Chair's Message
Nicholas Gudelmen, M.D., ORR Chair

Welcome to the first 1996 ORR Newsletter. I hope you all had happy holidays, without too much to call to enjoy them. Happy New Year!

I want to welcome all the new ORR members, and especially those who were unable to attend the annual meeting. The annual meeting is our main ORR event, and we hope you can join us next year in San Francisco, November 8-10. Meanwhile, we'll keep in touch via this newsletter. I encourage you to contact the ORR with any ideas, comments, or concerns.

To all those that came to Washington, I hope you got some feel for what the ORR is, and can become. Thanks for your feedback. We've included in the newsletter a piece from a new member about her impressions of the meeting; I hope that it, or other items here, will inspire your interest.

A change for us at the AAMC is that Dr. David Altman has returned to San Francisco, the home of his family, leaving us in the now capable hands of our staff associate, Alexis Ruffin. Dr. Michael Whitemb, Senior Vice President, Division of Medical Education, will also remain as a resource and advocate for us. The generalist initiative that Dr. Altman staffed will remain under Dr. Whitemb's purview.

We're excited about our biggest projects for the year. The first will be planning a professional development meeting addressing careers in academic medicine. This will be open to the ORR membership. The standing target now is to schedule this in tandem with the Spring 1997 meeting of the Council of Academic Societies. The second is to revisit how ORR members are appointed, and how we can do a better job of really representing physicians in training, those being served, and serving in, teaching programs. Your suggestions are warmly invited. Please call, write, or E-mail me soon!

Finally, our next newsletter will be in the late spring. Let me know what you'd like to see included, or would like to include.

You are a talented and ambitious group. The Ad Board and I look forward to serving you in any way that we can.

First Impressions
Cheryl Rucker Whicker, M.D., ORR Chair-elect

October 1995. I felt fortunate to attend my first meeting of the AAMC-ORR. It was by no accident that I flew across the country a week before my wedding to attend. I had looked into opportunities for resident involvement in broader spectrum policy issues, particularly those that pertain to medical education. I did research and found that the AAMC had its own resident group offering front line input into medical education policy.

I got to the meeting and among the first speakers was Linda Fishman, Associate Vice President, Division of Health Care Affairs, summarizing the financing of Graduate Medical Education. From her first few slides, I knew...
I was very happy to have the opportunity to revisit the issue of resident working conditions and well-being as one of the lunchtime, roundtable discussion topics at the 1995 ORR Annual Meeting. At Dr. Altman's request, I am sharing some insight that I gained while preparing for this discussion.

Graduate medical education (GME) has come a long way in establishing humane working conditions for resident physicians. Problems exist in residency training programs in the late-nineteenth and early-twentieth centuries included: call every night or every other night, nonexistant salaries, programs resistance and to resident marriages, and a complete absence of social and emotional resources for residents. Through gradual, incremental changes in residency policies, working conditions have improved significantly over the past century, a fact we perhaps take for granted as we become a member of the ORR: the newsletter, the action on Residency Education, and the various AAMC committees where we contribute the resident perspective. As the meeting progressed, I seriously considered running for an elected officer, spoke with other ORR members and decided that I would run for Chair-elect. Looking forward to the chance to serve residents with the premier voice for academic medicine and teaching specialties in the country. My message to everyone: Get involved and Stay Involved!

Special Report, 1995 Annual Meeting: Small Discussion Group: Resident-Physician Well-Being and Working Conditions - An important Component of Quality Graduate Medical Education

Nathalie Beru, MD, MPH, ORR Immediate Past Chair

I was hooked and had to get involved. Along the way, we were introduced to other physicians who had fit prosperous academic careers to serve in executive positions. From the AAMC, Jordan Cohen, M.D., our very dynamic and influential leader, was accessible and genuinely interested in resident input. In addition, we had excellent staff educated to our organization.

We were impressed with the development of resident leadership and the vitality of all of my fellow members. Many opportunities exist for education and growth after we become a member of the ORR: the newsletter, the action on Residency Education, and the various AAMC committees where we contribute the resident perspective. As the meeting progressed, I seriously considered running for an elected officer, spoke with other ORR members and decided that I would run for Chair-elect. Looking forward to the chance to serve residents with the premier voice for academic medicine and teaching specialties in the country. My message to everyone: Get involved and Stay Involved!

The Residents' Report

Winter, 1996
biggest gripe was getting things so late, i.e., designation letters and registration materials for the Annual Meeting. We are working to remove the offending organizational obstacles. We depend on you to keep us up-to-date on your address and meeting attendance. Best suggestion regarding the election process: nominate the first day so members can meet the candidates and review curriculum vitae.

