response rate of over 90%. The results of the GQ have been used since 1978 to assist the Association and medical schools in setting priorities and developing their programs and policies. This is the third year of the web-based version of the GQ, and our continually

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higher response rates speaks highly of the schools' and students' acceptance and use of information technology.

The GQ seeks student input in numerous areas, such as: basic demographic data, educational experiences (pre-medical, pre-clinical, and clinical), quality of the educational environment, specialty and career plans, and financial aid information. Subject matter incorporated into the 2001 GQ included questions on Geriatrics and Gerontology education, Professionalism, and training requirements for residency programs. Preparations are ongoing for the 2002 GQ, which will be "on-line" in the winter of 2002.

Individual school reports and the All Schools report for the 2001 GQ will be available in the fall in both web-based and hard copy formats. The GQ staff would like to thank all of the students, faculty, and staff involved in making the 2001 Graduation Questionnaire a success.

For more information regarding the AAMC's Medical Student Graduation Questionnaire, please visit our web site, <[www.aamc.org/meded/gq](http://www.aamc.org/meded/gq)> or contact us via email at <[gq@aamc.org](mailto:gq@aamc.org)>.

## AAMC Curriculum Management and Information Tool (CurrMIT)

A new version of the AAMC Curriculum Management and Information Tool (CurrMIT) was released this past summer: CurrMIT 3.0.

This new version implements many useful functions that our existing users have requested, including:

- Improved navigation and user interface, and easy access to online help
- Easier loading/management of keywords ("elements") that describe curriculum content and experiences
- Faster performance
- Increased reporting flexibility, and
- Expanded graphical reporting, including a new weekly calendar.

With the release of the new CurrMIT, we are also pleased to announce that, in an agreement signed between the presidents of the AAMC and the American Association of Colleges of Osteopathic Medicine (AACOM), AACOM schools may purchase access to CurrMIT. As of this writing, the North Texas, Des Moines, Philadelphia, Kirksville, and University of Health Sciences (Kansas City) osteopathic medical schools have all begun to use CurrMIT, and we expect that other AACOM schools will be joining in the near future.

As with any new software application, the system has initially experienced some bugs. We are grateful to all of the users who helped locate the bugs, as well as those who have identified potentially useful enhancements to CurrMIT. The AAMC has increased CurrMIT's technical support considerably, and, now that the system is stable, we are proceeding with further enhancements.

Training for CurrMIT 3.0, co-led by AAMC staff and experienced medical school users, is now being planned for 2001-2002. Details will be circulated to the CurrMIT listserv, and the latest information is also posted to CurrMIT's online Help Center.

To reach the CurrMIT Help Center, login to CurrMIT and click on "Help."

You need not wait for the AAMC to train you! Complete training materials, including electronic slide shows and instructor notes, can be downloaded from CurrMIT's Help Center.

Need a login? CurrMIT access is administered through the education office (or equivalent) at each medical school. To access CurrMIT, see your school's main CurrMIT contact. Not sure who that is? Go to the Curriculum contacts Web site at [www.aamc.org/meded/curric](http://www.aamc.org/meded/curric).

If you have other questions about CurrMIT, or wish to be added to the CurrMIT listserv, email: <[helpcurrmit@aamc.org](mailto:helpcurrmit@aamc.org)> or telephone 202-828-0408.

## ANNOUNCEMENTS

### 112th AAMC Annual Meeting

November 2 - November 7, 2001  
Hilton Washington & the Omni Shoreham  
Washington, DC

[www.aamc.org/annualmeeting](http://www.aamc.org/annualmeeting)

... upcoming ...

### 113th AAMC Annual Meeting

November 8 - November 13, 2002  
San Francisco Hilton  
San Francisco, California

### GEA Correspondent Newsletter

Spring issue available March, 2002

GEA Web Site @:

[www.aamc.org/members/gea](http://www.aamc.org/members/gea)

The new site includes information about the GEA, its' Mission Statement, Bylaws, Steering Committee Listing, Membership to the GEA, Sections and Regions, Listserves, the GEA Correspondent Newsletter, Special Interest Groups (SIGs), the yearly Calls for Submissions (RIME, Small Group Discussion, Mini-Workshop and Innovations in Medical Education) and much more. Questions, contact: Cynthia A. Woodard, Program Assistant, GEA, Division of Medical Education  
[cawoodard@aamc.org](mailto:cawoodard@aamc.org).

GEA Annual Meeting Web site @:

[www.aamc.org/members/gea/annualmtg2001](http://www.aamc.org/members/gea/annualmtg2001)

### Group on Educational Affairs 2002 Regional Meetings

(CurrMIT Sessions will also be held during Regional Meetings - For more information refer to:  
[helpcurrmit@aamc.org](mailto:helpcurrmit@aamc.org))

Central, Chicago, IL, March 14 - March 17  
Hosted by Northwestern University



Southern, Charleston, SC, March 14 - March 17  
Hosted by the Medical University of South Carolina



Western, Asilomar National Park, Pacific Grove, CA,  
April 28 - May 1  
Hosted by University of California, San Diego



Northeast, Rochester, NY, May 3 - May 7  
Hosted by University of Rochester School of Medicine

For more information refer to:

[www.aamc.org/members/gea](http://www.aamc.org/members/gea)



The AAMC celebrates its 125th Anniversary this year.