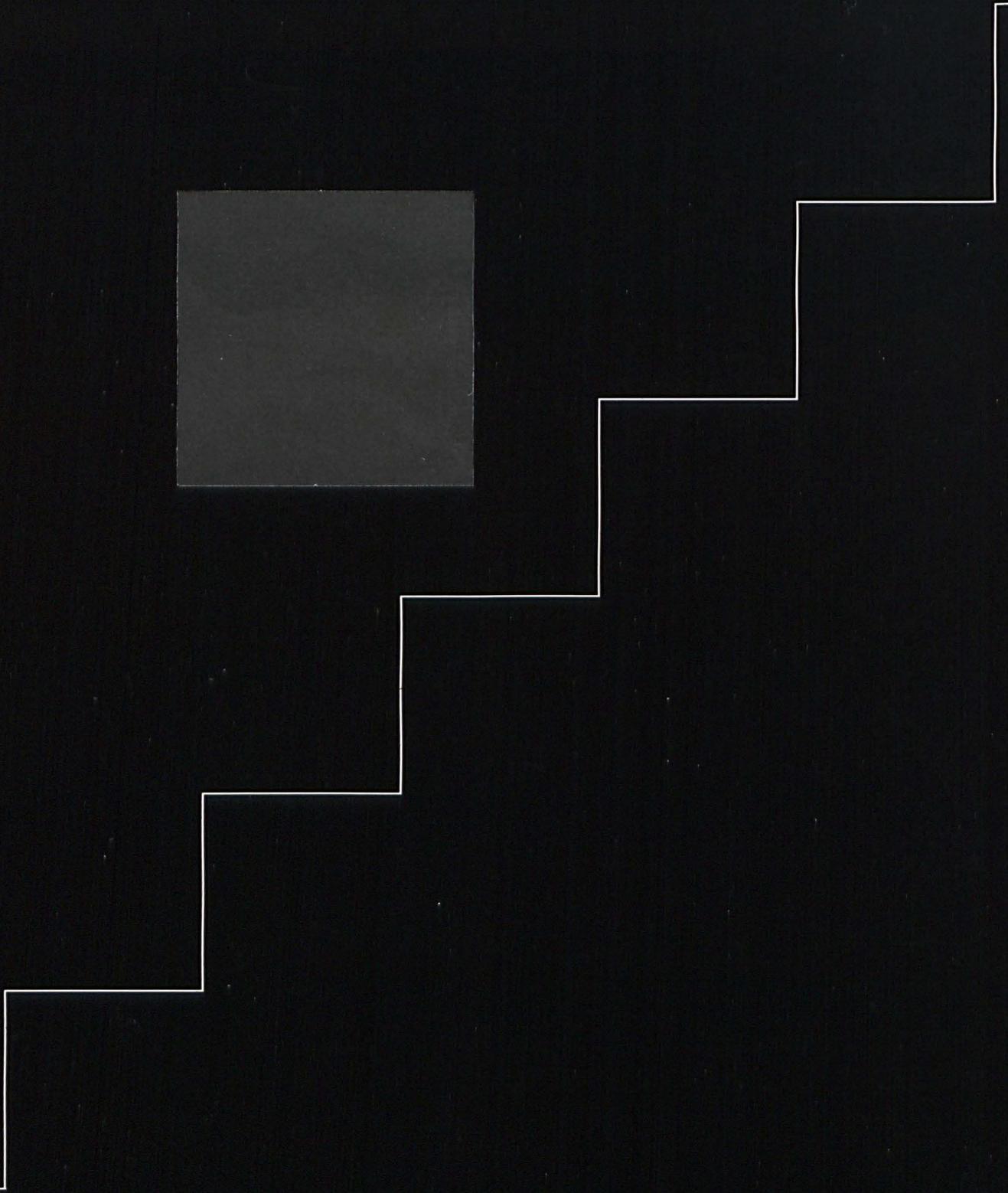




ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES

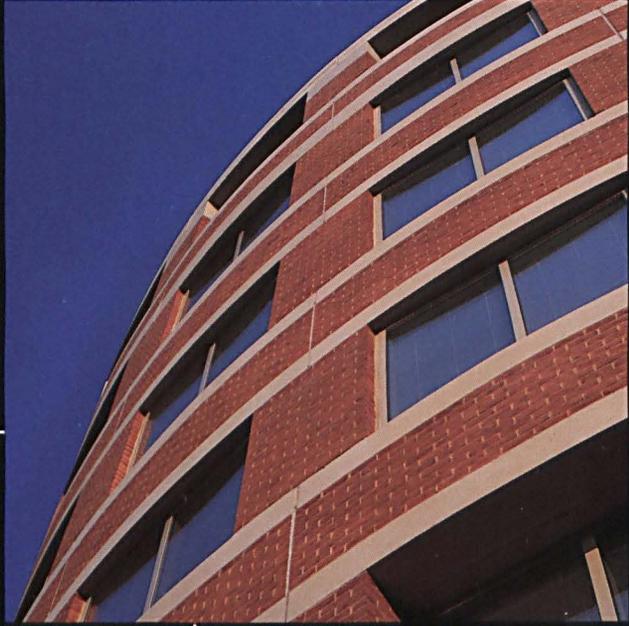


**1990-91**  
**ANNUAL REPORT**





**BUILDING  
FOR  
SUCCESS**



**TABLE  
OF  
CONTENTS**

*President's Message* ..... 5

*Chairman's Report* ..... 6

*Association Profile: History* ..... 9