**Highlights:** Linda Fishman, Mary Beth Bresch White, David Altman, M.D., the opportunity to meet and talk with residents from around the country in different specialties, small group discussions

**Lowights:** Not enough time for free-form discussion, late mailings, 7am wake-up, Saturday too busy (caused brain overload).

Once again thanks for the time you spent. See you San Francisco, 1996!

**1995 Annual Meeting Political Spotlight: Summary in Brief**

*Denise Dupras, M.D., ORR Immediate Past Chair*

The Speaker of the U.S. House of Representatives, the Honorable Newt Gingrich, addressed the AAMC Tuesday, October 31, 1995 to a packed ballroom about his vision for America. He outlined his management and planning models and their inter-relationship. He described his approach as "pro free market and individual responsibility." While his speech was eloquent, Senator Christopher Dodd followed with a sobering report of the financial realities of the proposed budget reconciliations, and the inevitable impact of the cuts on not only Academic Medical Centers, but on the poor and the elderly. His message was clear: under the current proposals those who can least afford health care are likely to be hurt the most.

**Report: Project Committee on Increasing Women Leaders (in Academic Medicine)**

*Denise Dupras, M.D., ORR Immediate Past Chair*

November 29, 1995 was the final meeting of the Project Committee on Increasing Women Leaders in Academic Medicine. The committee reviewed the AAMC survey of Women Academic Department Chairs. The survey was sent out during July, but returned by only a minority of women; therefore, a second mailing is planned. Stacey Tessler (OSR) noted that many of the responses were the same as those of students who completed a similar survey. Most of the meeting was spent discussing and revising the draft report. The revisions included modifications to the language of the draft, and the addition of personal anonymous vignettes to highlight special challenges women have faced in their careers. We plan for the document to be ready for review at the February Advisory Panel meeting.

**Report from the Chair Officers Retreat, December 13-15**

*Nicholas Gideonse, M.D., ORR Chair*

The annual officers retreat of the AAMC brings together the officers of the Council of Academic Societies (CAS), the Council of Deans (COD), the Council of Teaching Hospitals (COTH), the Organization of Student Representatives (OSR), and the ORR. Each of these five groups are represented on the AAMC's Executive Council. The officers met with senior members of the AAMC staff for two days in a comfortable and informal setting outside of Washington to set the major themes for AAMC over the coming year, initiate annual meeting planning and familiarize each other with the various groups' individual plans for the year. Your chair elect, Cheryl Rucker-Whitaker and I represented the ORR. It is an opportunity for us to get to know the other leaders within the AAMC, and establish some recognition for the ORR among this group of Deans and teaching hospital executives.

Major priorities for the year include continuing AAMC advocacy for the research endeavor, particularly National Institutes of Health funding. There will also be continued efforts for explicit funding for the educational enterprise, to allow for an orderly transition to reconfigured production of physicians. We agreed that the best policy for reducing the total number of residency slots is to reduce federal funding for international medical graduates (IMGs).

The 1996 annual meeting is to be held in San Francisco, just after the presidential election, and will focus on restructuring academic medicine for the future. While the formal title is yet to be decided, we will certainly be focusing on the changes that market forces, information technologies, and the human genome project will have on medical education and academic
medicine as a whole. One implication of the adjusted schedule for the meeting (November 6-11 overall) is that, because the ORR meets over the weekend (November 9 & 10), the ORR may have to adjourn for a couple of hours during AAMC plenary sessions. This will afford ORR members the opportunity to participate in AAMC at-large programming activities. The ORR Administrative Board will be further discussing annual meeting planning at its February and June meetings, and all ORR members are encouraged to send further ideas into the Chair, Ad Board members, or Alexis at the AAMC.

Other matters, some less directly applicable to the ORR, were discussed, and I think your representatives contributed appropriately. The AAMC benefits from being informed of our perspective.


Report from the RPS-AMA Liaison
Cheryl Rucker Whitaker, M.D., Chair-elect

I was fortunate to have the opportunity of attending the Resident Physicians Section (RPS) Interim meeting in Washington, D.C. as a guest of its Governing Council. The Governing Council of representatives is elected annually by the representatives' house of delegates.

On Thursday, Nov. 31, 1995, I addressed the Governing Council of the purpose, structure, and function of the ORR. I also fielded questions about how we choose our members, and our interest in a joint venture on the Internet to increase resident awareness and to educate them about the existence of both organizations and related opportunities.

On Friday, Dec. 1, 1995, I attended one of the Reference Committee sections, their policy making branch, which featured lively discussion on several important issues including: malpractice, the residency match and fairness, and the potentially catastrophic closures of residency programs and institutions. I can get a list of the resolutions if ORR members would like to see the issues that RPS representative residents are presenting for action.

