



ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

1988-89  
ANNUAL REPORT

ACADEMIC MEDICINE  
FACES THE FUTURE

*The Association of  
American Medical Colleges  
has as its purpose the  
improvement of the nation's  
health through the  
advancement  
of academic  
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*Academic Medicine  
Faces the Future*



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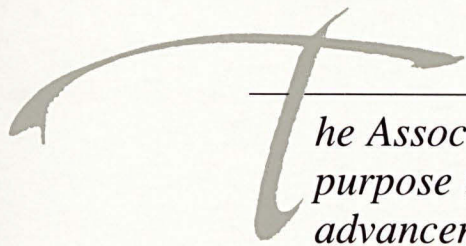
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## MISSION STATEMENT



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*The Association of American Medical Colleges has as its purpose the improvement of the nation's health through the advancement of academic medicine.*

*As an association of medical schools, teaching hospitals, and academic societies, the AAMC works with its members to set a national agenda for medical education, biomedical research, and health care and assists its members by providing services at the national level that facilitate the accomplishment of their missions.*

*In pursuing its purpose, the Association works to strengthen the quality of medical education and training, to enhance the search for biomedical knowledge, to advance research in health services, and to integrate education and research into the provision of effective health care.*

Adopted by the AAMC Executive Council  
June 1988



By providing leadership for academic medicine the Association represents the interests of its members to the broader public. This has been done most effectively through cooperation and collaboration with other organizations sharing similar values and goals. In all areas of interest to the Association's members, AAMC staff work with others to achieve a broad coalition to support the Association's mission as expressed in the strategic plan.

Since 1942 the AAMC and the American Medical Association have jointly monitored the quality of medical education programs through the Liaison Committee on Medical Education. This productive relationship is mirrored in the Accreditation Council for Graduate Medical Education and the Accreditation Council for Continuing Medical Education. Less formal efforts exist in such coalitions as the Clinical Skills Alliance, in which the AAMC collaborates with other organizations committed to improving methods for measuring the clinical skills of physicians-in-training.

Internationally, the Association participates in such groups as the Pan-American Federation of Associations of Medical Schools, the World Federation for Medical Education, and the International Medical Scholars Program. This past year saw more interaction with primary care organizations such as the Society for General Internal Medicine and the American Acad-

emy of Family Physicians, which are seeking ways to foster the development of primary care programs in academic medical centers.

The Association is an acknowledged leader in coalitions supporting this country's biomedical research enterprise. The Ad Hoc Group for Biomedical Research Funding unites more than 150 organizations in its efforts to assure adequate federal support for medical research activities, primarily involving the National Institutes of Health and the Alcohol, Drug Abuse and Mental Health Administration. The Association continues its efforts to assure the productive use of animals for education and research through its strong presence in the National Association for Biomedical Research and the related Foundation for Biomedical Research. It is a founding member of Research! America, a new organization dedicated to improving scientific literacy as a means of increasing public understanding of and support for research.

This past year the Association, in conjunction with nine other national educational and professional associations, including the Association of American Universities and the National Association of State Universities and Land-Grant Colleges, developed "Framework for Institutional Policies and Procedures to Deal with Misconduct in Research." This publication addresses the issues and procedures that institutions face in resolv-



ing allegations of scientific misconduct.

The Association has been an important leader in the Friends of VA Medical Care and Health Research, a coalition to advocate adequate resources for the Veterans Administration health care system. It played a vital role in representing the academic medicine community in developing responses to proposed Medicare regulations on reimbursement for direct medical education costs on the level of the indirect medical education adjustment and the payment to physicians in teaching settings. The AAMC also cooperated with the American Hospital Association's "Elect to Protect" Medicare initiative. Collaborative surveys and data gathering were undertaken with the National Association of Public Hospitals.

In addition to cooperating with other organizations on specific issues, the AAMC holds regular meetings with other national leaders in medicine and health. The AAMC, the American Medical Association, the American Hospital Association, the Council for Medical Specialty Societies, and the American Board of Medical Specialties form the Council for Medical Affairs, which considers a broad range of public policy issues relating to medicine and health. Three times a year the officers of the AAMC and the Association of Academic Health Centers meet in a special "Forum" to address issues relating to academic

medical centers and to develop closer cooperation between these two organizations. A consequence of the closer AAMC/AHHC relationship has been joint sponsorship of the Government Relations Representatives group, which keeps members informed of relevant legislative and regulatory activities. This group also works closely with the Health Network of the Association of American Universities and the National Association of State Universities and Land-Grant Colleges.

In the coming year the Association has targeted for special efforts the need to improve its liaison with organizations representing the minority communities of our nation. Such collaboration is essential if the Association and its members are to realize their goal of increasing minority participation in medicine.

The agenda of the Association and its members is extensive and can only be realized by productive interaction with a broad array of other parties. It is a source of pride that the Association has been especially effective in achieving such partnerships. The Association continues its commitment to work with other organizations in the betterment of academic medicine.



**Robert G. Petersdorf, M.D.**  
AAMC President

*Robert G. Petersdorf, M.D.*  
AAMC President



The winds of change are buffeting academic medicine. The escalating costs of providing health care are pressuring the academy, and every segment of medical education is feeling the impact. The officers and staff of the AAMC have been working on many fronts to make the Association more responsive to members' needs in these difficult times.

#### **Planning Activities**

During the past year the Association's membership has achieved consensus around the new mission statement and strategic goals that form the foundation for the AAMC's programmatic activities. Through discussion of the strategic plan at meetings of the Association's leadership, including the spring meetings of the three constituent councils, the Association's members have gained a clearer understanding of its purpose and plans to achieve its objectives. This year's annual report reflects the current and proposed activities that the Association has undertaken.

#### **AAMC Governance and Structure**

The AAMC's governance and structure underwent radical change with its reorganization in 1965 following the report on "Planning for Medical Progress Through Education" (the Coggeshall Report). This transformation of the Association from a "dean's club" to a vital organization encom-

passing all segments of academic medicine has served our members well. Yet, as we prepared to meet the challenges of the future, the governance recognized the need for another in-depth look at the AAMC and at how it should conduct its affairs to best serve its varied constituencies in this era of challenge and change.

The past five Assembly chairmen were appointed to a committee to undertake this important mission. The issues they are addressing are broad: the functions of the Executive Council; the size and scope of the Assembly; the process for nominating officers; the development of new leaders and of a mechanism to keep past leaders active in the organization; the role of multi-hospital systems and their executive officers; the participation of elements of the academic enterprise not now represented in the AAMC, including residents; and the best organization and use of existing and possible new groups to contribute to the Association's goals. The report of this committee is to be discussed at the 1989 Annual Meeting and throughout the year with the objective of adopting any necessary changes at next year's Annual Meeting.

#### **Physician Education**

With all the pressures of our multiple missions, we cannot forget our primary purpose which is the theme



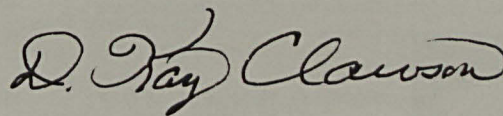
of the 100th Annual Meeting: the education of the physician. Through superior education and training, we produce physicians capable of providing the highest quality medical care available in the world. Yet, we are unable to provide adequate health care for millions of Americans, particularly those in rural areas and inner cities.

A call for change in medical education has come from many quarters as we recognize that the post-Flexnerian model has not prepared physicians to meet the wide spectrum of demands placed upon them in the late 20th century. These range from identifying and responding to patients' social and behavioral problems and the necessity for health promotion and disease prevention, to providing sympathetic and systematic management of patients' health problems as incurable diseases and aging follow their inevitable course.

Problem-solving and self-directed learning are clearly essential ingredients for the complexities of contemporary medical practice. Yet, the driving force in most medical education today is still the ability to memorize large quantities of facts in order to pass multiple-choice examinations.

If we are to meet our covenant with society, medical educators must address the issues of secondary and pre-medical education, the selection proc-

ess to medical school, and medical and graduate education. We must make significant and meaningful changes in the process of education, safeguarding the strong scientific orientation that has made us great while preparing physicians to deal with the problems of everyday practice. We must gather a more heterogeneous population of individuals into the cadre of physicians to meet the needs of the underserved and underserved. Only by taking these difficult steps, will we be able to continue the leadership role in health that has characterized the academic medical profession.



*D. Kay Clawson, M.D.  
AAMC Chairman*



***D. Kay Clawson, M.D.  
AAMC Chairman  
Executive Vice Chancellor  
University of Kansas  
Medical Center  
School of Medicine***



**AAMC Governance**



*D. Kay Clawson, M.D.*

*Chairman of the Assembly*  
**D. Kay Clawson, M.D. \***  
*University of Kansas Medical Center  
 School of Medicine*

*Chairman-Elect of the Assembly*  
**David H. Cohen, Ph.D. \***  
*Northwestern University*

*Immediate Past Chairman of the  
 Assembly*  
**John W. Colloton \***  
*University of Iowa Hospitals and  
 Clinics*

*President*  
**Robert G. Petersdorf, M.D. \***  
*Association of American Medical  
 Colleges*

*Distinguished Service Member of the  
 Executive Council*  
**Edward N. Brandt, Jr., M.D.,  
 Ph.D. \* +**  
*University of Oklahoma  
 School of Medicine*



*David H. Cohen, Ph.D.*



*John W. Colloton*

**Governance**

The Association is governed by an Executive Council, whose members are elected from the Council of Deans (COD), the Council of Teaching Hospitals (COTH), the Council of Academic Societies (CAS), and the Organization of Student Representatives (OSR). The Association's legislative body is its Assembly, comprising all 127 members of the COD, 63 members each of the COTH and the CAS and 10 percent of the institutionally appointed members of the OSR. The Assembly meets at the Association's Annual Meeting. This October marks the 100th annual meeting of the Association.

Each year members and staff of the United States Congress and the Executive Branch agencies and representatives of medical and health care organizations address the Administrative Boards and Executive Council on issues of interest and importance to academic medical centers. In 1989, AAMC leaders heard the following speakers:

The Honorable Dave Durenberger (R-MN)  
*Ranking Minority Member, Senate  
 Finance Subcommittee on Medicare  
 and Long-Term Care; Member,  
 Senate Committee on Labor and  
 Human Resources*

The Honorable Bob Traxler (D-MI)  
*Chairman, House Appropriations  
 Subcommittee on VA-HUD-  
 Independent Agencies*

Bruce Steinwall  
*Deputy Director  
 Prospective Payment Assessment  
 Commission*

John A. Gronvall, M.D.  
*Chief Medical Director  
 Veterans Health Services and  
 Research Administration*

Cornelius J. Pings, Ph.D.  
*Provost and Senior Vice President  
 for Academic Affairs  
 University of Southern California;  
 Chairman, Committee on Indirect  
 Costs  
 Association of American Universities*

Paul J. Friedman, M.D.  
*Professor of Radiology  
 Associate Dean for Academic Affairs  
 University of California, San Diego  
 School of Medicine  
 Visiting Scholar, Institute of  
 Medicine;  
 Member, IOM Committee on the  
 Responsible Conduct of Research*

Rosemary Chalk  
*Study Director  
 IOM Committee on the Responsible  
 Conduct of Research*

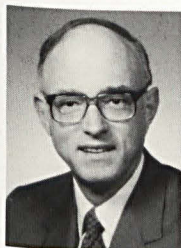
Harvey Barkun, M.D.  
*Executive Director  
 Association of Canadian Medical  
 Colleges*

\* Member of Executive Council

+ Resigned, effective May 1, 1989



**Council of Deans  
Administrative Board**



*William T. Butler, M.D.*

- Chairman*  
William T. Butler, M.D. \*  
*Baylor College of Medicine*
- Chairman-Elect*  
L. Thompson Bowles, M.D.,  
Ph.D.\* +  
*George Washington University  
School of Medicine and Health  
Sciences*
- George T. Bryan, M.D. \*  
*University of Texas Medical School  
at Galveston*
- Phillip M. Forman, M.D. \*  
*University of Illinois  
College of Medicine*
- David S. Greer, M.D.  
*Brown University  
Program in Medicine*
- John Naughton, M.D. \*  
*State University of New York at  
Buffalo School of Medicine and  
Biomedical Sciences*
- Leon E. Rosenberg, M.D.  
*Yale University School of Medicine*
- Henry P. Russe, M.D. \*  
*Rush Medical College of Rush  
University*
- Robert E. Tranquada, M.D. \*  
*University of Southern California  
School of Medicine*
- W. Donald Weston, M.D. \*++  
*Michigan State University  
College of Human Medicine*
- Hibbard E. Williams, M.D.  
*University of California, Davis  
School of Medicine*

+ Chairman June 1989  
++ Resigned February 1989

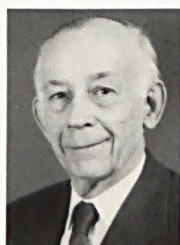
**Council of Teaching Hospitals  
Administrative Board**



*Gary Gambuti*

- Chairman*  
Gary Gambuti \*  
*St. Luke's- Roosevelt Hospital  
Center, New York*
- Chairman-Elect*  
Raymond G. Schultze, M.D. \*  
*UCLA Medical Center, Los Angeles*
- Calvin Bland  
*St. Christopher's Hospital for  
Children, Philadelphia*
- J. Robert Buchanan, M.D. \*  
*Massachusetts General Hospital,  
Boston*
- Jerome H. Grossman, M.D.  
*New England Medical Center, Inc.,  
Boston*
- Leo M. Henikoff, M.D.  
*Rush-Presbyterian-St. Luke's  
Medical Center, Chicago*
- John E. Ives  
*St. Luke's Episcopal Hospital,  
Houston*
- William H. Johnson, Jr.  
*University of New Mexico Hospital,  
Albuquerque*
- Sister Sheila Lyne  
*Mercy Hospital and Medical Center,  
Chicago*
- James J. Mongan, M.D. \* (Ex  
Officio Member)  
*Truman Medical Center,  
Kansas City, Missouri*
- Robert H. Muilenburg  
*University of Washington Hospitals,  
Seattle*
- Max Poll  
*Barnes Hospital, St. Louis*
- C. Edward Schwartz  
*Hospital of the University of  
Pennsylvania, Philadelphia*
- Barbara A. Small  
*Veterans Administration Medical  
Center, Durham*

**Council of Academic Societies  
Administrative Board**



*Ernst R. Jaffé, M.D.*

- Chairman*  
Ernst R. Jaffé, M.D. \*  
*Albert Einstein College of Medicine*
- Chairman-Elect*  
Joe Dan Coulter, Ph.D. \*  
*University of Iowa College of  
Medicine*
- S. Craighead Alexander, M.D. \*  
*University of Wisconsin Medical  
Center*
- Lewis Aronow, Ph.D.  
*Uniformed Services University of the  
Health Sciences*
- Kenneth I. Berns, M.D., Ph.D.  
*Cornell University Medical College*
- Thornton Bryan, M.D.  
*University of Alabama School of  
Medicine at Huntsville*
- Myron Genel, M.D.  
*Yale University School of Medicine*
- Glenn C. Hamilton, M.D.  
*Wright State University School of  
Medicine*
- Douglas E. Kelly, Ph.D. +  
*University of Southern California  
School of Medicine*
- Herbert Pardes, M.D.  
*Columbia University College of  
Physicians and Surgeons*
- Vivian W. Pinn-Wiggins, M.D.  
*Howard University College of  
Medicine*
- Joel G. Sacks, M.D.  
*University of Cincinnati College of  
Medicine*

+ Resigned July 1, 1989 to  
become associate vice  
president for biomedical  
research, AAMC

**Organization of Student  
Representatives  
Administrative Board**



*Clayton Ballantine*

- Chairman*  
Clayton Ballantine \*  
*University of Louisville School of  
Medicine*
- Chairwoman-Elect*  
Caroline Reich \*  
*Emory University School of  
Medicine*
- Kimberly Dunn  
*University of Texas Medical School  
at Houston*
- Kathleen Huff  
*University of South Florida College  
of Medicine*
- Anita Jackson  
*University of Illinois College of  
Medicine*
- Cynthia Knudsen  
*University of Colorado School of  
Medicine*
- David Kostick, M.D.  
*Tulane University School of  
Medicine*
- Joan Lingen, M.D.  
*University of Health Sciences/  
Chicago Medical School*
- Elizabeth Malko, M.D.  
*University of Connecticut School of  
Medicine*
- Sheila Rege, M.D.  
*University of California, Los Angeles  
UCLA School of Medicine*
- Lee Rosen  
*Baylor College of Medicine*
- Lawrence Tsen  
*University of Kansas School of  
Medicine*

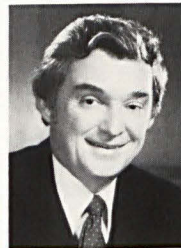


**The Committee on Governance and Structure**

In 1965, the Association of American Medical Colleges received a report, "Planning for Medical Progress Through Education," from the Committee on Long Range Planning and Reorganization. Known as the Coggeshall Report after Committee Chairman Lowell Coggeshall, M.D., a past president of the AAMC, the report spoke broadly on issues of medical education and trends in health care. It proposed major changes in the Association's governance to better serve its constituents in an evolving health care environment. Debate within the Association on the recommendations of the report led to the tripartite organization of the Council of Deans, the Council of Teaching Hospitals, and the Council of Academic Societies. The Executive Council was expanded to include faculty and teaching hospital executives as well as medical school deans. In 1971, medical students joined the Association's governance as the Organization of Student Representatives.