*Governance, Membership, and Services* ..... 10

*Selection and Education of Physicians* ..... 16

*Support for Health Care Services* ..... 20

*Support for Medical Research* ..... 24

*Minorities and Medicine* ..... 27

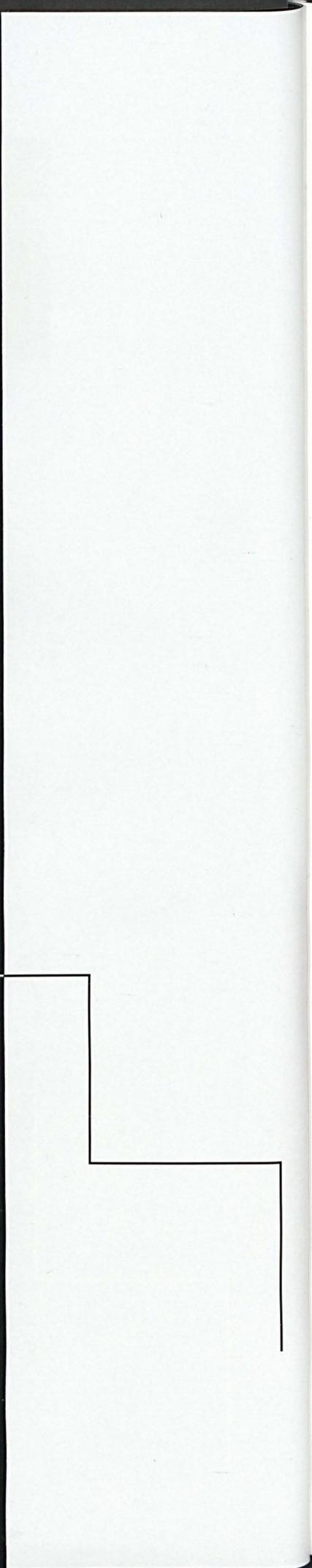
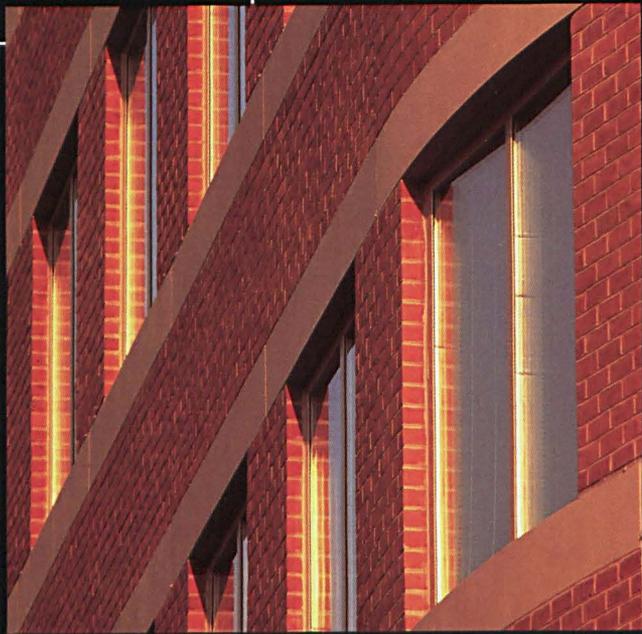
*Advancing Institutional Quality* ..... 30