I also attended several information sessions. Pat Clark from the AMA's media department gave an excellent session on lobbying techniques. After this session, delegates broke up in to sections, by state, and went to visit their senator or representative to address topics ranging from student loans to managed care. Her main point was to have no more than three talking points during any session; hopefully, the staffer will likely remember at least one thing that you said. She discouraged any propensity toward ostentatiousness. Pointing out, for example, that wearing a fur coat and a rolex while lobbying on the burden of loan repayment might undercut one's credibility.

"Demystifying the Net" was an informal and, overall, excellent session given by their computer wizards.

The RPS meeting is an excellent meeting. I was impressed at the level of interest of residents in some very complex issues. I highly recommend ORR's further collaboration.
Innovative programs that you spearhead or that differentiate your program are topics of interest to your colleagues and should be highlighted in the Residents' Report. We are interested in hearing about your special projects or awards. Please contact Alexis Ruffin, staff associate, Division of Medical Education, 202/828-0439 or ALRUFFIN@AAMC.ORG with details on initiatives or recognition activities that you are involved in.

**Address Changes**

Please be sure to let us know about changes in your vital statistics (address, phone, fax, e-mail) by contacting Vivian McClaine, administrative assistant, Division of Medical Education, 202/828-0408 or VMCLLAINE@AAMC.ORG.

**ORR Fast Contacts**

Nicholas Gideonse, M.D.
ORR Chair
Phone: 541/984-9869
E-Mail: NLGMD@AOL.COM

Cheryl Rucker Whitaker, M.D.
ORR Chair-elect
E-Mail: CRUCKER@ITSA.UCSF.EDU

Denise Dupras, M.D.
ORR Immediate-past Chair
E-Mail: DUPERMD@AOL.COM

Alexis Ruffin, AAMC Staff
Phone: 202/828-0439
E-Mail: ALRUFFIN@AAMC.ORG

Vivian McClaine, AAMC Staff
Phone: 202/828-0408
E-Mail: VMCLLAINE@AAMC.ORG

**Chair's Message**

Nicholas Gideonse, M.D., ORR Chair

Greetings, ORR members, from not-so-sunny Oregon. I trust that everyone's Spring rotations went well, and that you are looking forward to the graduations, advancements, or at least the warm weather, that summer brings. And may all your new interns be able, caring and gungho!

**ANNUAL MEETING UPDATE**

Dates for the ORR-AAMC Annual Meeting are set. ORR activities will begin Friday, November 8 early afternoon with joint sessions with Women in Medicine and the Organization of Student Representatives, as well as reports from the Division of Health Care Affairs and the Office of Governmental Relations. The ORR business meeting will be held Saturday, November 9, 1996 and continue Sunday, November 10, 1996. Look for preliminary registration materials in mid-October and please make your reservation and hotel arrangements as soon as you receive the materials. Space fills up fast! Questions? Call Alexis Ruffin or Vivian McClaine, 202/828-0439 or 202/828-0408, respectively.

Of course, we all come to our residency education with varying skills and knowledge. And everyone of us needs a quality experience to become a trained practitioner in our chosen field. I've always felt that one of the ORR's best purposes is to advocate for the quality of the educational experience in graduate medical education, another is to prepare residents to be the best possible teachers that they can be. With this in mind, I urge all ORR members to begin planning NOW for the next Annual Meeting to be held in San Francisco, November 8-10. It's not too early to check whether your rotations are compatible, or if your call schedule or personal schedule will need adjusting. ORR business will be held from late afternoon on Friday to early afternoon on Sunday. We'll be looking at a variety of topics, as well as conducting the business and elections of the Organization. We'll have a forum with students to discuss interactions between students and residents. We'll continue to discuss issues of quality in the context of new restrictions on graduate medical education, both access to patients and, in some places, decreasing program size. With much of the general AAMC programming occurring over the weekend (a scheduling anomaly), we will have greater opportunity to be involved in the plenary sessions and other highlights of the AAMC annual meeting this year. And for those of you interested in continuing in an academic career, attending other segments of the meeting can be quite stimulating. I'm sure that this will be especially true in this election year.

Meanwhile, the Administrative Board continues to work on refining the ORR's mission and structure. Continue to look for our messages and sign-up for the ORR LISTSERV when it becomes available. Please let us know if there are specific topics you would like to see addressed in the annual meeting programming and be on the lookout for the upcoming membership survey. This will be your opportunity to provide the Administrative Board with your feedback and direction. We hope that you will read and respond to this edition of the ORR newsletter by E-mail, post or phone. We enjoy hearing from you.