It has been two decades since the last comprehensive review of the Association's governance. Along with the adoption of a new mission statement and strategic goals, the Association convened a Committee on Governance and Structure to consider whether the current structure still best meets the Association's needs and objectives or whether changes in its constituency and organization suggest modifications. Com-

posed of the five immediate past chairs of the Association, the Committee will present a final report at the 1990 Annual Meeting in San Francisco.



*John W. Colloton*

*Chairman*

John W. Colloton  
*University of Iowa Hospitals & Clinics*

*Members*

Robert M. Heyssel, M.D.  
*The Johns Hopkins Health System*

Richard Janeway, M.D.  
*Bowman Gray School of Medicine of Wake Forest University*

Edward J. Stemmler, M.D.  
*University of Pennsylvania Medical Center*

Virginia V. Weldon, M.D.  
*Monsanto Company, St. Louis, Mo.*

*Observer*

William T. Butler, M.D.  
*Baylor College of Medicine*

*Ex Officio Members*

D. Kay Clawson, M.D.  
*University of Kansas Medical Center School of Medicine*

David H. Cohen, Ph.D.  
*Northwestern University*

**Membership**

A non-profit association founded in 1876, the AAMC includes in its membership 127 U.S. medical schools and 16 accredited Canadian medical schools

- 435 teaching hospitals with substantial research and educational activities, including 72 Veterans Administration medical centers
- 87 academic and professional societies representing 61,000 faculty at member institutions
- Medical students at U.S. schools
- Nearly 800 individual members with demonstrated serious interest in medical education
- Faculty members and administrators of medical colleges and academic medical centers who represent their institutions in groups of similar professionals within the AAMC:

*Group on Business Affairs*

*Group on Faculty Practice*

*Group on Governmental Relations (collaborative effort with the Association of Academic Health Centers)*

*Group on Institutional Planning*

*Group on Medical Education*

*Group on Public Affairs*

*Group on Student Affairs*



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# *Strategic Goals*

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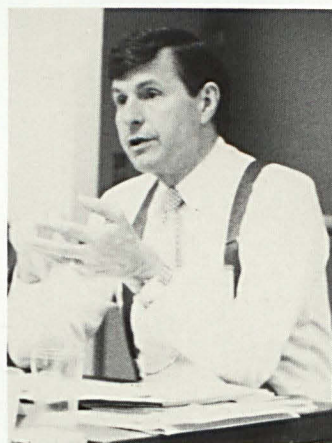
**1 To promote an environment in academic medical centers in which high quality medical education, biomedical and health services research, and patient care will flourish.** *The Association and its members are committed to improving the nation's health care. To meet the challenges of providing outstanding medical care, superior education, and fruitful research, the Association identifies critical issues and develops policy initiatives vital to the interests of academic medical centers.*

**Assessing Change in Medical Education**

The AAMC last winter began to study changes in medical education and barriers to change under a grant of nearly \$1 million from the Charles E. Culpeper Foundation, Inc. The study has been named the ACME project—Assessing Change in Medical Education.

The Association assembled a core staff for the project and they are assessing reports published over the past six decades by the AAMC and others. These reports have criticized the low priority sometimes accorded student education; the intensive, information-transfer teaching that dominates medical education; and other aspects of the standard curriculum and the “traditional” education process. Several schools have made substantial changes toward student-centered, self-directed medical education; others, for various reasons, are retaining longstanding curricula and educational methods. Documenting and quantifying these differences is a major focus of the study.

The staff and advisory group are particularly interested in identifying obstacles that have hampered curricular change at many institutions and on delineating strategies that have helped other institutions implement change. One aspect of their



*Harry N. Beaty, M.D., dean and professor of medicine at Northwestern University School of Medicine and chairman of the ACME advisory group, leads the group's first meeting.*

work is to determine in what ways past reports and recommendations, largely made without including strategies to implement them, have influenced curricula of medical schools.

The ACME team is studying curricula for pre-clinical education, instruction in clinical education, institutional systems for curricula management, procedures for student assessment, faculty development, and institutional support.

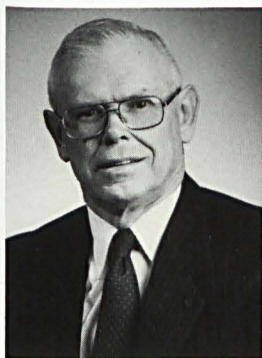
**AIDS and the Academic Medical Center**

The epidemic of acquired immune deficiency syndrome (AIDS) presents unusual challenges to society and to the medical community. Continuing its response to this unique crisis, the Association this year undertook several initiatives that built upon the accomplishments of 1988.

In February, the Executive Council accepted “The HIV Epidemic and Medical Education,” the second and final report prepared by the Committee on AIDS and the Academic Medical Center under the chairmanship of Jay P. Sanford, M.D., president and dean of the Uniformed Services Univer-

sity of the Health Sciences. The report discusses the major impact AIDS will have on the careers of tomorrow's physicians. HIV infection is pervasive in many parts of the country. Primary physicians, in consultation with specialists, will have to assume greater responsibility for diagnosing and treating people already infected and for helping prevent further spread of the virus, the report notes. Medical educators must prepare today's students for these tasks and, above all, must help medical students and residents understand and accept personal risk in the practice of medicine,





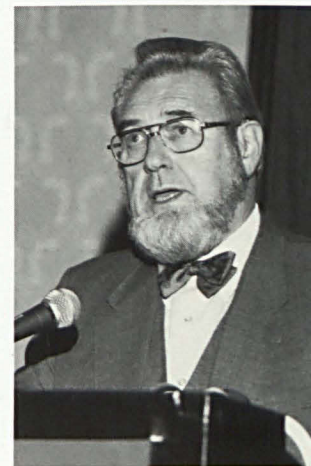
*The Committee on AIDS and the Academic Medical Center, chaired by Jay P. Sanford, M.D., president and dean of the Uniformed Services University of the Health Sciences, issued its final report early this year.*

overcome their biases and prejudices toward various social groups, and learn how to cope with the emotional demands of certain types of patient care.

Earlier reports issued by the AIDS committee are the AAMC "Statement on Professional Responsibility in Treating AIDS Patients" and "Policy Guidelines for Addressing HIV Infection in the Academic Medical Community." The latter covers the appropriate institutional response to potential or actual cases of HIV infection among medical students, residents, faculty, or staff.

The impact of AIDS on teaching hospitals varies greatly across the nation. Institutions in areas with the greatest concentration of infection encounter new problems that range from controversy over the disposal of infectious and toxic wastes through the impact of AIDS on a hospital's community image to ethical responsibilities in the face of an epidemic.

Up-to-date information is imperative, so this year the Association, with the National Association of Public Hospitals and several other organizations, surveyed COTH member hospitals, collecting data on patients treated for AIDS and other HIV-related conditions, characteristics of the hospitals, costs, and financing associated with AIDS treatment.



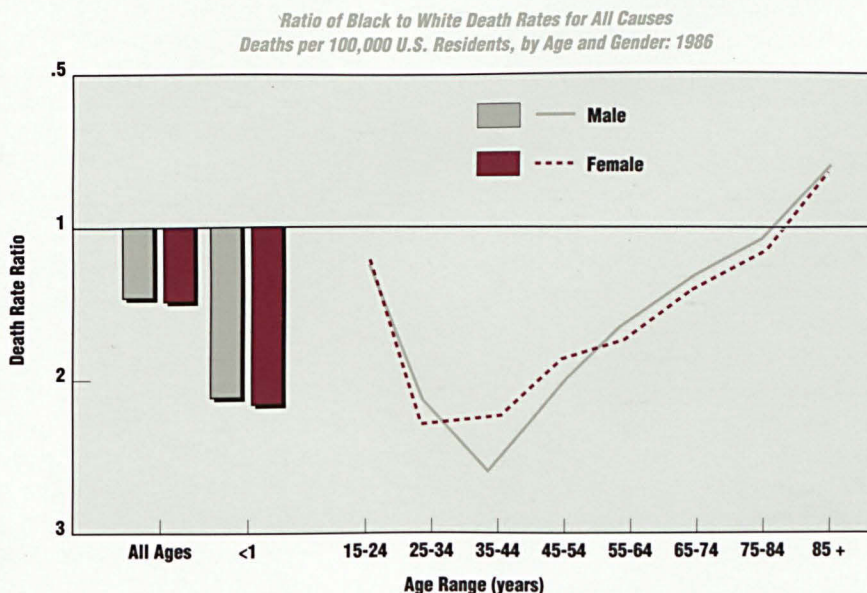
*Then Surgeon General C. Everett Koop, M.D., speaking at the 1989 AAMC annual meeting, recognized the AAMC's special effort in developing the AIDS publication.*

### Disease Prevention and Health Promotion

Cancer, cardiovascular disease, other chronic disorders, and more recently AIDS and HIV-related illnesses, account for more than two-thirds of all deaths in the United States and kill minority populations at a greater rate than the majority population. These diseases also offer the greatest opportunities for reducing deaths through primary and secondary prevention. Thus, the Association recognizes disease prevention and health promotion, particularly for minority and disadvantaged

populations, as critical issues for its member institutions.

This year the Association began laying the groundwork for a set of programs that will seek to influence positively the education of physicians and the activities of academic medical centers regarding disease prevention. The Association will seek creative ways in which academic medical centers can improve the health of the populations they serve.



*The variation in death rates between the U.S. black and white populations continues to challenge medical care providers. Source: Health United States 1988, U.S. Department of Health and Human Services, Public Health Service*



## Use of Animals in Research and Education

The Association has strongly advocated the responsible use of animals in research and education continuing its close affiliation with the National Association for Biomedical Research (NABR). As in the past, it prepared responses to proposed regulations that would hamper research and education. Because animal rights activists have gained momentum and impact with new levels of confrontation, the Association expanded its activities to support the use of animals in research as a necessary tool of biomedical progress.

The Council of Academic Societies (CAS) planned a plenary session for the 1989 Annual Meeting entitled, "In Defense of Animal Research: Models for Effective Action." Speakers were selected who could discuss models of successful action by academic institutions, state networks, professional societies, voluntary organizations, and NABR, with CAS leaders delivering a call to action. CAS is preparing an action paper summarizing the issues and providing a framework for individuals, institutions, and academic societies to counter unreasonable activities by animal rights activists.

With active participation by members of the Group on Public Affairs and the guidance of numerous allied organizations, the Association developed and distributed a resource notebook on institutional support and promotion of the responsible use of animals in research and education. It is designed to help the chief administrators and public affairs officials at AAMC-member institutions develop a team approach to planning and programming. The notebook includes recommendations for facilities review, security, and crisis planning and offers an array of communications strategies for educating students, faculty, staff, the greater university community, legislators, the public, and the media.

Stimulated by the desire of the Council of Deans to involve faculty in support of animals in research and education, the AAMC solicited information from member schools to create a profile of what is being done and found that many schools have developed programs and materials with active and vigorous faculty participation. The Association acts as a clearinghouse for institutions seeking examples and guidance.

## Misconduct and Conflict of Interest in Research

Fraud and misconduct have become widely publicized stress points in scientific research. To examine the issues and make recommendations, the AAMC established an Ad Hoc Committee on Misconduct. During its first year the committee was chaired by David H. Cohen, Ph.D., vice president for research and dean of the Graduate School of Northwestern University. Michael J. Jackson, Ph.D., associate dean for research at George Washington University School of Medicine and Health Sciences, will chair the committee during its second year.

In collaboration with other national organizations, the committee issued a major publication,

*Framework for Institutional Policies and Procedures to Deal with Misconduct in Research.*

The document grew out of the conviction that institutions, not the sponsors of research, are responsible for the conduct

of their faculty members and staff. The "Framework" document deals directly with the issues and procedures that institutions face in resolving allegations of misconduct. It presents guidelines for policies to deal effectively with allegations or evidence of scientific misconduct from the initiation of an inquiry through the resolution of an investigation. It stresses, however, the importance of maintaining an atmosphere in and among institutions, of openness and creativity. The spirit of free inquiry, objectivity, and peer review is essential to good science and cannot flourish under oppressive regulation.

More difficult to define than misconduct or



*Allan C. Shipp, staff associate (standing), and Christine Lehmann, administrative assistant, Division of Biomedical Research, confer on final changes to the Framework publication.*



outright fraud, conflict of interest nonetheless is garnering increasing attention from research institutions, funding agencies, the media and the Congress. The Ad Hoc Committee on Misconduct was expanded to include conflict of interest in its work and to formulate effective ways to help member institutions handle and prevent conflicts of interest on the part of institutions, faculty, and students. To support this effort, the Association asked mem-

ber schools and hospitals for copies of their conflict of interest policies. These have been analyzed, and the Association is constructing a guidance document for the Committee's review that will help institutions identify situations of potential conflict and to develop effective procedures to handle and resolve conflicts once they are disclosed.

### Nursing Issues



The nursing shortage continues to concern the AAMC's member teaching hospitals. While COTH-member institutions comprise six percent of the nation's hospitals, they employ approximately 29 percent of hospital-based registered nurses. As a result of the shortage many COTH members are unable to operate their preferred number of inpatient beds.

To help the Association and its member institutions address nursing issues unique to the aca-

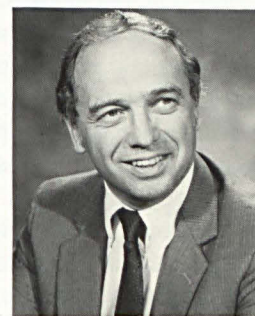
*Jerome H. Grossman, M.D., chairman and CEO, New England Medical Center, Inc., as chairman of the Ad Hoc Committee on Nursing and the Teaching Hospital addressed nursing issues unique to the academic medical setting.*

demie setting, the AAMC formed the Ad Hoc Committee on Nursing and the Teaching Hospital, chaired by Jerome Grossman, M.D., chairman and CEO, New England Medical Center, Inc. The committee, comprising individuals from a variety of academic and management settings, addressed the specific characteristics of teaching hospitals that contribute to problems in nurse staffing. Examples include the annual turnover of housestaff, the large number of attending and consulting physicians, the specialized and intense nature of patient care, and the ethical issues raised by the critical illnesses of many patients. How these characteristics affect services in the academic setting will be addressed in an issues paper being prepared by the Division of Clinical Services.

### Rural Health Initiative

Since 1985, the AAMC has had a half-day session on rural health care at each Annual Meeting. Interest has grown each year. Responding to this interest and anticipating major changes in delivering care to people in rural areas, the Association appointed a Steering Committee on Rural Health to examine the role of education in providing medical and health services to the lightly populated regions of our nation. The committee is assessing the special problems of rural hospitals, support for rural health training programs, and the continuing difficulties of recruiting and retaining physicians in rural areas.

For the 1989 Annual Meeting, the committee offered a special half-day program on "Medical Education and Rural Health Care: Responsibilities and Opportunities." It included a comprehensive review of the role of medical education in the improvement of rural health and, taking advantage of the meeting's Washington, D.C. location, heard observations by a prominent politician from a predominantly rural state.



*Tom M. Johnson, M.D., associate dean of the Michigan State University College of Human Medicine and chairman of the AAMC Steering Committee on Rural Health, testified before the Health Personnel Work Group of the National Advisory Committee on Rural Health.*

Addressing the problem on another front, the Association was represented by Tom M. Johnson, M.D., associate dean of the Michigan State University College of Human Medicine, at hearings of the National Advisory Committee on Rural Health. He spoke to the role of medical education within the context of the socioeconomic problems facing rural America, stressed the need for making primary care and rural health a priority for medical education, and pointed out ways in which medical schools can help.



**2** To attract the most talented and broadly representative persons into medicine. Each year AAMC-member institutions graduate almost 16,000 new physicians who, in the course of their careers, will provide medical care to millions. It is incumbent upon the Association to develop and maintain methods to select medical school students who have the talent to make new discoveries and the dedication to provide competent, compassionate care. It is equally essential that bright, curious young minds be attracted to careers in biomedical research and teaching. Forecasts indicate shortages of faculty members in the early twenty-first century. The AAMC has a variety of programs and projects to help medical schools attract qualified future physicians and biomedical scientists.

**Minority Health Initiatives**

Twenty years ago the AAMC made a commitment to equal opportunity in medicine by creating an Office of Minority Affairs. A year later, an AAMC Task Force set as a short-term objective that "...U.S. medical schools increase the representation of minorities in the M.D. degree programs from 2.8 percent to 12 percent by 1975-76." That goal has yet to be reached. A central part of the mission of the Association, through its new Division of Minority Health, Disease Prevention, and Health Promotion, is to re-invigorate those efforts to meet the original task force charge. The Association's concern is not only to improve the representation of minorities in medical school but also to address underrepresentation among faculty, research personnel, administration, and management of the academic medical enterprise. Increasing numbers of qualified minority health professionals are available to fill these positions, tangible evidence of the partial success of the last 20 years of affirmative action.

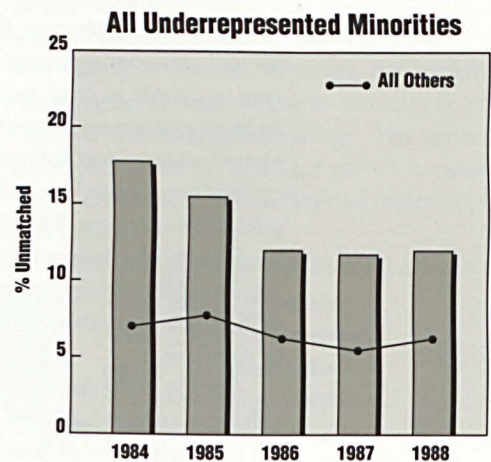
If medical school is one part of the academic pipeline stretching from kindergarten through faculty status in an academic medical center, then three sections of the pipeline need particular attention in order to increase the number of underrepresented minorities who

- finish high school motivated and prepared ultimately to do graduate level study in science and mathematics, including medical school,

- achieve selection in residencies or research fellowships at rates at least comparable to whites, and
- select and succeed in academic and administrative careers in the medical center.

The Association is developing plans to evaluate current programs, disseminate their findings, and develop new programs as needed in these three priority areas.

*As the ratio between the number of residency positions available and the number of U.S. medical school graduates vying for those positions remains small, it is evident that affirmative action policies by residency programs must be adopted to ensure continued progress for minorities in the NRMP. Source: The AAMC and the NRMP*



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## The Selection and Enrollment of Medical Students

### ■ Medical College Admission Test

Sweeping changes will markedly alter the Medical College Admission Test (MCAT) when a new, streamlined test is introduced in 1991. The upcoming MCAT will replace six current test sections with four—biological sciences, physical sciences, verbal reasoning, and a writing sample—and will cut at least 80 minutes from the average test day of 9-1/2 hours.

The revised test signals the importance of critical thinking, logical reasoning, problem-solving, and communication skills to medical education and medical practice. Additionally, the changes are meant to enhance the predictive value of the MCAT and to encourage students who are interested in medicine to pursue broad undergraduate study in the natural and social sciences and the humanities.

The essay component will consist of two 30-minute graded writing samples. This segment of the test has been field tested. During the pilot phase eight medical colleges used scored essays along with other application materials to select

their 1988-89 entrants. They found that both the writing samples and the scores provided important information that was unavailable from other materials.

The recommendations for change, approved in February by the AAMC's Executive Council, were developed by the MCAT Evaluation Panel and the Ad Hoc Advisory Committee to the MCAT Essay Pilot Project over the course of two and six years, respectively.

### ■ Applicants for Medical School

The 1989 entering class of medical students marks the first year since 1984 in which the number of applicants to the nation's medical schools rose over the preceding year. By the end of June, over 26,507 individuals had applied for positions in the



The AAMC Section for Student Services' distribution staffers Christopher Grimes, distribution assistant (left), Hugh Goodman, supervisor, Donald Hough, distribution assistant, and Carl Gilbert, senior assistant, perform quality control on the over 6.2 million documents processed each year.

1989 entering class. By the time schools have reported all application activity and matriculated their students, the national applicant pool is expected to reach 27,000, a slight increase over the 26,721 in the 1988 pool. This encouraging increase means that the nation's medical schools can continue to select their entering classes from qualified applicants.

If projections hold, the percentages of underrepresented minorities, women, and Asians will have increased over the previous year, while the percentage of men applying from all ethnic groups will have decreased. Women are expected to make up 39 percent of the final applicant pool for 1989, while underrepresented minorities and Asians are expected to make up 11.4 percent and 13.5 percent, respectively.

Approximately 92 percent of the 1989 medical college applicants used the American Medical College Application Service (AMCAS). One hundred and eight medical schools now participate in the centralized processing service, enabling applicants interested in those schools to submit just one application and set of official transcripts. The Association developed the system to reduce processing time and expenses for participating schools and applicants. The process, which merges applicant and Medical College Admission Test data, also enables the AAMC to monitor trends in medical school application and enrollment.

Richard L. O'Brien, M.D., dean, Creighton University School of Medicine, and chairman of the MCAT Evaluation Panel, announces changes in the MCAT exam at a press conference at AAMC headquarters.

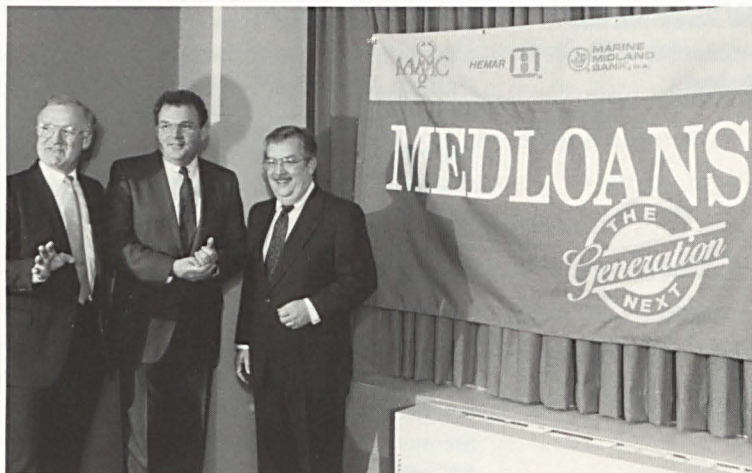




## MEDLOANS

Medical students who borrow money to help finance their education stand to save thousands of dollars under an improved AAMC MEDLOANS program. On a typical \$10,000 loan to a first-year medical student, with repayment starting after seven years, the savings can be as much as \$4,262 in interest during in-school and residency training, with a total of \$12,022 over the life of the loan. With similar savings on each subsequent year's loans the savings can be up to \$50,000 on the total interest costs.

MEDLOANS, inaugurated in 1986 by the AAMC specifically for students of its member medical schools, packages loan programs from a variety of governmental and private sources. Changes to the program were made public at a news briefing in March. Students may substitute an Alternative Loan Program (ALP) loan, insured by HEMAR Insurance Corporation of America, for a Health Education Assistance Loan (HEAL), insured by the Department of Health and Human Services. The substitution will speed processing time and reduce interest costs for student borrowers. MEDLOANS also offers former HEAL borrowers the opportunity to refinance existing HEAL loans to a less expensive ALP loan.



*Robert L. Beran, Ph.D., AAMC assistant vice president for Student and Educational Programs (left); Edward Canale, group executive, Marine Midland Bank; and Richard C. Hawk, chairman of the board, HEMAR Corporation, announced an improved loan package for medical students at a MEDLOANS news conference.*

Students who begin their borrowing under MEDLOANS will be assured a consistent source of loan funds for the remainder of their undergraduate medical education. The terms and conditions for ALP are based on the repayment behavior of participating medical student borrowers only. The availability of funds is not tied to the federal budget process or to regulations developed by either Congress or the Department of Health and Human Services.

## Women in Medicine

Women continue to be attracted to medicine although they still face inequities in status and salaries. In spite of the increasing number of women entering the medical profession, they are not progressing to senior faculty ranks in step with men. While issues underlying the difficulties are endemic in society, the AAMC's Women In Medicine program seeks solutions specific to the academic environment.

The Association conducts a variety of programs to assist women students, faculty, and administrators. The quarterly newsletter,



*Janet Bickel, director of the AAMC's Women in Medicine program, attracted extensive media attention with a New England Journal of Medicine article on the success of women entering medical school and their continuing lag as medical school faculty members in achieving positions of the highest academic rank.*

*Women In Medicine Update*, publishes articles on research relevant to promotion and tenure. In May a professional development seminar for junior faculty provided strategic pointers for advancement in academic medicine. Professional development programs were offered at the annual meeting on management and administrative skills. The program developed issue and research papers on such topics as maternity-leave policies for residents to stimulate discussion of policy areas important to women. This year, the Women Liaison Officers organization joined the National Network of Women's Caucuses, composed of 230 women's caucuses and committees in many disciplines.



## National Resident Matching Program

In May 1989 the AAMC assumed operation of the National Resident Matching Program (NRMP). The Association is particularly pleased and honored to be responsible again for the day-to-day management, having initiated the program in 1952 to establish a uniform time for appointing graduating seniors to their internships. It was joined by the American Medical Association, the American Hospital Association, and the Catholic and Protestant Hospital Associations to found the NRMP as an independent entity. For the past decade, the AAMC has worked closely with the NRMP, supplying the Association's student record database to initiate the matching process each year and tracking graduates throughout their residencies.

The process of consolidating NRMP operations will continue for the next 2½ years. Under the guidance of the NRMP Board, the AAMC will continue to work with all those involved in graduate medical education, emphasizing the importance of the match in the orderly selection of candidates for residency.



*On Match Day 1988 at Emory University School of Medicine Mary Ellen Johnson, Office of Student Affairs (left), hands Michael Flood, (right) notification of his first choice residency at the Washington Hospital Center in internal medicine. Others in the photo are Luigi Meneghini, internal medicine (center), and Richard Ozment, surgery (left).*

## Career Awareness Program for High School and College Students

Despite changes in the medical profession and the world in which it operates, medical practice, teaching, and biomedical research remain exciting careers and ones that offer talented people a chance to spend their life's work meeting outstanding challenges. To awaken interest in medicine among the best and brightest students, the AAMC and the American Medical Association (AMA) joined forces to develop an educational program designed to help college and high school students as they make career choices.

The AAMC/AMA team has developed a production and distribution program using the estab-

lished networks of medical schools, teaching hospitals, physicians, residents, and medical students for distribution. Videotapes and related print materials are being developed for each group of students. The AAMC's Group on Public Affairs has developed brochures to supplement the videotapes and will assist in distribution and marketing. Both associations will work closely with Alpha Epsilon Delta, Alpha Omega Alpha, the Association of American School Counselors, and the National Association of Advisors for the Health Professions, important facilitators in reaching young people.



**3** To promote the intellectual, organizational, and financial vitality of medical schools and teaching hospitals. *The AAMC has developed a strong, broad-based program to assist members in expanding and adapting to the changing medical climate. By developing and interpreting relevant databases, conducting focused studies, and extending management expertise, the AAMC provides the tools necessary to strengthen and maintain the vitality of member institutions.*

**Physician Supply Task Force**

The Task Force on Physician Supply, established by the AAMC Executive Council in January 1987, continued its exploration of the consequences of the doubling of the enrollment in the U.S. medical schools over the past two decades. Working as a steering committee and with subcommittees on medical student education, resident and fellow education, education of biomedical scientists, and foreign medical schools and graduates, the task force developed tentative conclusions and recommendations which it shared at a general session of the AAMC annual meeting and with each of the councils at their spring meetings.



The final report of the task force and each of its committees, now due for publication in early 1990, will showcase the richness of some of the AAMC's data resources and analytic capabilities. The modeling project initiated in support of the task force will be described together with illustrative examples and preliminary results.

*Daniel C. Tosteson, M.D., dean, Harvard Medical School, and chairman of the AAMC Physician Supply Task Force, answers questions about the Task Force deliberations at the AAMC 1988 annual meeting.*

This work has already resulted in two articles published in *Academic Medicine*, one comparing the physician supply models of the American Medical Association and the Health Resources and Services Administration, the other demonstrating the impact of Vietnam era draft deferments on the medical school applicant pool.

While there has been no final sign off on the task force conclusions and recommendations, it is clear that they will include an emphasis on: the need to recruit able students to medicine, especially those from underrepresented minorities; the importance of graduate medical education in the education of a physician and the concomitant need to assure graduate medical education program funding; the fundamental role of academic medical centers in the advancement of biomedical knowledge and the preparation of future scientists; and, the need for developing more adequate ways to assess clinical skills, especially in the case of graduates of non-LCME accredited schools.

**Policy Analysis for Teaching Hospitals**

Teaching hospitals face major challenges as the health care system becomes increasingly diverse and competitive. Growing numbers of patients with inadequate or no health insurance strain the ability of teaching hospitals to cope in a competitive environment. Governments, confronted with fiscal deficits and necessary program cutbacks, have instituted fixed and prospective payment sys-

tems that may adversely affect the financing of medical education. Teaching hospitals feel the squeeze of rising costs. Pressures by the public and private sector to contain costs may threaten the quality of patient care.