**Report from the Council of Academic Societies Spring Meeting**

Nick Galen-Davis, M.D., ORR Chair

The Council of Academic Societies (CAS) is the constituent body of the AAMC that represents the faculty of medical schools and teaching hospitals. The CAS and the ORR have had close ties since the ORR's inception, as ORR members are appointed by CAS member organizations. In addition, during past annual meetings, CAS and ORR have held...
The Advisory Panel on Strategic Positioning for Health Care Reform

The Advisory Panel on Strategic Positioning for Health Care Reform met March 6 in Washington, D.C. The morning began with a brainstorming session to generate a list of topics that are currently most problematic for academic medical centers. Not surprisingly, the Investigational Device Usage issue, teaching physician regulations, and issues related to Academic Medicine and managed care were discussed in great detail. A long list was generated that will serve to focus the efforts of the Advisory Panel and the AAMC.

At the February Executive Council meeting the document summarizing the Association's position on Physician Workforce was edited, which the Advisory Panel later reviewed. It was again recognized that the policies stated in this document are not embraced equally by all constituents of the Association.

Dr. Henry Demarais of Health Policy Alternatives, Inc. presented a study on the potential sources of financial support, and the related infrastructure for undergraduates and graduate medical education. This study evaluated the "equity, adequacy, collectability, and the effects and consequences" of each alternative. It became clear that there is no single best mechanism to provide the level of needed support.

Dr. Malcolm Cox, Department of Medicine, University of Pennsylvania, presented the results of a study on Graduate Education Consortia. While the data analysis was not complete, the study provided some interesting insights. The study focused on 19 consortia formed before 1990. It was pointed out that the drivers for consortia present then might very well be different than those of 1996. While many of the potential educational goals of consortia were not met in those studied, there were benefits, including decreased administrative costs and organizational efficiency. While initially the interpretation of the study results were disappointing, the latter findings and interpretations were deemed by the Advisory Panel to indicate that there are benefits to consortia relationships.

Ingrid Philibert, staff associate, Division of Health Care Affairs, provided a demonstration of AAMC ACCESS (a piloted online survey and analysis system on timely topics in medical education) and the AAMC Web Page. The seventh and final question of the AAMC ACCESS pilot project has been sent out. Many members of the Advisory Panel participated in the pilot project and felt that it was a success. Concerns regarding the sensitivity of information provided through ACCESS and the audience of the ACCESS, were raised. It was recognized that there are different levels of accessibility to information on the Web, and that some members would not want information available to competitors in their markets. Alternative models such as LISTSERV for small groups were discussed; however, there was concern that alternative formats would detract from the use and usefulness of ACCESS.

National Consortium of Resident Physicians Organizations

The National Consortium of Resident Physician Organizations (NCRPO) was the brainchild of Dr. Fitzburgh Mullan, former Director of the Bureau of Health Professions currently editor of Health Affairs, and Dr. Bob Harmon, former Director of the Health Resources and Services Administration. Both of these men are involved in medical school and residency, having formed the American Medical Student Association (AMSA), a break-away group from the AMA-Medical Student Section. Through NCRPO, they were hoping to establish a vehicle whereby residents across all specialties could get together and discuss issues germane to graduate medical education.

The first several meetings were organizational in nature. It was decided that the consortium would be an informational body and not a policy making one. Actions on policy would be constrained by pending approval of the sponsoring organizations, and could potentially detract from the informational exchange between consortium representatives.

The meetings convene once a year, usually in September. The Executive Committee (on which I serve) plans the forum via monthly conference calls. Nationally recognized experts are chosen to address the residents on timely issues at the annual meeting. Last year's panel was on managed care. David Nash, M.D., Chief Medical Officer at Thomas Jefferson, and David Altman, formerly of the AAMC, were two of the speakers. It is usually a very lively and informative discussion. It is also a great chance to meet national leaders in other specialty groups.

There is typically a morning-long personal/professional development session on the second day. Last year the focus was on public speaking; this year the session will address teaching for residents.

More information will become available closer to the September meeting. Meanwhile, feel free to contact me with questions, as I am the ORR Liaison to NCRPO, in addition to serving on the Executive Committee.
to AAMC ACCESS will continue to be limited.