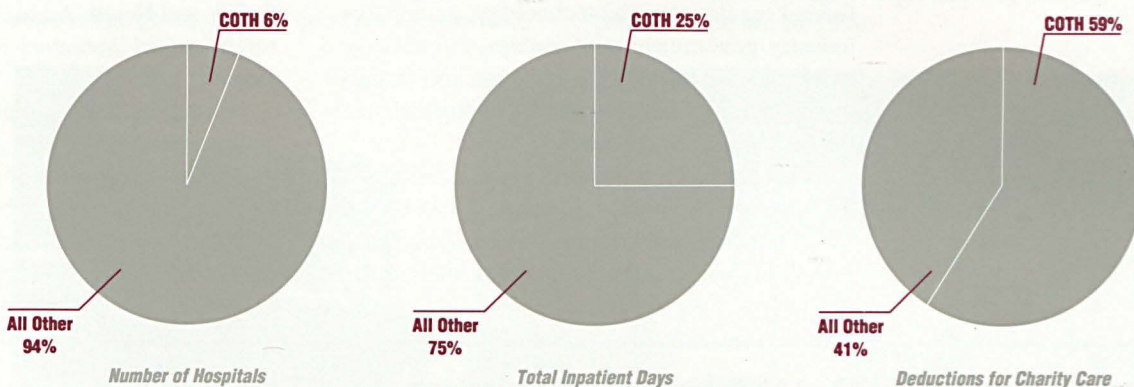
To analyze and address how these emerging forces will affect teaching hospitals, the AAMC, with support from The Commonwealth Fund, is



developing a database on teaching hospital costs and operating characteristics. Information from the database underlies three ongoing research projects: trends in teaching hospital profitability, variation in the costs of graduate medical education, and the identification and distribution of high-cost patients

among types of hospitals. The database also has been used in the AAMC's advocacy efforts, including its analysis this year of the Administration's proposed reduction in the Medicare indirect medical education adjustment.

*Operating statistics of nonfederal members of the AAMC Council of Teaching Hospitals (COTH) as a percentage of all non-federal U.S. hospitals.  
Source: Annual survey of the American Hospital Association, 1987*



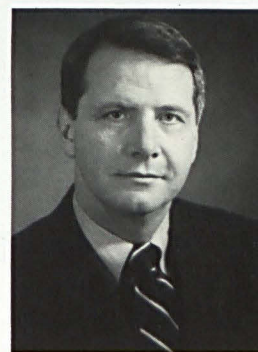
## Physician Payment

The Division of Clinical Services has launched an expanded effort to improve its capability to analyze physician payment issues.

When the Health Care Financing Administration (HCFA) issued new proposed regulations last February on *Payment of Physicians in a Teaching Setting*, the Association played a key leadership role in analyzing the proposed rules and in shaping the health care community's comments to HCFA.

The new regulations will elevate to regulatory status Intermediary Letter 372. This historic document, issued by HCFA in 1969, outlines the criteria for billing fees for patient care services provided by teaching physicians and implements special fee determination rules for teaching physicians.

The Association alerted its members through correspondence and newsletters to the proposed rules and detailed their legislative history and major provisions. It organized a special advisory committee to assist staff in assessing the potential impact of the proposed rules on members of academic medical centers, community teaching hospitals, and faculty practice plans and incorporated the concerns raised by committee and staff into its official comment letter to HCFA. Hiram C. Polk, Jr., M.D., chairman, Department of Surgery, Uni-



*Hiram C. Polk, Jr., M.D. chairman, Department of Surgery, University of Louisville, was the chairman of the AAMC special advisory committee.*

versity of Louisville, chaired the committee, which was composed of hospital executives, deans, faculty members, and practice plan directors from across the country.

The AAMC organized a special briefing session for other concerned health care associations and medical specialty societies and played an essential educational role in helping these organizations un-

derstand the proposed rules and their likely impact. In so doing, the AAMC promoted a more consistent response to HCFA from the industry's major associations and societies than was otherwise likely with respect to the key issues.

The Association will continue to follow developments on the issue and will inform members as they occur.



# STRATEGIC GOALS

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## Biomedical Research

The AAMC, through the Division of Biomedical Research, closely monitors and responds to a wide variety of budgetary, policy, regulatory, and programmatic issues pertaining to biomedical and behavioral research. Specific areas include support for research and research training, grants and contracts policy and management, peer review, resource allocation, research infrastructure, misconduct and conflict of interest in research, animal welfare, fetal research and fetal tissue research, federal regulation of biotechnology, university-industry-government relationships, infectious and hazardous wastes, space acquisition and management, the use of human subjects in research, and the human genome initiative.

This past year, the Association, in collaboration with the National Association for Biomedical Research, conducted a survey to assess the cost of complying with extremely complex and burden-

some changes in the USDA Animal Welfare Act regulations. Other initiatives included a white paper on research training which underscored the need for adequate federal support of graduate and postdoctoral training programs, and improved liaison with federal agencies, foundations, and other organizations concerned with biomedical research, research training, and medical education. The Association is also monitoring emerging regulatory standards developed by the Occupational Safety and Health Administration (OSHA) which might impact laboratory research or teaching missions.

Emerging issues of interest include the organization of academic units, faculty development and evaluation, the impact of superspecialization, the declining autopsy rates, biomedical research and education as careers, recruitment of minority faculty and scientific literacy.

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## Faculty Affairs Projects

The AAMC is engaged in several projects to help institutions develop faculty policies and manage faculty resources.

One hundred thirteen member schools are participating in a survey project to define major concerns regarding the appointment, promotion, and management of faculty and the direction of institutional policy changes in these areas. Preliminary results reveal that many members are developing policies on awarding tenure, on recently instituted non-tenure tracks, and on the documentation process for awarding tenure. Guidelines for faculty entrepreneurial activity are also emerging as a concern. A final report of the project will be available in early 1990.

A related project seeks to identify medical

schools that have established early or phased retirement plans for their faculty members. The AAMC will analyze all written, formal plans and prepare a report identifying their common provisions.

As a means of improving medical student instruction, and in conjunction with the creation of a clinician-educator faculty track, many schools have become increasingly interested in establishing evaluation systems that can support judgments about individual faculty teaching. The Association is compiling information on evaluating teachers. This work will form the basis of a review article on the evaluation of faculty teaching within an institutional management framework.

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## Academe-Industry-Government Relations

Federal investment in biomedical research has resulted in extraordinary achievements in biotechnology, increased opportunity for commercial applications of research findings, and new collaborative arrangements between industry, academe, and government. As they have developed agreements with industry for technology transfer, universities have become the subject of concern regarding potential conflicts of commitment and interest. More generally concern has been voiced about maintain-

ing traditional university values in education, research, and scholarship.

The Association took steps this year to bolster its capabilities to advise its members in this burgeoning area. A study underway will culminate in a report that will be of mutual interest to AAMC members and NIH. It will contain special guidance to medical schools for dealing with relationships with and financial support from industry.



## AAMC Space Management Project

The expansion of biomedical and behavioral research programs in academic medicine requires effective planning and management of a precious and limited institutional resource—facilities and space to carry out these programs. To assist its members in this area, the AAMC's Group on Institutional Planning and Group on Business Affairs began a joint project to document and disseminate information on effective institutional approaches to space planning and management issues. The groups plan to produce a guidebook

that will identify the essential components of a space planning and management system, incorporating illustrative models of how different institutions address each component. To gather information, the project team expects 20 to 25 schools to participate in a review of their space planning and management systems. Representatives from these schools will serve as members of the project working group, which is to hold its first session at the 1989 Annual Meeting. The project will be completed by the fall of 1990.



*Robert F. Jones, Ph.D., AAMC director, Section for Institutional Studies (left); Robert G. Winfree, associate vice president for health affairs, Duke University Medical Center and co-chairman of the space management task group; Douglas E. Kelly, Ph.D., AAMC associate vice president for Biomedical Research; and Thomas Rolinson, vice chancellor-resource management and planning services, University of California, San Francisco, School of Medicine and co-chairman of the task group, examine blueprints for a new facility at UCSF during a break in the AAMC's space management task group's committee meeting.*



# STRATEGIC GOALS

## Graduate Medical Education

The Association has long supported the importance of high quality graduate medical education. In 1981, it published results of a three-year study for the transition between undergraduate and graduate medical education. The study dealt with the quality of graduate medical education, the formulation of national standards for graduate programs and accreditation, specialty distribution, and financing. The report is the basis for AAMC activities related to graduate medical education.

Long before that report was issued, successful completion of medical school was becoming the educational halfway point. Graduate medical education (GME), leading to certification by a specialty board, had become essential for all physicians who would dedicate their careers to the care of patients.

By 1950, GME had evolved from an apprenticeship system developed in the early part of the century to its present system of hospital-based operation and financing. However, changes in the health care delivery system and continuing subspecialization of the primary medical disciplines are presenting challenges to hospital-based graduate medical education. It is almost certain that the future will bring some changes in the settings, the financing, and the management of this vital part of academic medicine. The Association this year established a vice presidency position for graduate medical education and resumed operation of the National Resident Matching Program, indications of its intention to be fully involved in this evolution.

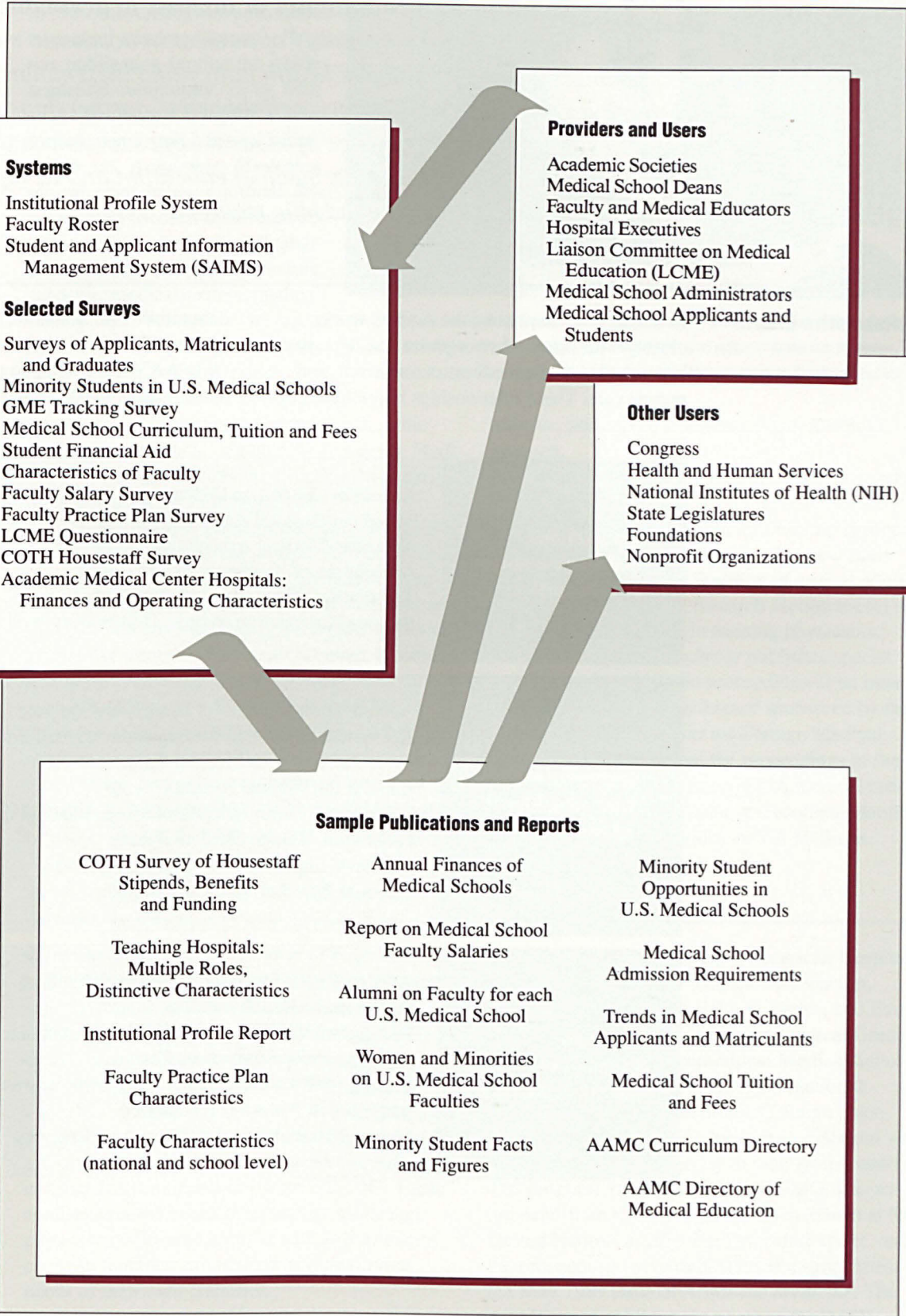
## Educational Seminars and Workshops

Throughout the year the AAMC provides a variety of workshops and seminars to help academic medical center managers anticipate future needs and develop and implement innovative strategies.

1988-89 Seminar Schedule	Number of Attendees
Information Technology Aspen, Colorado	50
Executive Development for Associate Deans and Department Chairs Marathon, Florida (two sessions)	94
Introducing Problem-Based Learning into the Medical School Curriculum Philadelphia, Pennsylvania	50
Evaluating and Promoting Medical Students: A Management Systems Approach Santa Fe, New Mexico	26
Executive Development for Deans Stowe, Vermont	12
Other workshops provided by the AAMC during the year are designed specifically to assist medical schools in addressing areas of minority student affairs including academic support programs and admissions.	
Health Careers Opportunity Program (HCOP) Workshops Admissions, counseling, and student orientation Michigan State University College of Human Medicine University of Alabama School of Medicine at Birmingham University of California-San Francisco University of Medicine and Dentistry of New Jersey-New Jersey Medical School.	410
Nationwide Learning and Study Skills Workshop Clearwater Beach, Florida	57
Annual Meeting Orientation for high school and college students Chicago, Illinois	179



**Surveys and Databases:  
Constituent Resources**





4

**To promote a community of interest in academic medicine.**

*To promote a community of interest in academic medicine, the AAMC analyzes and formulates health policy and disseminates information through a variety of publications, collaborative partnerships, and international activities. Through the exchange of ideas it hopes to generate valuable insights into state-of-the-art advances in medical education and to expand and strengthen commitments to academic medicine.*

**Collaborative Efforts**

In behalf of its members, the AAMC works closely with many other organizations to support high-quality medical education, research, and patient care. These relationships range from col-

laboration with academic and professional associations that share a wide spectrum of concerns with AAMC members to participation in broad-based coalitions on behalf of specific objectives.

<p><b>Associations that share a range of concerns:</b></p>	<p>American Council on Education                  American Hospital Association                  American Medical Association                  Association of Academic Health Centers                  Association of American Universities                  National Association of State Universities and Land-Grant Colleges</p>
<p><b>Organizations with educational interests:</b></p>	<p>Accreditation Council for Continuing Medical Education                  Accreditation Council for Graduate Medical Education                  American Board of Medical Specialties                  Council for Medical Affairs                  Educational Commission for Foreign Medical Graduates                  Federation of State Medical Boards                  Liaison Committee on Medical Education                  National Board of Medical Examiners</p>
<p><b>Coalitions in support of specific objectives:</b></p>	<p>Ad Hoc Group for Medical Research Funding                  Coalition for Health Funding                  Federation of Associations of Schools of the Health Professions                  Foundation for Biomedical Research                  Friends of VA Medical Care and Health Research                  incurably ill For Animal Research                  National Association for Biomedical Research</p>



## Academic Medicine

In 1989, the AAMC moved to make its journal a more vigorous, effective publication serving the whole academic community. In its 64th year, the journal adopted a new format, name, and editorial orientation, as *Academic Medicine* moved from being a journal devoted solely to educational research to one concerned with the full range of issues and problems affecting academic medical centers, medical schools, and biomedical research institutions. By opening up the journal to broader political, policy, and social concerns and by bringing in authors from diverse backgrounds in the academic biomedical community, *Academic Medicine* renewed the leadership it had assumed early in the Association's development.

The journal now publishes articles on topics not previously seen in the journal. Associate editors who take responsibility for special-interest features develop special articles and theme issues. These efforts have led to articles on the impact of mandatory retirement on medical center faculties, a proposed American-Soviet exchange program, research training in informatics, projections of physician supply and demand, the role of health services research, changes in the nursing-medicine relationship, long-term evaluation of the educational experiments at New Mexico and McMaster medical schools, the legal context for dismissing



Cynthia T. Turner, AAMC directories editor (left), Albert G. Bradford, deputy editor, and Adeane S. Caelleigh, director, Section for Publications, and editor of *Academic Medicine*, discuss revisions of the manuscripts for the December special issue on Teaching Medical Ethics.

trainees, and capital investment in biomedical research.