**Importance of Communication: Stay in Touch**
David R. Jones, M.D.
Thoracic Surgery, University of North Carolina, Chapel Hill

Appointment to the ORR is made by members of the Council of Academic Societies (CAS) every two years. Each of us was designated an ORR representative in order to represent the interests of all residents, not the interests of our specific speciality society. With that said, however, it is important for us to keep in touch with the specialty society that made our appointment. One of the ways in which the ORR can be better served is for each of us to keep the CAS group which appointed us informed about what the ORR and/or you are doing with respect to graduate medical education (GME). It is our responsibility as the resident advocates for GME to keep deans, department chairs, and program directors up to date about our activities.

There are several ways to communicate with our parent organizations. One way is to write a brief letter telling them about ORR activities and your involvement. Information that may be important to them would include items from the AAMC STAT online newsletter, the ORR newsletter, or your specific activities in various AAMC committees or the Administrative Board. An alternative route of communication is to contribute a short piece to your specialty's newsletter, if they have one. Finally, a phone call or e-mail may be just the ticket for those of us on tight schedules.

Establishing effective communication with your CAS representative is imperative if we expect the leaders in Academic Medicine to be cognizant of the resident perspective on GME. Once this communication line is established, don't be surprised if you're invited to participate in the decision-making process for GME for your own speciality.

If you need information on your appropriate CAS contact, call Alexis Ruffin, staff associate, Division of Medical Education, 202/828-0439.

**Report on CoGME and AMSA Spring Meetings**
Cheryl Rucker Whitaker, M.D., M.P.H.,
ORR Chair-elect
Internal Medicine, University of California-San Francisco

I was able to spend a few days in March attending the Council on Graduate Medical Education (CoGME) and the American Medical Student Association’s National Meeting. Alexis Ruffin, staff associate, Division of Medical Education, was also at the CoGME meeting.

CoGME, mandated in 1986 by Congressional statute, is an advisory body to the Secretary of the Department of Health and Human Services (DHSS), the Senate Committee on Labor and Human Resources, and the House of Representatives Committee on Commerce on issues related to graduate medical education. Past reports have included those on managed care and graduate medical education, physician workforce issues, and women's health. The issue most discussed at this meeting was physician workforce and oversupply, and International Medical Graduates (IMG). Several speakers were brought in to address the panel on issues around immigration, IMG practice, and related financial concerns. Also, representatives from the Immigration and Naturalization Service were on hand to educate the CoGME panel about immigration and policies around the admission of physicians from other countries.

The latter half of the week was spent at the national meeting of the American Medical Student Association (AMSA). I served as the Graduate Advisor for their Generalist Physician in Training Initiative, attending the meeting in that capacity, as well as an officer of AMSA.

The meeting was excellent and full of the energy that only medical students have. Dr. David Stevens from the Senate Labor Committee spoke on medical education reform in the era of managed care. Dr. Bernie Siegel gave a fabulous talk on Love, Medicine, and Miracles; he was as inspirational as his books and TV programs depict. Dr. Scott Hitt, Chair of the Presidential HIV/AIDS Advisory Council, addressed current national level AIDS policies. The programming was further enhanced by the multiple task forces and standing committees that AMSA had to address other issues around medicine.
The Section on Resident Education (SRE), a Section of the AAMC's Group on Educational Affairs (GEA), held its annual professional development meeting March 30 -April 2, 1996 in New Orleans, Louisiana. A meeting of the SRE Steering Committee was held in conjunction. What follows is an overview of the key issues presented at the meeting and a summary of the activities of the SRE Steering Committee.

Presentations on the AAMC’s activities in the area of health care policy noted that the Association is addressing policy concerns in an environment that is increasingly moving toward less federal and more state control of health care policy issues. Specific areas include the need to accommodate new financing and delivery systems for health care; likely impending changes in the size and composition of the physician work-force; the design of specific health services for selected segments of population; redefining research priorities; introduction of new technology; and the financing of the academic mission. An issue of significant concern is the size and composition of the nation’s physician work-force. Two studies (J. Weiner and R. A. Cooper, both published in JAMA in 1994) have predicted surpluses ranging from 25,000-150,000 physicians. When rated by specialty, the greatest predicted surplus is expected in Thoracic Surgery, where supply is expected to exceed demand in a managed care environment by 600 percent in 2010. Reductions are occurring in selected specialties, some of these through reduced fill rates in the National Residency Matching Program (NRMP). The number of family medicine residency positions has increased slightly, while most surgical subspecialties have not altered their numbers of positions offered.

Two physician workforce reports and several studies project a physician oversupply in the coming decades, accompanied by an imbalance between generalists and non-generalist specialists and subspecialists. A report by the Pew Health Professions Commission predicts that over the next 15 years up to 50 percent of hospitals and 60 percent of hospital beds will close, through increases in the numbers of patients served in ambulatory settings. The report also predicts a national oversupply of 100,000-150,000 physicians, 200,000-300,000 nurses and 40,000 pharmacists. It recommends that U.S. medical schools decrease their number of graduates by 20 - 25 percent. It also advocates tightening visa requirements for international medical graduates (IMGs) and forming partnerships with state governments to make sure that needs of populations are met. A Report by the Institute of Medicine also predicted a physician surplus and noted that the number of IMGs in residency or fellowship training increased 80% between 1988 and 1993, New York and New Jersey having the highest percentages of IMG housestaff. It added that IMGs often do not return to their home countries and that, while it is often assumed that IMGs practice in underserved areas, studies show that they are less likely to practice in rural areas and more commonly compete in urban areas.

The recently formulated AAMC’s Policies and Positions on the Physician Supply advises against limiting the number of U.S. medical school positions until the number of medical school graduates is better aligned with the number of GME training positions available. Otherwise, any reductions in U.S. graduates would be offset by increases in the supply of IMGs. The Association also recommends that GME programs designed primarily to meet service needs, rather than accomplish educational goals, should be redesigned or eliminated. For training programs or positions eliminated, transition funding should be available to mitigate the negative impact of a loss of residents. Finally, incentives for increasing the size of GME programs should be eliminated, potentially through freezing the intern-and-resident-to-bed (IRB) ratio used in calculating the indirect medical education (IME) payment at 1995 levels.

Recognizing a surplus of physicians produced locally and nationally, the Massachusetts General Hospital opted to reduce the number of GME positions available through a voluntary institutional effort. The institution has initiated a phased 20 percent reduction in its number of trainees. Programs were assigned to three tiers, based on individual specialties’ anticipated demand/supply ratio. The first tier represented specialties with the greatest predicted surplus (anesthesiology, cardiology, gastroenterology, neurosurgery, orthopaedics, pathology, radiation
Chair's Message:
Nicholas Galiatsos, M.D., ORR Chair

I'd like to use this space to call for each and every one of you to consider taking a leadership role in the ORR. What better way to serve as an advocate for high-quality, humane residency education? What better way to serve your fellow residents? What better way to gain insight into and experience within academic medicine?

As a small organization, nearly one fifth of our membership is needed to fill our administrative board and liaison positions. Every year we elect the following: a chair-elect, six at-large board members, and liaisons to the Group on Resident Affairs, the Group on Educational Affairs, the Electronic Residency Application Service, as well as appointed members to serve on a variety of AAMC task forces and advisory boards. Officer responsibilities range from approximately 15 meeting days per year as Chair and a dozen as Chair-elect, to only four or five as a liaison. Ad Board members come to three, two-day meetings in February, June and September, in addition to attending the annual meeting.

At these meetings you work with fellow ORR members and other AAMC members to advance medical education. The chance to work with leaders in academic medicine is outstanding: deans, teaching hospital CEO's, department chairs. The staff of the AAMC are incredible resources of information about our institutions, governmental affairs, and the nuts and bolts of making organizations work. But best of all is the chance to work with your fellow ORR members, a select and talented group. Though your expenses are paid, the time you give is well rewarded through the information and experience you bring back to your program, your education, and your career. So contemplate this opportunity carefully; now’s your chance to get involved!

We’ve given ourselves more time at the annual meeting between nominations (Sunday early am) and the actual elections (Sunday midmorning) to consider candidates. While early nominations (self-nominations are customary) are appreciated, if you are at all interested, you can submit your name at time of the annual meeting. Be on the lookout in the mail for a call for CVs and statement of interest forms for those who know they want to run for office. For those who put forward their names before the annual meeting, their CVs and statements will be available for review by the general membership during the annual meeting. Nominations on-site will be added as they are submitted. Be sure to bring along your CV to the annual meeting in case you decide to run. Also, check in with your program director or coordinator; usually they are very supportive and encouraging, and are enthusiastic to support this leadership opportunity knowing it brings added value back to the program.

As always, feel free to contact me, ad board members, or staff with your questions and comments. And we’ll see you in November!
tepor on the advisory Panel of strategic positioning or Health Care reform (APSPHCR) had identified faculty compensation/incentive systems as a topic of potential interest to the AAMC. Three institutions were invited to present their experiences at our recent meeting. John N. Evans, Ph.D. and James P Reushel led off with discussion of their experiences at the University of Colorado. Their presentation focused on the process of garnering support for their faculty compensation system. Like the first presentation, they stressed that the open nature of the communication with the faculty was critical to the success of the acceptance or "buy in" of the other faculty members. Key components of the Colorado system also incorporated accountability of faculty for their performance and link compensation to that performance. The lively panel discussion explored barriers to both the process and outcomes. Overall, the panel felt the information was valuable to AAMC members and identified the topic as a potential future AAMC workshop.