At the same time, the editorial staff has strengthened the peer-reviewed research section of the journal. Changes in the policies defining appropriate research articles, tightening of review standards, and a continuing tradition of critical editing have produced a strong research section useful to all specialties involved in training physicians.

Also, *Academic Medicine* publishes special supplements, such as the proceedings of an international invitational conference sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG) and the proceedings of the western regional conference of VA medical centers and medical schools and its recommendations for ambulatory care training in VA facilities.

## International Medicine

### ■ International Medical Scholars Program

U.S. medical schools and teaching hospitals educate physicians and biomedical scientists from around the world. The number of foreign physicians educated in accredited residency programs in the United States has fluctuated from a high of 22,301 in 1974 to 12,681 in 1987. To a significant degree, the decline is due to a more rigorous examination requirement arising from more stringent certification requirements by the ECFMG. These changes created formidable barriers to foreign physicians who need specific educational experiences so that they can better meet the service needs of their own countries.

Last year, the AAMC joined the American

Board of Medical Specialties, American Hospital Association, American Medical Association, Council of Medical Specialty Societies, and Educational Commission for Foreign Medical Graduates in founding the International Medical Scholars Program (IMSP) specifically to facilitate placement in U.S. institutions of foreign physicians who have defined educational goals and who are sponsored by an agency in their own countries. The program, managed by the ECFMG, was announced at an international conference held at the United Nations in July. Dr. Petersdorf spoke, and the proceedings were published as a supplement to the May 1989 issue of *Academic Medicine*. The AAMC appoints three members to the IMSP



## STRATEGIC GOALS

board and is working closely with Marjorie P. Wilson, M.D., the executive director of the program, to facilitate its development.

### ■ *Pan American Federation of Associations of Medical Schools*

The AAMC has a special obligation to institutions in the Western Hemisphere and in 1962 was a founding member of the Pan American Federation of Associations of Medical Schools (PAFAMS). This organization has been instrumental in improving medical education in Latin America.

Most recently, PAFAMS, working with the Association of Brazilian Medical Schools and supported by the W. K. Kellogg Foundation, con-

ducted a project in which medical schools in each country assessed how their institutions could better serve the health care needs of the country's citizens. This activity derived from a project sponsored by the World Federation for Medical Education that, among other outcomes, encouraged cooperation between ministries of education and ministries of health to coordinate better the education of physicians with the health care needs of their countries. The Association participated in these projects using recommendations derived from its *Report on the General Professional Education of the Physician and College Preparation for Medicine*.

### Archives

The AAMC Archives has been acclaimed as an unique and valuable national resource by medical educators, administrators, historians, and policy-makers who have used it since it was opened in the fall of 1968. The collection was built around the records garnered by Fred Zappfe, M.D., AAMC's first full-time staff member, who retired in 1948 after 50 years with the Association. Its oldest document is the proceedings of the Association's founding in 1876.

Proceedings, constitutions, by-laws, and council records constitute the bulk of the AAMC governance papers. The AAMC annual meeting in 1884 is the earliest program record. Researchers have used these records; applicant studies, which originated in 1927; the "admissions book," whose prototype appeared in 1947; and the AAMC's directories of its memberships, first published in 1952, to chart the growth of medical schools, expansion in their administrative structures, and the rise of specialties and subspecialties.

In 1903, the AAMC began the first program to accredit medical schools. The Archives contains the records of this early accreditation activity as well as those of the 1942 founding meeting of the Liaison Committee on Medical Education, which, with joint participation of the AAMC and the American Medical Association, has accredited U.S. medical schools since then.



*Mary H. Littlemeyer, director, Archives, Office of the President, (left), and David B. Moore, assistant director, Office of Governmental Relations, seek data on the AAMC's past legislative activity.*

The Archives also carefully chronicles meetings in which the sweeping changes called for in the 1968 "Coggeshall Report" were debated and decided, bringing about subsequent development of its "new" councils—the Council of Deans, the Council of Teaching Hospitals, and the Council of Academic Societies.

Over the last two decades, the Archives has kept records of institutions and organizations using its resources. Among those who have tapped this information are faculty from 56 medical schools, 16 teaching hospitals, and several academic societies; members of Congress and congressional committees; the Department of Defense, Library of Congress, National Bureau of Standards, National Institutes of Health, U.S. Navy, Veterans Administration, White House, National Academy of Sciences, and Institute of Medicine; and several private foundations.



**5** To provide representation about the Association's members, purpose, capabilities, and positions to the public and elected and appointed representatives. *Each year the issues facing academic medicine and the health care delivery system become increasingly complex. The health care needs of the unserved and underinsured, the aging of the population, the emergence of new diseases, and the continued introduction of new technologies have increased the nation's health care cost burden. The very process of academic research has been questioned. Academic medicine reaches out to "nontraditional" groups of potential students as the cost of medical education becomes a growing obstacle to these same populations. Each complex issue places new demands on medical leadership.*

*The Association works to analyze and interpret these issues and to present to diverse audiences the thinking and interests of its members.*

### Legislative Initiatives

The Office of Governmental Relations is the central point for communications between the Association and the Congress on all legislative matters. It monitors federal legislative initiatives related to medical education, research, and hospital and physician practice; provides background on legislative activity for AAMC constituents and staff; and coordinates Association communications with Congress and Executive Branch agencies.

The Association mounted three major advocacy efforts during the first session of the 101st Congress.



*L. Thompson Bowles, M.D., Ph.D., vice president for medical affairs and executive dean of the George Washington School of Medicine and Health Sciences (left), and Kenneth I. Shine, M.D., dean, University of California, Los Angeles School of Medicine testify before the House Committee on Veterans' Affairs.*

#### ■ *Veterans' Administration (VA) Medical Care and Research*

Responding to a critical shortage of funding for the Veterans' Health Service and Research Administration, the Association collaborated again with the American Federation for Clinical Research to lead a coalition to increase federal support for the VA medical care system. The Friends of VA Medical Care and Health Research recommended a 17.8 percent increase in funding for the FY 1990 VA medical care budget to maintain current levels and standards of care and to prepare for the future medical needs of veterans. Friends of the VA, which was supported by 70 organizations, also recommended an 18.5 percent increase in the VA's health research budget to restore recent reductions in the medical research program and to continue moderate growth in rehabilitation and health services research.

#### ■ *Medicare Indirect Medical Education Adjustment*

Attempting to check the rate of growth in Medicare spending, in its FY 1990 budget the Administration again proposed reductions in Medicare payments to teaching hospitals. The AAMC vigorously opposed a proposed reduction in the indirect medical education adjustment (IME) from its current 7.7 percent to 4.05 percent. The IME, it stressed, is a critical equity factor in the Medicare



*J. Robert Buchanan, M.D., general director, Massachusetts General Hospital, testifies before the House Ways and Means Subcommittee on Health about the budget proposal to reduce the Medicare indirect medical education adjustment.*



Prospective Payment System, which compensates teaching hospitals for the higher costs they incur in providing patient care. The Association also opposed efforts by the Administration to reduce funding for direct payments for graduate medical education by excluding classroom costs and supervision by teaching physicians.

#### ■ *Medical Research Appropriations*

Both individually and through its leadership of the Ad Hoc Group for Medical Research Funding, the AAMC continued to advocate increased federal funding for biomedical and behavioral research conducted and supported by the National Institutes of Health (NIH) and the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA).

The AAMC worked to reprogram FY 1989 NIH funds to support approximately 780 research training positions under the National Research Service Award (NRSA) program. The reprogramming was necessitated by a decision in July 1988 to increase the stipends received by pre- and post-doctoral NRSA trainees. The Association also advocated increased federal support for research training at the NIH and ADAMHA in the FY 1990 budget.

The AAMC coordinated efforts by medical schools and research and professional organizations to urge Congress to reverse the Administration's proposal to eliminate the Biomedical Research Support Grant (BRSR) program. These efforts emphasized the importance of BRSR funds

in recruiting new faculty and in supporting pilot studies of innovative research ideas.

#### ■ *Other Legislative Issues*

The Association monitored legislation on a number of other issues during 1989, including appropriations for health manpower and student assistance, scientific misconduct, patient outcome assessment, ethics in patient referrals, mandatory health insurance, the use of animals in research, national service as a requirement for federal student aid, licensing of foreign medical graduates and a variety of tax issues ranging from the deductibility of student loan interest to non-discrimination rules concerning employee benefits.

#### ■ *Group on Government Relations Representatives*

The AAMC and the Association of Academic Health Centers continued their joint sponsorship of the Government Relations Representatives (GRR). Members, who have been designated by academic health center chief executive officers, medical school deans, and teaching hospital chief executives, have institutional responsibility for federal legislative and regulatory matters.

To facilitate GRR members' communications with congressional members and staff and to update members on the status of various legislative issues, the GRR held three meetings in 1989 in Washington, D.C., in conjunction with the Health Network of the Association of American Universities and the National Association of State Universities and Land Grant Colleges. GRR members heard presentations from congressional staff on issues ranging from NIH funding and scientific misconduct to Medicare payments to hospitals and physicians.

In addition to coordinating GRR activities with the AAMC, the Group's nine-member Steering Committee participated in the continuing evolution of a system of "whip networks" to advise GRR members of imminent congressional action and in the development of an electronic bulletin board outlining the status of legislative and regulatory activity.



## AAMC Testimony 1989

**1. Administration's Proposed FY 1990 Budget for the Department of Veterans' Affairs Health Services and Research Administration.** *Presented by Kenneth I. Shine, M.D., dean, University of California, Los Angeles School of Medicine, before the House Committee on Veterans' Affairs, February 9, 1989.*

**2. Administration's Proposed FY 1990 Budget for the Department of Veterans' Affairs Health Services and Research Administration.** *Presented by Arthur K. Asbury, M.D., acting dean, University of Pennsylvania School of Medicine, Milton Corn, M.D., dean, Georgetown University School of Medicine, Washington, D.C., John M. Dennis, M.D., dean, University of Maryland School of Medicine and Kenneth I. Shine, M.D., dean, UCLA School of Medicine, before the Senate Committee on Veterans' Affairs, March 6, 1989.*

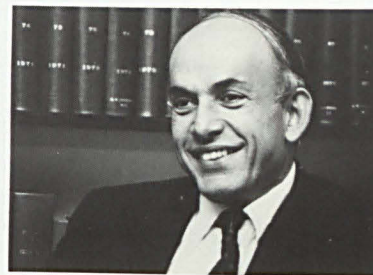
**3. Administration's Proposed FY 1990 Budget Proposal to Reduce the Indirect Medical Education Adjustment.** *Submitted to the Senate Committee on Budget, March 8, 1989.*

**4. Positions on the Administration's FY 1990 Budget Proposals to Reduce the Indirect Medical Education (IME) Adjustment and Direct Medical Education Payments.** *Presented by J. Robert Buchanan, M.D., general director, Massachusetts General Hospital, before the House Ways and Means Subcommittee on Health, April 11, 1989.*

**5. FY 1990 VA Funding.** *Presented by Richard Behrman, M.D., vice president for Medical Affairs and dean, Case Western Reserve University School of Medicine, before the House Appropriations Subcommittee on Veterans' Affairs, Housing and Urban Development, and Independent Agencies, May 2, 1989.*

**6. FY 1990 Budget for the Medical Care and Research Programs of the Department of Veterans' Affairs.** *Presented by Dr. Irving H. Fox, director, Kughn Clinical Research Center, University of Michigan Medical School, on behalf of the Friends of the VA Medical Care and Health Research, before the House Appropriations Subcommittee on Veterans' Affairs, Housing and Urban Development, and Independent Agencies, May 2, 1989.*

**7. FY 1990 Appropriations for the Department of Health and Human Services.** *Presented by Aram V. Chobanian, M.D., dean, Boston University School of Medicine, before the House Appropriations*



*Aram V. Chobanian, M.D., dean, Boston University School of Medicine, testified on the FY 1990 appropriations for the Department of Health and Human Services.*

*Subcommittee on Labor, Health and Human Services, Education and Related Agencies, May 3, 1989.*

**8. FY 1990 Appropriations for the Department of Health and Human Services.** *Presented by D. Kay Clawson, M.D., executive vice chancellor, University of Kansas Medical Center, before the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies, May 4, 1989.*

**9. Rural Health and Medical Education.** *Presented by Tom M. Johnson, M.D., associate dean, College of Human Medicine, Michigan State University, before the Health Personnel Work Group of the National Advisory Committee on Rural Health, May 15, 1989.*

**10. FY 1990 Funding for Department of Veterans' Affairs.** *Presented by John Dennis, M.D., vice president for Academic Affairs and dean, University of Maryland School of Medicine, before the Senate Appropriations Subcommittee on Veterans' Affairs, Housing and Urban Development, and Independent Agencies, May 19, 1989.*

**11. Nature and Scope of Programs to Attract and Support Minorities in Biomedical Research.** *Presented by Thomas E. Malone, Ph.D., vice president for Biomedical Research, Association of American Medical Colleges, before the National Institutes of Health, April 20, 1989.*

**12. Health Research Facilities Construction.** *Presented by David R. Challoner, M.D., vice president for Health Affairs, University of Florida College of Medicine, and Glenn A. Langer, M.D., associate dean for Research, UCLA School of Medicine, before the Senate Labor and Human Resources Committee, July 24, 1989.*

**13. Financial Aid Need Analysis and Delivery.** *Presented by Michael S. Katz, University director of Student Financial Aid, University of Medicine and Dentistry of New Jersey, before the Advisory Committee on Student Financial Assistance, August 14, 1989.*



## Media Coverage

Concentrated staff efforts caused a dramatic rise in the quantity and quality of media coverage, with increasing citations of AAMC policy positions as well as references to its well-known databases. The *New York Times*, *Washington Post*, *Wall Street Journal*, *USA Today*, *Science*, *Chronicle of Higher Education*, *American Medical News*, *Journal of the American Medical Association*, *Modern Healthcare*, Cable News Network, Associated Press, and UPI were among those reporting on the AAMC and its actions.

Former San Antonio Mayor Henry G. Cisneros, Ph.D., is interviewed by reporters after presenting the John A. D. Cooper Lecture on society's obligation to the underserved at the 1988 AAMC annual meeting.



The 1988 Annual Meeting provided media opportunities. Reporters and cameramen packed a briefing by plenary speakers C. Everett Koop, M.D., then U.S. Surgeon General, and Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases and leader of the federal research program on AIDS. Their comments, San Antonio Mayor Henry Cisneros' plenary address, and AAMC President Robert G. Petersdorf's remarks on the ethical crisis in medicine were covered widely on television and in

print in the national and medical press.

Before the year ended, newspapers reported that the rate of decline of applicants to medical school had slowed, and they noted distribution of AAMC guidelines concerning HIV-infected medical students and housestaff.

During the first months of 1989, daily, medical, and hospital press covered the AAMC's determined opposition to the administration's proposed cuts in the Medicare indirect medical education adjustments to teaching hospitals. They reported on Dr. Petersdorf's participation in the Institute of Medicine study on the National Institutes of Health's intramural research program, on expansion of the MEDLOANS program, on subsequent reports from the Committee on AIDS and the Academic Medical Center, on the upturn in medical school applicants for the 1989-1990 school year, and on a variety of topics covered in *Academic Medicine*.

The Association garnered its greatest media response to a mid-March news conference announcing changes to the Medical College Admission Test, to be instituted in 1991. The news elicited more than 400 column inches of reportage and editorial commentary and was covered by every major daily newspaper in the country, many smaller papers, the medical and education press, the wire services, television and radio. The story was picked up by the *International Herald Tribune* and ran in the *London Sunday Times*.