David Podoff, chief economist of the US Senate Committee on Finance, and Laird Burnett, professional Senate staff, reviewed Senator Moynihan's Bill (S 1870), the "Medical Education Trust Fund Act of 1996," and answered questions for the panel. Briefly, S1570 provides for an estimated $17 billion payment to support the education mission of medical schools and graduate medical education. It is financed through a 1/5% tax on health insurance plans, Medicare, and an amount equal to 5% of acute care Medicaid. It provides for a nine member Medical Education Advisory Commission that will continue on page 5

A brief discussion of the role of state initiatives and the APSPHCR ensued and will be taken up further at the next meeting. I have indicated to the APSPHCR that I will no longer be able to serve as the ORR representative after the 1996 Annual Meeting, but that the ORR is still interested in designating a resident member to be part of the advisory panel.

1996 Annual Meeting

Anyone receiving this newsletter should ALREADY be signed up for the Annual Meeting. Even more crucial, have you made hotel reservations yet? Do so NOW by calling the reservations "Hotline" at 1-800-632-0078. Note that our meeting begins Friday, November 8, at 1 PM. However, you might wish to hear Nina Groeneman's post-election political analysis at 11:50 AM. If you can't make it Friday, don't worry. Our ORR business meeting begins Saturday morning. We'll finish about noon on Sunday and can catch afternoon flights out of San Francisco. So see you there!

Alexis Ruffin <ALRUFF1N@AAMC.ORG> or 202/828-0439

is available to ask questions or give advice.
Annual Meeting of the National Medical Association
Cheryl Rucker Whitaker, M.D., M.P.H., ORR Chair-elect

I was fortunate to be able to attend the 101st meeting of the National Medical Association (NMA), the oldest and largest group of African-American physicians in the United States. Their resident group meets at the time of the NMA annual meeting, which I attended as a representative of the ORR-AAMC. In the spirit of networking with other resident organizations, the ORR was invited by their Resident Trustee. I hope that we'll continue to meet and identify other resident organizations so that we are able to support each other around common endeavors.

ORR Administrative Board Update
Nicholas Gideonse, M.D., ORR Chair

At the June ORR Administrative Board and Executive Council meetings, a broad range of issues were discussed; your Ad Board had a productive two days. We've spent more time with ourselves and our agenda, and dedicated considerable time to discussing and planning the 1996 Annual Meeting. We also had the opportunity to participate in a focus session of residents in support of the Medical School Objectives Project (MSOP), a major AAMC initiative out of the Division of Medical Education. There was a valuable update on the Requirements for Teaching Physicians/IL-372 in clear and direct terms. We also had the opportunity to network very nicely with the OSR Board at a joint dinner.

Our greatest efforts went into working on a mission statement for the ORR, annual meeting planning, and planning our organizational self-evaluation, which was mandated at the time the ORR was established. We find ourselves at the five-year review period for the ORR and are evaluating our progress and successes thus far; particular attention has been paid to the representativeness of the ORR. You have all had the opportunity to participate in this evaluation process by completing the membership evaluation survey sent out in July and followed up with a fax to nonrespondents. We intentionally kept it short to encourage a high return. I hope that you all have forwarded your survey; if not, you can still send it in. We will be using the survey results to help inform our evaluation report, which will be submitted to the AAMC Executive Council in September and to the general ORR membership at the Annual Meeting.

A last general note, the ORR LISTSERV has been established. I encourage everyone who has e-mail access to sign on by sending an e-mail to ALRUFFIN@AAMC.ORG. This is a terrific opportunity to interact and share with your ORR colleagues. Look forward to hearing from you!

The Ad Board meets again in mid-September, and will no doubt have another productive and stimulating forty-eight hours together. If you have ideas, concerns, or suggestions, please forward them to me before September 17 so I can share them with the rest of the Ad Board.

1996 ORR Annual Meeting
Highlight on Joint Sessions

The ORR will be hosting two joint sessions at the 1996 annual meeting. Both will be held on Friday, November 8.