Throughout the year, Association senior executives also were asked to comment on such topics as housestaff hours, community service by physicians, medical school marketing efforts, physician supply, minority enrollment, and changing career expectations.



# *Financial Statement*



# FINANCIAL STATEMENT

## Report of the Treasurer

The 1988-89 fiscal year was an excellent one for the Association. The three hallmarks of fiscal well-being were again achieved: a balanced budget, a

modest increase in the unrestricted fund balance, and continued growth of investments under external management.

### Highlights

- With the assistance of the upward swing in the market value of equity securities and high yields on short-term investments coupled with an unexpected increase in the medical school student applicant pool, the Association realized a modest \$18,055 surplus of unrestricted operating revenues over expenses and transfers.
- The market value of stocks and bonds under external management increased from \$13,845,000 as of June 30, 1988, to \$15,639,000 as of the fiscal year 1989 close. During April 1989, the Association began transferring the management of its short-term investments from internal administration to the Hospital Fund, Inc., a short-term money

manager. The Hospital Fund's return for the past fiscal year was 9.88%.

- In addition to the installation of a new mainframe computer, the Association purchased 48 micro computers. Almost every employee now has access to either a mainframe terminal or a micro computer.
- The Association is progressing steadily with its plan to identify and purchase a new headquarters building for occupancy at the expiration of its current leases in 1992. The Association plans to use tax exempt bond financing for the project.

### Operating Results

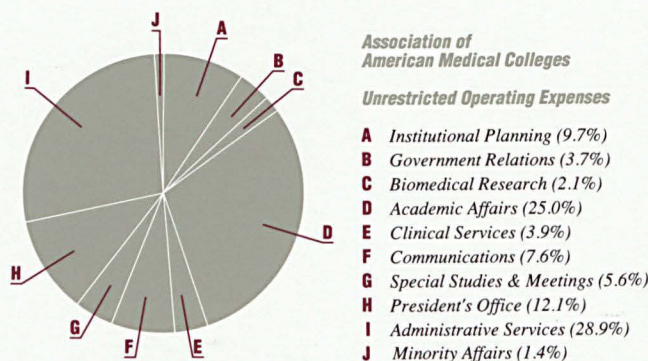
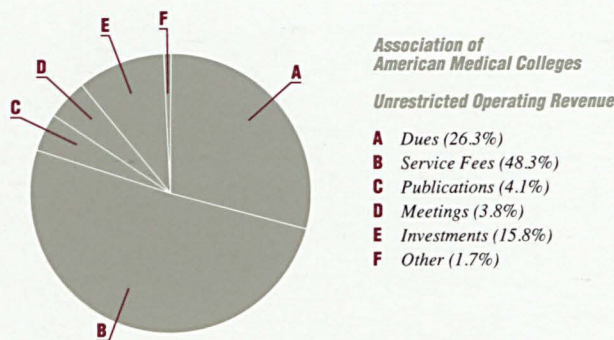
Revenue from current unrestricted operations, including \$944,744 of realized gains on the sale of investments, totaled \$14,763,662. This is \$2,113,097 greater than the \$12,650,565 received in fiscal year 1988 which included \$1,036,992 of realized gains on the sale of investments. The increase in the 1988-89 medical school student applicant pool resulted in a \$686,285 growth in service program income over that earned in the previous year. Income from restricted grants and contracts reached \$1,984,925.

Fiscal year 1989 unrestricted operating expenses of \$13,911,915 exceeded 1988 expenditures by \$1,637,719, but were roughly \$80,000 below the

amount budgeted. The relatively high 13% increase in 1989 expenditures related to filling positions budgeted in strategic staffing plan and increasing support staff salaries to a competitive market level.

Considering the \$746,609 expended in FY 1989 from designated funds, \$634,948 was used for the Medical College Admission Test revision.

Plant expenses during FY 1989 totalled \$605,629 and were primarily associated with the computer purchases. To offset plant expenditures, \$833,692 was transferred from unrestricted revenues of which \$443,845 was added the Association's reserve for renewals and replacements.





## Balance Sheet

June 30, 1989

Assets	1989	Liabilities and Fund Balances	1989
<b>Current funds:</b>			
Cash and cash equivalents	\$ 2,266,469	Accounts payable and accrued expenses	\$1,045,457
U.S. Government contract costs receivable	219,234	Custodial funds held for related parties	751,265
Accounts receivable — other	334,285	Due to plant funds	2,041,090
Investments	18,663,742	Deferred revenue	2,327,830
Supplies, deposits and prepaid expenses	264,814	Deferred compensation	1,607,782
Notes receivable	291,000	Total liabilities	<u>7,773,424</u>
Total current funds	<u>\$22,039,544</u>	 	
<b>Plant funds:</b>			
Investment in plant (Note 2):		Unrestricted fund balance	11,883,496
Land	189,625	Designated fund balance	1,422,040
Building	795,916	Restricted fund balance	960,584
Furniture and equipment	<u>3,180,824</u>	Total current fund balances	<u>14,266,120</u>
	4,166,365	Total current funds	<u>\$22,039,544</u>
Less accumulated depreciation	<u>(1,878,255)</u>	 	
Total net investment in plant	2,288,110	<b>Plant funds:</b>	
Due from current funds	2,041,090	Net investment in plant	2,288,110
Construction in progress	197,177	Unexpended unrestricted	2,238,267
<b>Total plant funds</b>	<u>\$4,526,377</u>	<b>Total plant fund balances</b>	<u>\$ 4,526,377</u>

## Sponsored Programs

June 30, 1989

### Private Foundation Support

Baxter American Foundation

Burroughs Wellcome Fund

■ Support for the Annual AAMC Award for Distinguished Research in Biomedical Sciences

Culpeper Foundation

■ A three-year award to assess the state of curriculum revisions in U.S. medical schools (\$947,580)

Commonwealth Fund

■ A four-year award to develop a better policy analysis capability for teaching hospitals (\$496,000)

■ A four-year award to enhance the Commonwealth Fund Fellowship Program in Academic Medicine for Minority Students (\$231,000)

Robert Wood Johnson Foundation

■ A four-year award for the preparation and publication of information on minorities in medical education (\$50,000)

■ A one-year award to support research on medical education and the practice patterns of young physicians (\$45,157)

■ A six-month award to strengthen minority affairs activities at the AAMC (\$49,810)

Henry J. Kaiser Family Foundation

■ Award to support administration of the Kaiser Family Foundation Faculty Scholars in General Internal Medicine program (\$109,175)

■ A three year award for the establishment and operation of an advisory committee for the New Pathway Program at Harvard Medical School (\$114,000)

Howard Hughes Medical Institute

■ A five-year award to monitor careers of medical students who have participated in HHMI's training programs (\$480,000)

Macy Foundation

■ A three-year award to strengthen minority activities at the AAMC (\$361,862)

Pew Foundation

■ A three-year award in support of minority fellowships for preparation in the Executive Development Seminars of the AAMC (\$33,000)

### Federally Sponsored Programs

U.S. Department of Health and Human Services

Health Resources and Services Administration

■ A six-year Health Careers Opportunities Program grant to conduct workshops on admissions, counseling, and early identification of potential underrepresented students (\$634,365)

■ A two-year contract to analyze the practice patterns of post-graduate physicians (\$249,801)

National Institutes of Health

■ A five-year contract for the continued maintenance and development of the faculty roster database system and for the conduct of policy studies (\$535,470)

### Corporate Grants

The following corporations support the general operations of the Association as sustaining and contributing members:

China Medical Board of New York  
Hanson, Lind, Meyer  
Marion Laboratories  
Merck & Co., Inc.  
Upjohn Corporation



# FINANCIAL STATEMENT

## Statements of Revenue, Expenses, and Changes in Fund Balance

for the year ending June 30, 1989

	<i>Current</i>			Total current funds	Unrestricted plant funds	Total funds
	Unrestricted	Designated	Restricted			
<b>Revenue:</b>						
Dues	\$ 3,884,935	\$ —	\$ —	\$ 3,884,935	\$ —	\$ 3,884,935
Service programs	7,128,907	—	—	7,128,907	—	7,128,907
Journal of Academic Medicine	155,087	—	—	155,087	—	155,087
Other publications	454,408	—	—	454,408	—	454,408
Investment income	2,340,962	—	—	2,340,962	—	2,340,962
Private grants	—	—	797,485	797,485	—	797,485
Government contracts and grants	90,775	—	370,658	461,433	—	461,433
Other	708,588	—	816,782	1,525,370	—	1,525,370
<b>Total revenues</b>	<u>14,763,662</u>	<u>—</u>	<u>1,984,925</u>	<u>16,748,587</u>	<u>—</u>	<u>16,748,587</u>
<b>Expenses:</b>						
Division administration and programs:						
Institutional planning and development	1,353,386	—	349,136	1,702,522	—	1,702,522
Governmental relations	517,314	—	4,690	522,004	—	522,004
Biomedical research	286,308	—	—	286,308	—	286,308
Academic affairs	3,478,992	—	92,376	3,571,368	—	3,571,368
Minority affairs	197,672	—	197,188	394,860	—	394,860
Clinical services	583,299	—	158,525	741,824	—	741,824
Communications	463,456	—	—	463,456	—	463,456
Publications	599,972	—	—	599,972	—	599,972
Sub-council organizations	212,272	—	658,831	871,103	—	871,103
Liaison committees	278,000	—	—	278,000	—	278,000
Special studies	140,600	634,948	—	775,548	—	775,548
Special programs and meetings	101,119	—	—	101,119	—	101,119
	<u>8,212,390</u>	<u>634,948</u>	<u>1,460,746</u>	<u>10,308,084</u>	<u>—</u>	<u>10,308,084</u>
<b>Administration and general:</b>						
Office of the President	997,039	18,887	146,023	1,161,949	—	1,161,949
Office of the Executive Vice President	355,053	—	—	355,053	—	355,053
Governing boards	329,723	—	—	329,723	—	329,723
Administrative services	871,173	—	—	871,173	—	871,173
Computer services	1,349,603	—	—	1,349,603	413,449	1,763,052
General expenses	1,606,522	92,774	—	1,699,296	192,180	1,891,476
Annual meeting	190,412	—	—	190,412	—	190,412
	<u>5,699,525</u>	<u>111,661</u>	<u>146,023</u>	<u>5,957,209</u>	<u>605,629</u>	<u>6,562,838</u>
<b>Total operating expenses</b>	<u>13,911,915</u>	<u>746,609</u>	<u>1,606,769</u>	<u>16,265,293</u>	<u>605,629</u>	<u>16,870,922</u>
<b>Excess of revenues and other additions over (under) expenditures and other deductions</b>	851,747	(746,609)	378,156	483,294	(605,629)	(122,335)
<b>Transfers among funds</b>	(833,692)	—	—	(833,692)	833,692	—
<b>Net increase (decrease)</b>	18,055	(746,609)	378,156	(350,398)	228,063	(122,335)
<b>Fund balances, beginning of year</b>	<u>11,865,441</u>	<u>2,168,649</u>	<u>582,428</u>	<u>14,616,518</u>	<u>4,298,314</u>	<u>18,914,832</u>
<b>Fund balances, end of year</b>	<u>\$11,883,496</u>	<u>\$1,422,040</u>	<u>\$ 960,584</u>	<u>\$14,266,120</u>	<u>\$4,526,377</u>	<u>\$18,792,497</u>



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# *Committees*



*The Executive Council and Administrative Boards make extensive use of committees of AAMC constituents to guide their deliberations on key policy matters and to provide oversight for AAMC operations.*

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**AAMC/ALPHA OMEGA ALPHA Distinguished Teacher Award Committee**

■ *Selects recipients for two teaching awards*

*Chairman, Basic Science Award:*  
Lloyd H. Smith, Jr., M.D.  
*University of California,  
San Francisco School of Medicine*

Purnell Choppin, M.D.  
*Howard Hughes Medical Institute*

William H. Luginbuhl, M.D.  
*University of Vermont  
College of Medicine*

Daniel Nathans, M.D.  
*The Johns Hopkins University  
School of Medicine*

Parker Small, M.D.  
*University of Florida  
College of Medicine*

Harvey V. Sparks, M.D.  
*Michigan State University  
College of Human Medicine*

*Chairman, Clinical Science Award:*  
Robert Chase, M.D.  
*Stanford University  
School of Medicine*

Lewis Barness, M.D.  
*University of South Florida  
College of Medicine*

Harry N. Beaty, M.D.  
*Northwestern University  
Medical School*

Richard E. Berhman, M.D.  
*Case Western Reserve University  
School of Medicine*

Charles Christian, M.D.  
*Cornell University Medical College*

Norman Snow, M.D.  
*Cleveland Metropolitan General/  
Highland View Hospital*

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**Flexner Award Committee**

■ *Chooses recipient of Abraham Flexner Award for Distinguished Service to Medical Education*

*Chairman*  
Myron Genel, M.D.  
*Yale University School of Medicine*

Ron J. Anderson, M.D.  
*Parkland Memorial Hospital, Dallas*

William R. Drucker, M.D.  
*Uniformed Services  
University of the Health Sciences*

Michael Keating  
*Columbia University College of  
Physicians & Surgeons, New York*

John W. Kendall, M.D.  
*Oregon Health Sciences University  
School of Medicine*

Eugene M. Sigman, M.D.  
*University of Connecticut  
School of Medicine*

Thomas E. Smith, Ph.D.  
*Howard University  
College of Medicine*

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**Research Award Selection Committee**

■ *Chooses recipient for annual AAMC Award for Distinguished Research in the Biomedical Sciences*

*Chairman*  
Henry L. Nadler, M.D.  
*Michael Reese Hospital, Chicago*

Jo Anne Brasel, M.D.  
*Harbor-UCLA Medical Center*

Rody P. Cox, M.D.  
*University of Texas Southwestern  
Medical School at Dallas*

Norman H. Edelman, M.D.  
*University of Medicine and Dentistry  
of New Jersey  
Robert Wood Johnson Medical  
School*

Robert J. Joynt, M.D., Ph.D.  
*University of Rochester  
School of Medicine and Dentistry*

George D. Pappas, Ph.D.  
*University of Illinois  
College of Medicine*

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**Nominating Committee**

■ *Charged with nominating candidates for positions as officers of the Assembly and members of the Executive Council*

*Chairman*  
George T. Bryan, M.D.  
*University of Texas  
Medical School at Galveston*

J. Robert Buchanan, M.D.  
*Massachusetts General Hospital,  
Boston*

Joe Dan Coulter, Ph.D.  
*University of Iowa  
College of Medicine*

William H. Johnson, Jr.  
*University of New Mexico Hospital,  
Albuquerque*

Robert S. Daniels, M.D.  
*Louisiana State University  
School of Medicine in New Orleans*

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**Resolutions Committee**

■ *Receives and acts on resolutions for presentation to the Assembly*

*Chairman*  
C. Thomas Smith  
*Yale-New Haven Hospital*

Ernst R. Jaffé, M.D.  
*Albert Einstein College of Medicine*

Caroline Reich  
*Emory University  
School of Medicine*

Henry P. Russe, M.D.  
*Rush Medical College of Rush  
University, Chicago*

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**AIDS and the Academic Medical Center**

■ *Recommended policy positions and initiatives for the Association*

**Chairman**

Jay P. Sanford, M.D.  
*Uniformed Services  
University of the Health Sciences*

Festus Adebajo, M.D.  
*East Tennessee State University  
James H. Quillen College of Medicine*

Richard E. Behrman, M.D.  
*Case Western Reserve University  
School of Medicine*

Kenneth I. Berns, M.D.  
*Cornell University Medical College*

James J. Farsetta  
*Veterans Administration Medical  
Center, Brooklyn*

Kevin Flanagan  
*Rush Medical College*

Elaine Freeman  
*The Johns Hopkins Medical  
Institutions*

John F. Griffith, M.D.  
*Georgetown University Medical  
Center*

Claire Guthrie  
*Deputy Attorney General,  
State of Virginia*

Harry Holloway, M.D.  
*Uniformed Services  
University of the Health Sciences*

William H. Johnson, Jr.  
*University of New Mexico Hospital,  
Albuquerque*

Christopher Mathews, M.D.  
*University of California, San Diego  
School of Medicine*

Janis Mendelsohn, M.D.  
*University of Chicago Pritzker School  
of Medicine*

Steven H. Miles, M.D.  
*University of Chicago*

Robert G. Newman, M.D.  
*Beth Israel Medical Center,  
New York City*

Vivian W. Pinn-Wiggins, M.D.  
*Howard University  
College of Medicine*

Lt. Col. Robert Redfield, M.D.  
*Walter Reed Army Institute of  
Research*

Mark Smith, M.D.  
*Philadelphia Commission on AIDS*

Robert Zeppa, M.D.  
*University of Miami  
School of Medicine*

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**Ad Hoc Committee on Nursing Services and the Teaching Hospital**

■ *To address the special problems facing teaching hospitals in the recruitment, organization, and employment of nurses and the Association's role in assisting its members to solve these problems*

**Chairman**

Jerome H. Grossman, M.D.  
*New England Medical Center, Inc.,  
Boston*

James A. Block, M.D.  
*University Hospitals of Cleveland*

C. McCollister Evarts, M.D.  
*Pennsylvania State University  
College of Medicine*

Patricia Gibbons  
*Yale-New Haven Hospital*

Martin Goldberg, M.D.  
*Temple University  
School of Medicine*

R. Edward Howell  
*Medical College of Georgia Hospitals  
and Clinics, Augusta*

Anthony L. Imbembo, M.D.  
*University of Maryland  
School of Medicine*

Max Poll  
*Barnes Hospital, St. Louis, Missouri*

Helen Ripple  
*The Medical Center at the University  
of California, San Francisco*

Barbara A. Small  
*Veterans Administration  
Medical Center, Durham*

Carolyn Smeltzer  
*University of Chicago Hospitals*

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**Ad Hoc Committee on Misconduct and Conflict of Interest in Research**

■ *Recommends policy positions and initiatives for the Association*

**Chairman**

David H. Cohen, Ph.D.  
*Northwestern University*

William T. Butler, M.D.  
*Baylor College of Medicine*

Joe Dan Coulter, Ph.D.  
*University of Iowa College of  
Medicine College of Medicine*

Spencer Foreman  
*Montefiore Medical Center, New York*

Michael J. Jackson, Ph.D.  
*George Washington University  
School of Medicine and Health  
Sciences*

Ernst R. Jaffe, M.D.  
*Albert Einstein College of Medicine*

Douglas E. Kelly, Ph.D.  
*University of Southern California  
School of Medicine*

Max Poll  
*Barnes Hospital, St. Louis*

Robert E. Tranquada, M.D.  
*University of Southern California  
School of Medicine*

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**Advisory Committee on Medicare Regulations for Payment of Physicians in Teaching Hospitals**

■ *To review and make recommendations on proposed Medicare rules determining payment for professional medical services of teaching physicians*

**Chairman**

Hiram Polk, Jr., M.D.  
*University of Louisville  
School of Medicine*

L. Thompson Bowles, M.D.,  
Ph.D.  
*George Washington University  
School of Medicine*

Edward N. Brandt, M.D., Ph.D.  
*University of Oklahoma  
School of Medicine*

Ira C. Clark  
*Jackson Memorial Hospital, Miami*

Jack M. Colwill, M.D.  
*University of Missouri, Columbia,  
School of Medicine*

Martin G. Dillard, M.D.  
*Howard University  
School of Medicine*

Richard J. Gaintner, M.D.  
*New England Deaconess Hospital*

Richard A. Grossi, M.D.  
*The Johns Hopkins University  
School of Medicine*

Benjamin F. Kready  
*University of Texas Medical School,  
San Antonio*

Herbert Pardes, M.D.  
*Columbia University College of  
Physicians and Surgeons,  
New York City*

C. Edward Schwartz  
*Hospital of the University of  
Pennsylvania, Philadelphia*

Bruce Steinhauer, M.D.  
*Henry Ford Hospital, Detroit*

Stephen Wang, M.D.  
*Morristown Memorial Hospital,  
Morristown, New Jersey*

I. Dodd Wilson, M.D.  
*University of Arkansas  
College of Medicine, Little Rock*



**Assessing Change in Medical Education (ACME) Advisory Group**

■ Provides advice to the project staff on survey and implementation strategies, data analysis, and report publication

*Chairman*

Harry N. Beaty, M.D.  
Northwestern University  
Medical School

Stephen Abrahamson, Ph.D.  
University of Southern California  
School of Medicine

John E. Albers, M.D.  
University of Cincinnati

Joel J. Alpert, M.D.  
Boston University  
School of Medicine

Samuel W. Bloom, Ph.D.  
Mount Sinai School of Medicine  
of the City University of New York

George T. Bryan, M.D.  
University of Texas Medical School at  
Galveston

Susan Carver, M.D.  
Harvard Medical School

Jules Cohen, M.D.  
University of Rochester  
School of Medicine

Norman D. Kalbfleisch, M.D.  
Oregon Health Sciences University  
School of Medicine

Thomas C. King  
Columbia Presbyterian  
Medical Center

Page S. Morahan, Ph.D.  
Medical College of Pennsylvania

Carlos A Moreno, M.D.  
University of Texas Medical School  
at San Antonio

Darwin J. Prockop, M.D., Ph.D.  
Jefferson Medical College of  
Thomas Jefferson University

Caroline Reich  
Emory University School of Medicine

Stanford A. Roman, Jr., M.D.  
Morehouse School of Medicine

Cornelius Rosse, M.D., D.Sc.  
University of Washington  
School of Medicine

Norman G. Sansing, Ph.D.  
University of Georgia, Athens

Henry M. Seidel, M.D.  
The Johns Hopkins University School  
of Medicine

Eugene L. Staples  
University of Kansas Hospital

Robert L. Volle, Ph.D.  
National Board of Medical  
Examiners, Philadelphia

John H. Wallace, Ph.D.  
University of Louisville  
School of Medicine

John C. Weston, Ph.D.  
Muhlenberg College, Pennsylvania

**Management Education Programs Planning Committee**

■ Designs and implements seminars to assist constituents in development of managerial skills

*Chairman*

William T. Butler, M.D.  
Baylor College of Medicine

Anthony L. Barbato, M.D.  
Loyola University of Chicago Stritch  
School of Medicine

Robert L. Friedlander, M.D.  
Albany Medical Center

Jerome B. Grossman, M.D.  
New England Medical Center, Inc.,  
Boston

John W. Hennessey, Jr., Ph.D.  
University of Vermont

William B. Kerr  
The Medical Center at the University  
of California, San Francisco

John D. Stobo, M.D.  
The Johns Hopkins University  
School of Medicine

Robert H. Waldman, M.D.  
University of Nebraska  
College of Medicine

**Commonwealth Fund Project Advisory Committee**

■ To advise the AAMC on its project to improve the Association's capability to assess the impact of public policy on teaching hospitals

*Chairman*

John T. Dunlop, Ph.D.  
Harvard University

Stuart H. Altman, Ph.D.  
Brandeis University

Richard A. Berman  
McKinney & Co., New York City

Robert J. Blendon, Sc.D.  
Harvard University  
School of Public Health

Don E. Detmer, M.D.  
University of Virginia

Robert M. Heyssel, M.D.  
The Johns Hopkins Health System

William B. Kerr  
University of California,  
San Francisco

Gerald S. Levey, M.D.  
University of Pittsburgh  
School of Medicine

William H. Luginbuhl, M.D.  
University of Vermont  
College of Medicine

Carol M. McCarthy, Ph.D., J.D.  
American Hospital Association

Joseph P. Newhouse, Ph.D.  
Harvard University

James H. Sammons, M.D.  
American Medical Association

Carl J. Schramm, Ph.D.  
Health Insurance Association of  
America

Samuel O. Thier, M.D.  
Institute of Medicine,  
National Academy of Science

Bernard R. Tresnowski  
Blue Cross/Blue Shield Association

**Academic Medicine Editorial Board**

■ Provides guidance for the Association's monthly scholarly journal

*Chairman*

L. Thompson Bowles, M.D.,  
Ph.D.

George Washington University  
School of Medicine and Health  
Sciences

Philip C. Anderson, M.D.  
University of Missouri-Columbia  
School of Medicine

G. William Bates, M.D.  
Medical University of South Carolina  
College of Medicine

Nancy E. Gary, M.D.  
Albany Medical College

David S. Greer, M.D.  
Brown University  
Program in Medicine

Paul F. Griner, M.D.  
Strong Memorial Hospital, Rochester,  
New York

Kaaren Hoffman, Ph.D.  
University of Southern California  
School of Medicine

John E. Ives  
St. Luke's Episcopal Hospital,  
Houston

Fernando S. Mendoza, M.D.  
Stanford University  
School of Medicine

Gordon Page, Ed.D.  
University of British Columbia  
Faculty of Medicine

Hugh M. Scott, M.D.  
Bishop's University, Quebec, Canada

Charles E. Spooner, Jr., Ph.D.  
University of California, San Diego  
School of Medicine

Manuel Tzagournis, M.D.  
Ohio State University  
College of Medicine



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**MCAT Evaluation Panel**

■ *Conducts a full-scale review of the format and content of the MCAT*

*Chairman*

Richard L. O'Brien, M.D.  
Creighton University  
School of Medicine

Bruce L. Ballard, M.D.  
Cornell University Medical College

Kurt E. Ebner, Ph.D.  
University of Kansas Medical Center  
School of Medicine

Janine C. Edwards, Ph.D.  
Louisiana State University  
School of Medicine in New Orleans

Harry L. Fierstine, Ph.D.  
California Polytechnic State  
University

Dolores Furtado, Ph.D.  
University of Kansas  
Medical Center School of Medicine

Nancy E. Gary, M.D.  
Albany Medical College

Carole Horn, M.D.  
George Washington University  
School of Medicine and Health  
Sciences

Douglas E. Kelly, Ph.D.  
University of Southern California  
School of Medicine

Fernando Mendoza, M.D.  
Stanford University  
School of Medicine

Russell Miller, M.D.  
Howard University  
College of Medicine

Mabel Purkerson, M.D.  
Washington University  
School of Medicine

Billy B. Rankin  
Texas A & M University  
College of Medicine

Don Ramsey, M.D.  
Southern Illinois University  
School of Medicine

Richard W. Sherrill, Jr., M.D.  
Eastern Virginia Medical School

Robert Welch, M.D.  
Cambridge Hospital

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**MCAT Essay Pilot Project  
Advisory Committee**

■ *Investigates the desirability and feasibility of including a written communication test on the MCAT*

Daniel J. Bean, Ph.D.  
St. Michael's College, Vermont

Zenaido Camacho, Ph.D.  
Baylor College of Medicine

Shirley Nickols Fahey, Ph.D.  
University of Arizona  
College of Medicine

Sharron A. Laisure, Ph.D.  
University of Iowa  
College of Medicine

Terrence M. Leigh, Ed.D.  
American Board of Family Practice,  
Inc.

Robert I. Keimowitz, M.D.  
George Washington University  
School of Medicine and Health  
Sciences

John B. Molidor, Ph.D.  
College of Human Medicine  
Michigan State University

Marliss Strange  
University of Oregon

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**Steering Committee On Rural  
Health**

■ *Charged to formulate plans for a rural health initiative*

*Chairman*

Tom M. Johnson, M.D.  
Michigan State University  
College of Human Medicine

Thomas A. Bruce, M.D.  
W.K. Kellogg Foundation,  
Battle Creek

Maria Cabello, M.D.  
University of Texas Medical School at  
San Antonio

Arthur Kaufman, M.D.  
University of New Mexico  
School of Medicine

Eric B. Munson  
The North Carolina Memorial  
Hospital, Chapel Hill

Wayne M. Myers, M.D.  
University of Washington  
School of Medicine

Howard K. Rabinowitz, M.D.  
Jefferson Medical College of Thomas  
Jefferson University

Thomas C. Rosenthal, M.D.  
State University of New York,  
Buffalo School of Medicine and  
Biomedical Sciences

W. Douglas Skelton, M.D.  
Mercer University  
School of Medicine, Macon

Robert C. Talley, M.D.  
University of South Dakota  
School of Medicine

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**Women In Medicine Coordinating  
Committee**

■ *To advance the status and develop the potential of women in academic medicine*

Wendy W. Brown, M.D.  
St. Louis University  
School of Medicine

Leah Dickstein, M.D.  
University of Louisville  
School of Medicine

Roberta T. Hripko, M.D.  
Northeastern Ohio Universities  
College of Medicine

Lois A. Monteiro, Ph.D.  
Brown University  
Program in Medicine

Alix I. Robinson, Ph.D.  
State University of New York  
Health Science Center at Syracuse

Jeanette South-Paul, M.D.  
Uniformed Services  
University of the Health Sciences

Lisa Staber  
University of South Dakota  
School of Medicine

Diane W. Wara, M.D.  
University of California,  
San Francisco School of Medicine

---

**Audit Committee***Chairman*

Gary Gambuti  
St. Luke's-Roosevelt Hospital Center,  
New York

Douglas Knab, M.D.  
Uniformed Services University of the  
Health Sciences

Milton Corn, M.D.  
Georgetown University  
School of Medicine

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**Investment Committee***Chairman*

Richard Janeway, M.D.  
Bowman Gray School of Medicine of  
Wake Forest University

J. Robert Buchanan, M.D.  
Massachusetts General Hospital

James Cavanaugh, Ph.D.  
Smith, Kline & French Laboratories

Spencer Foreman, M.D.  
Montefiore Medical Center

Robert M. Heyssel, M.D.  
The Johns Hopkins Health System

George Houston, Jr.  
Georgetown University

*Ex Officio:*

D. Kay Clawson, M.D.  
University of Kansas  
School of Medicine



**Task Force on Physician Supply Steering Committee**

■ Charged with examining the ramifications of physician supply and demand

*Chairman*

Daniel C. Tosteson, M.D.  
Harvard Medical School

Herman Blake, Ph.D.  
Swarthmore College

Don E. Detmer, M.D.  
University of Virginia  
School of Medicine

Kimberly Dunn  
University of Texas  
Medical School at Houston

Saul J. Farber, M.D.  
New York University  
School of Medicine

David Korn, M.D.  
Stanford University  
School of Medicine

Russell L. Miller, M.D.  
Howard University  
College of Medicine

Richard H. Moy, M.D.  
Southern Illinois University  
School of Medicine

Martin A. Pops, M.D.  
University of California, Los Angeles,  
UCLA School of Medicine

Mitchell T. Rabkin, M.D.  
Beth Israel Hospital, Boston

Carolyn M. Slayman, Ph.D.  
Yale University School of Medicine

Javier Vizoso, M.D.  
University of California, San Diego  
School of Medicine

Virginia V. Weldon, M.D.  
Monsanto Company, St. Louis

Frank C. Wilson, Jr., M.D.  
University of North Carolina at  
Chapel Hill, School of Medicine

**Committee On Implications of Physician Supply Issues on Programs for the Education of Biomedical Scientists**

*Chairman*

David Korn, M.D.  
Stanford University  
School of Medicine

C. Thomas Caskey, M.D.  
Baylor College of Medicine

Kimberly Dunn  
University of Texas Medical School  
at Houston

Paul F. Griner, M.D.  
Strong Memorial Hospital  
Rochester, New York

Robert L. Hill, Ph.D.  
Duke University School of Medicine

David R. Perry  
St. Louis University  
School of Medicine

William Sawyer, M.D.  
China Medical Board

Louis M. Sherwood, M.D.  
Merck, Sharpe & Dohme  
International

Carolyn W. Slayman, Ph.D.  
Yale University School of Medicine

Ralph Synderman, M.D.  
Genentech

Gary J. Tucker, M.D.  
University of Washington  
School of Medicine

Virginia V. Weldon, M.D.  
Monsanto Company, St. Louis

**Committee on Implications of Physician Supply Issues for Medical Student Education**

*Chairman*

Saul J. Farber, M.D.  
New York University  
School of Medicine

G. William Bates, M.D.  
Medical University of South Carolina  
College of Medicine

Marjorie Bowman, M.D.  
Bowman Gray School of Medicine of  
Wake Forest University