A joint session with the Women and Medicine group, Friday, November 8, 3:15 - 5:00 pm, entitled “Conflict Resolution: Personal and Institutional Strategies in Medical Education” will feature ORR Chair-elect Cheryl Rucker Whitaker, M.D., M.P.H., along with ombudspersons from Stanford and Yale. From 6:00-7:30 pm on Friday, November 8 there will be a joint session with the Organization of Student Representatives. This will provide the ORR with an opportunity to explore with our sister organization the roles, expectations, and interactions residents and students have with each other. The session will be moderated by Joan Friedland, M.D., Baylor, Convener of the Residents’ Teaching Skills Special Interest Group of the AAMC Group on Educational Affairs. The panel will include two residents, Denise Dupras, M.D., Ph.D., ORR Immediate-past Chair and Assistant Professor Internal Medicine at Mayo, and Chris Hanson, M.D., ORR Administrative Board, Pediatrics, as well as students Shamiram Feinglass, Emory, and Mike Tewfik, Oregon Health Sciences. Hope to see you there.

ORR Listserv

The ORR LISTSERV is up and running! Join your ORR colleagues in Internet exchanges. To subscribe to the ORR LISTSERV simply send a message to <MAJORDOMO@AAMCINFO.AAMC.ORG> In the text box, not the subject line, type “subscribe ORRLIST” You will receive a message notifying you that your subscription has been accepted and then you will be free to post and receive messages. Pretty simple way to stay in touch, huh?
A Primer on the Ins and Outs of Computers and E-mail

John Biglow, M.D.

With the ORR LISTSERV (ORRLIST) established the ORR Administrative Board wanted to do something to maximize participation. The first step of course is to get everyone the basics. To participate in e-mail you need a computer, a modem, and an Internet account. Below you will find an expansion on each of those things, and some helpful hints to get you going if you are missing some or all of those things. Good Luck, and I'll see you on the Internet!

This article is intended for those who do not have a computer, and, thus, are not using electronic mail, a.k.a. e-mail.

Basic advantages of e-mail are it's cheap, it's quick, and you can send a memo to multiple people, as many as you like, as easily as one. Basics on how to get on e-mail require a computer, a modem, and software that writes and reads e-mail.

E-mail requires relatively little in the way of a computer. You can even buy an used one under $400 that would be sufficient to get you using e-mail. Realistically, you will want at least a 486 33 MHZ. These are found more and more in the regular want-ads of your local newspaper. You can also contact your computer help desk at an affiliated university to ask them where used computers are advertised. You might also try looking under computers in the yellow pages. Look for a listing that advertises used computers.

What type of computer to get depends on your decision between two major types, IBM compatible (or PC) and Macintosh (Mac). Macs have a reputation for being easier to learn and better for graphics. IBM's have a reputation for being better for business and having a greater proportion of the market, though they probably require more self-teaching and are not as standardized as the Macs. Best is to have a friend who is willing to help you if you have questions, then get the type that they have. Macintosh are all pretty much the same, so any one would be a safe bet. Reputable IBM-PC brands include Compaq, IBM, Gateway, Toshiba, Hewlett Packard.

How much memory do you need? Software for e-mail is very small and does not require a lot of memory. I gave my parents my Macintosh computers from 1987 and they are proving to be plenty for e-mail, and even word processing and spread sheets. The bottom line is that whatever you find will likely have enough memory if it was made after 1987 for Macs and 1990 for IBM's.

A modem will probably have to be bought new and will be about $150 to $200. All you need to know is that it matches your computer type, either Mac or PC, and how fast it is. You will want one at 14,400 or 28,800, termed as 14-4 and 28-8, respectively. Again, it is likely that any modem you buy now will be fine, as long as it matches your computer type! How to get a modem? Check local computer stores, or computer catalogues such as PC or MacWarehouse at 1-800-255-6227.

Software companies are practically giving it away for free. Usually you get a one month free trial; after that it usually runs around $10 per month for the first 5 hours, which is plenty of time for sending and receiving all your e-mail. They should all allow you to read and write mail while you are not connected to their system ("offline"), and then send and receive it all with one quick call. That will reduce your charges. How to get the software? America-On-Line (AOL) is very popular and easy to learn (800-55-6227). Other good "servers" are Compuserve (800-336-6823), e-World for Macintosh (800-775-4556), and Prodigy (800-776-3449). All are about $10 per month after one free month. Physicians-On-Line (800-332-0009) is free to get and free to use, although has a more frequent "cut off" rate requiring that you re-dial. It also has little advertisements on every page. These companies can be reached to request their software for free, although you may have to wait a bit on the phone and for the mail. They also have the advantage of allowing you to dial in to check your mail from anywhere in the country, if you have a lap top or a friend who has the same software on their computer.

A caution about using Microsoft's e-mail system on their Windows 95 is that when you log on through them, they will scan your computer for all of your software to see if any of it is pirated. This is supposedly for research purposes only.

There will always be questions. Remember that computers have little problems sometimes. Try to relax, recognize that it's probably the computer's fault (a "bug"), take your best guess and to try to figure a way around it; and call your friends who said they would help you!