Don E. Detmer, M.D.  
University of Virginia  
School of Medicine

Spencer Foreman, M.D.  
Montefiore Medical Center,  
New York City

Jane H. Henney, M.D.  
University of Kansas Medical Center  
School of Medicine

Sarah Johansen  
Dartmouth Medical School

Leonard E. Lawrence, M.D.  
University of Texas Medical School at  
San Antonio

Russell L. Miller, M.D.  
Howard University  
College of Medicine

Martin A. Pops, M.D.  
University of California, Los Angeles,  
UCLA School of Medicine

Marjorie P. Wilson, M.D.  
Educational Commission on Foreign  
Medical Graduates

**Committee On Relationships of Foreign Medical Schools and Graduates to Domestic Programs and Educational Standards**

*Chairman*

Richard H. Moy, M.D.  
Southern Illinois University  
School of Medicine

Stanley S. Bergen, Jr., M.D.  
University of Medicine and Dentistry  
of New Jersey

Herman Blake, Ph.D.  
Swarthmore College

Jo Ivey Boufford, M.D.  
Health and Hospital Corporation of  
New York

L. Thompson Bowles, M.D.,  
Ph.D.  
George Washington University  
School of Medicine and Health  
Sciences

Bernard J. Fogel, M.D.  
University of Miami  
School of Medicine

David S. Greer, M.D.  
Brown University  
Program in Medicine

William K. Hamilton, M.D.  
University of California,  
San Francisco School of Medicine

Alton I. Sutnick, M.D.  
Medical College of Pennsylvania

**Committee On Implications of Physician Supply of Residents and Fellow Education**

*Chairman*

Mitchell T. Rabkin, M.D.  
Beth Israel Hospital, Boston

William G. Anlyan, M.D.  
Duke University

Calvin Bland  
St. Christopher's Hospital for  
Children, Philadelphia

Ruth M. Covell, M.D.  
University of California, San Diego  
School of Medicine

Walter J. Daly, M.D.  
Indiana University  
School of Medicine

Dunlop Ecker  
Washington Hospital Center,  
Washington, D.C.

Thomas C. King, M.D.  
Columbia-Presbyterian Medical  
Center, New York City

Gerald S. Levey, M.D.  
University of Pittsburgh  
School of Medicine

Thomas Mullon  
Veterans Administration  
Medical Center, Minneapolis

Frank Riddick, M.D.  
Alton Oschner Medical Foundation,  
New Orleans

Stefan Stein, M.D.  
New York Hospital,  
Cornell Medical Center

Javier Vizoso, M.D.  
University of California, San Diego  
School of Medicine

W. Donald Weston, M.D.  
Michigan State University  
College of Human Medicine

Frank C. Wilson, Jr., M.D.  
University of North Carolina at  
Chapel Hill School of Medicine



*The Association supports professional development activities for a range of medical center officials through its groups. The program activities of the groups facilitate interaction among these professionals and with the Association staff and governing bodies.*

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**AAMC/AAHC Group on Government Relations**

■ *Individuals identified by medical schools, teaching hospitals, and academic medical centers as responsible for legislative and regulatory issues*

*Co-Chairman*  
G. William Crocker, Jr.  
*University of Alabama Hospital at Birmingham*

*Co-Chairman*  
Don W. Leverty  
*University of Texas System*

A. Richard Bossard  
*University of Michigan Medical Center*

Maureen Budetti  
*University of California System*

Joan Chrestay  
*Hahnemann University, Philadelphia*

Jane Corlette  
*Harvard University*

Yoshi Honkawa  
*Cedars-Sinai Medical Center, Los Angeles*

Susan E. Phillips  
*University of Chicago Hospitals*

Kay Seline  
*Creighton University*

---

**Group on Business Affairs**

■ *Principal business officers and individuals with general and research administration responsibilities*

*Chairman*  
Roger Meyer  
*University of California, San Diego, School of Medicine*

*Executive Secretary*  
Jack Krakower, Ph.D.  
AAMC

Janice M. Arbuckle  
*University of Kansas Medical Center*

Byron Backlar  
*Oregon Health Sciences University*

Lee Fetter  
*Washington University School of Medicine*

Richard Grossi  
*The Johns Hopkins School of Medicine*

James Hackett  
*West Virginia University Medical Center*

Gregory Handlir  
*University of Maryland School of Medicine*

Tom Harris  
*University of Florida College of Medicine*

Joan Patton  
*Ohio State University College of Medicine*

---

**Group on Faculty Practice Steering Committee**

■ *Primary governance and administration representatives from medical school faculty practice plans as nominated by their respective deans*

*Chairman*  
Donald B. Tower  
*Stanford University School of Medicine*

*Executive Secretary*  
James D. Bentley, Ph.D.  
AAMC

Martin Durkin, M.D.  
*Loyola University of Chicago Stritch School of Medicine*

William E. Easterling, M.D.  
*University of North Carolina at Chapel Hill School of Medicine*

Linda Gage-White, M.D.  
*Louisiana State University School of Medicine, Shreveport*

Michael E. Johns, M.D.  
*The Johns Hopkins University School of Medicine*

Benjamin Kready  
*University of Texas Medical School at San Antonio*

Cheryl Haze Luehrs  
*Jefferson Medical College of Thomas Jefferson University*

Brian J. McKenna  
*University of Washington School of Medicine*

---

**Group on Institutional Planning Steering Committee**

■ *Officials from medical schools and teaching hospitals responsible for planning academic and health care programs, facilities, and marketing efforts*

*Chairman*  
Robert E. Reynolds, M.D.  
*University of Virginia*

*Executive Secretary*  
Robert Jones, Ph.D.  
AAMC

John Eudes  
*University of Pennsylvania Medical Center*

Irene G. Klinberg, Ph.D.  
*University of Nebraska College of Medicine*

Ellen R. Krasik  
*New York University Medical Center*

B. Hofler-Milam  
*Bowman Gray School of Medicine*

David O'Brien  
*Stanford University*

Charles W. Tandy  
*University of Maryland at Baltimore*

Susan Vogt  
*Dartmouth Medical School*



**Group on Medical Education**

■ *Administrators with responsibilities in the areas of undergraduate, graduate, and continuing medical education, development of instructional resources, and research in medical education*

*Chairman*  
**Stephen Abrahamson, Ph.D.**  
*University of Southern California School of Medicine*

*Executive Secretary*  
**M. Brownell Anderson**  
*AAMC*

**Fredric D. Burg, M.D.**  
*University of Pennsylvania School of Medicine*

**Gerard Cerchio, M.D.**  
*University of Illinois College of Medicine at Chicago*

**Julian I. Kitay, M.D.**  
*University of Texas Medical School at Galveston*

**Terrence T. Kuske, M.D.**  
*Medical College of Georgia School of Medicine*

**Lee Rosen**  
*Baylor College of Medicine*

**Robert Rubeck, Ph.D.**  
*Arizona Health Sciences Center*

**Steven R. Smith, M.D.**  
*Brown University Program in Medicine*

**Group on Public Affairs Steering Committee**

■ *Medical school and teaching hospital officials working in public relations, alumni affairs, and development*

*Chairman*  
**D. Gayle McNutt**  
*Baylor College of Medicine*

*Executive Secretary*  
**Joan Hartman Moore**  
*AAMC*

**Douglas Buck**  
*University of Florida Health Science Center*

**Kathleen Conaboy**  
*University of Nevada School of Medicine*

**Diana S. Goldin**  
*New York Hospital Cornell Medical Center*

**Richard Griffin**  
*University of Pittsburgh School of Medicine*

**Stephen C. Stuyck**  
*The University of Texas M.D. Anderson Cancer Center*

**Carolyn Tinker**  
*University of New Mexico Medical Center*

**Elizabeth P. Waters**  
*Medical University of South Carolina*

**Leslie F. Wilson**  
*Northwestern University Medical School*

**Group on Student Affairs Steering Committee**

■ *Dean's office personnel with responsibility for student affairs, admissions, minority affairs, and student financial aid*

*Chairman*  
**Henry M. Seidel, M.D.**  
*The Johns Hopkins University School of Medicine*

*Executive Secretary*  
**Robert L. Beran, Ph.D.**  
*AAMC*

**Carol A. Aschenbrenner, M.D.**  
*University of Iowa College of Medicine*

**Clayton Ballantine**  
*University of Louisville School of Medicine*

**Frances R. Hall**  
*Dartmouth Medical School*

**Ralph C. Jung, M.D.**  
*University of Southern California School of Medicine*

**Leonard E. Lawrence, M.D.**  
*University of Texas Medical School at San Antonio*

**Martin A. Pops, M.D.**  
*University of California, Los Angeles, UCLA School of Medicine*

**Norman G. Sansing, Ph.D.**  
*University of Georgia*

**David M. Shapiro, Ph.D.**  
*University of Texas Health Science Center at San Antonio*

**Charles E. Spooner, Jr, Ph.D.**  
*University of California, San Diego School of Medicine*

**J. Robert Suriano, Ph.D.**  
*University of Cincinnati College of Medicine*

**Charles Terrell**  
*Boston University School of Medicine*

**John F. Walters**  
*Washington University School of Medicine*

**Group on Student Affairs/ Minority Affairs Section Coordinating Committee**

■ *Officials at medical schools with responsibilities for minority affairs*

*Chairman*  
**Leonard E. Lawrence, M.D.**  
*University of Texas Medical School at San Antonio*

**Althea Alexander**  
*University of Southern California School of Medicine*

**Billy Ballard, M.D.**  
*University of Texas School of Medicine at Galveston*

**Bruce L. Ballard, M.D.**  
*Cornell University Medical College*

**Kyndal Beavers**  
*Meharry Medical College School of Medicine*

**Margie Beltran**  
*University of California, Davis, School of Medicine*

**Grace Epps-Puglisi, Ph.D.**  
*Morehouse School of Medicine*

**Clarice Fooks**  
*University of Cincinnati College of Medicine*

**Margaret Haynes, Ed.D.**  
*Columbia University College of Physicians and Surgeons*

**Jeanette South-Paul, M.D.**  
*Uniformed Services University of the Health Sciences*

**Jane Thomas, Ph.D.**  
*Wayne State University School of Medicine*



*AAMC Staff*



*Changes in AAMC staff continue to support the mission and goals of the Association.*

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#### **Office of the President**

The AAMC's academic affairs programming was restructured in July to better meet the needs and goals of the Association and its constituents. Graduate and international programs were split off from the Division of Academic Affairs under its former vice president August G. Swanson, M.D. He was named vice president for graduate medical education and for international programs in the Office of the President. In his newly created position, Dr. Swanson is responsible for the Association's participation in the Accreditation Council for Graduate Medical Education (ACGME) and for the AAMC's relationships with specialty boards. Earlier in the year, he also was appointed executive director of the National Resident Matching Program (NRMP). Richard Randlett, assistant vice president for student services, was named NRMP deputy director.

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#### **Division of Academic Affairs**

Former associate vice president for Academic Affairs Louis J. Kettel, M.D., assumed leadership of the Division of Academic Affairs as its new vice president. Dr. Kettel has been with the Association since January 1988. He was dean of the University of Arizona College of Medicine for 10 years and chaired the Council of Deans in 1986-87. The division develops and manages programs relating to student selection and medical school admissions, financial aid, and undergraduate and medical education.

With the reorganization, the division is expanding and coordinating its programs in educational research. Karen J. Mitchell, Ph.D. director of the Medical College Admission Test (MCAT) program, was promoted to assistant vice president and head of a newly created Section for Educational Research. The section will design and con-

duct research on innovations in curriculum, on teaching methodology, and on assessment of medical students. Dr. Mitchell has been director of the MCAT program since 1985. She has led the research and implementation efforts to revise the MCAT and to include an essay section in the battery. Trained in research methodology, statistics, and psychometrics, she previously worked with personnel selection and classification on the Armed Services Vocational Aptitude Battery.

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#### **Division of Biomedical Research**

The AAMC bolstered its commitment to issues in biomedical research with the addition of Douglas E. Kelly, Ph.D., immediate past chair of the Council of Academic Societies (CAS), as associate vice president for biomedical research. Dr. Kelly shares in the planning and management of all programs in the Division of Biomedical Research, including enhancing the biomedical research and medical education interests of the CAS and improving liaisons with its member societies.

Dr. Kelly has been active in the AAMC since 1981. He had served on the AAMC Executive Council since 1986 and on the Executive Committee in 1987-88. He was on the Medical College Admission Test (MCAT) Review and Technical Advisory Committee in 1987-88 and has represented the Association on the National Board of Medical Examiners since 1988. He was professor and chairman of the Department of Anatomy and Cell Biology at the University of Southern California School of Medicine from 1974 to 1989. Previously he served as professor and chairman of the Department of Biological Structure at the University of Miami School of Medicine and as associate professor and administrative officer at the University of Washington.



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**Visiting Scholars**

The AAMC has given several faculty an opportunity to take greater advantage of its resources in Washington, D.C., this year by offering visiting scholars office space and a chance to pursue their interests within the Association.

P. Ridgway Gilmer, Jr., M.D., professor of pathology at the University of Texas Medical School at Galveston, is spending a year at the AAMC to work in legislative affairs, particularly on activities growing out of the 1988 Annual Meeting rural health conference. With AAMC staff and others, he is planning an invitational symposium on rural health care. While in Washington, he also is working with staff in the office of Rep. Charles Stenholm (D-TX) and with the House Rural Health Care Coalition.

Paul J. Friedman, M.D., associate dean for academic affairs and professor of radiology at the University of California, San Diego, School of Medicine, spent the past academic year on sabbatical leave at the Institute of Medicine, and also worked with the Association's Faculty Roster to carry out a study of faculty mobility and attrition. Deans and others at AAMC member institutions have been concerned for several years about the aging of the faculty and the potential effects of the end to compulsory retirement. Dr. Friedman's study should provide answers to some of these questions.

Edward J. Stemmler, M.D., Robert G. Dunlop professor of medicine and dean emeritus, University of Pennsylvania School of Medicine joined the AAMC staff in September as a scholar in residence for six months. AAMC chairman in 1986-87, Dr. Stemmler will work with the Association's Division of Academic Affairs on educational issues and with the Division of Minority Health,

Disease Prevention and Health Promotion on the development of its new programs. He will also serve as a consultant to the executive staff.

Roger J. Porter, M.D., deputy director of the National Institute of Neurological Disorders and Stroke, National Institutes of Health and a distinguished scientist and administrator, has joined the AAMC's Division of Biomedical Research as a scholar in residence to conduct a year-long study of the scope, scale, and nature of industrial, academic, and governmental relationships. The study will culminate in a report that will contain special guidance to medical schools for dealing with relationships with and support by industry.

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**Fellow**

Kathleen Conaboy, director of Public Relations and Development, University of Nevada School of Medicine, spent a two-month fellowship with the Association's Section for Public Relations researching and developing an institutional resource notebook on support of the use of animals in research. While in Washington, she also spent time on Capitol Hill studying the legislative process regarding issues of concern to academic medicine.

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**Intern**

Linda Ward, an MBA candidate at Simmons College Graduate School of Management, spent six weeks with the Division of Clinical Services assisting staff on a project on financing graduate medical education. Before continuing her education, she was administrative director in the Department of Pediatrics at the University of California, San Diego, School of Medicine.



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