*Governmental Relations* ..... 34

*Financial Statement* ..... 38

*AAMC Committees* ..... 42

*AAMC Staff* ..... 50



## PRESIDENT'S MESSAGE

*In September the Association of American Medical Colleges moved*

*into its new headquarters building at 2450 N Street, N.W., achieving a goal that I had announced soon after my installation as AAMC president five years ago. My arrival at the Association in a full-time capacity confirmed an impression I had formed as a constituent who made frequent visits to the Association headquarters; AAMC space was inadequate and in need of substantial renovation and modernization.*

*Two critical decisions influenced the Association's*

*governance in the selection of the new site.*

*First, that the AAMC should continue to operate in downtown*

*Washington and second, that the AAMC should purchase rather than rent new headquarters.*

*The latter decision was*

*made for a number of reasons, including the need to acquire more space, a desire to control*

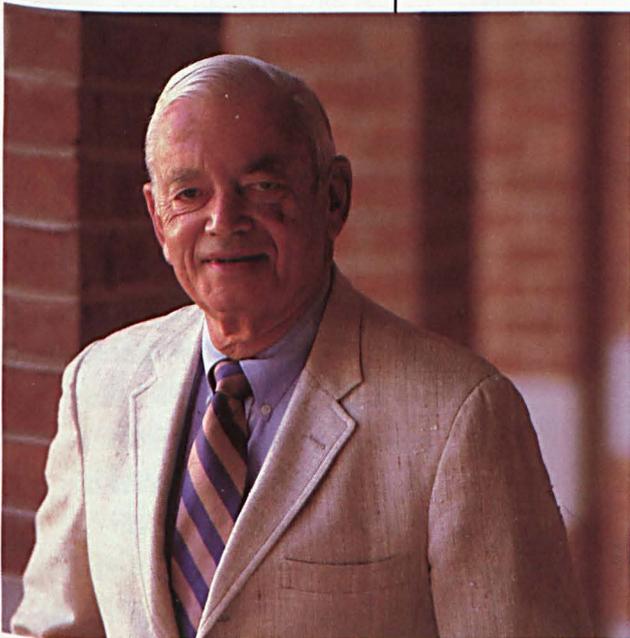
*future occupancy costs, and the specialized construction needs relating to the Association's printing, communications, and computer activities.*

*The move to N Street has consolidated the staff in a single location for the first time in two decades. We expect this to improve communications and coordination and to benefit our constituency. The increase in space will allow for the move of the National Resident Matching Program to the AAMC headquarters in 1992 and will permit other program expansion. The AAMC also has improved the quality of its space and has prepared for future technological changes by installing a fiber-optic network throughout the building.*

*On behalf of the staff, I wish to express our deep gratitude to the academic medicine community, whose strong and enduring support has made this new headquarters building possible. We welcome your visits to your new home and your continuing participation in Association activities.*



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



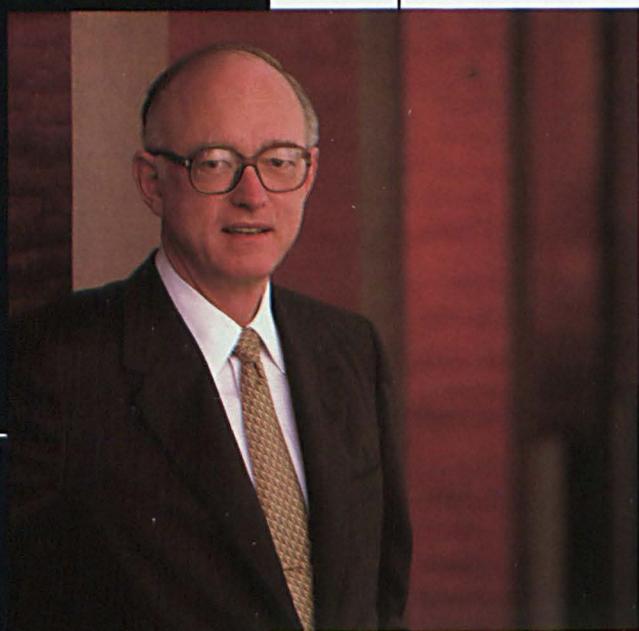
## CHAIRMAN'S REPORT

### ACADEMIC MEDICINE'S SEASON OF CHANGE

*"Whoever wishes to investigate medicine properly," Hippocrates advised physicians 23 centuries ago, "should proceed thus: in the first place to consider the seasons of the year, and what effects each of them produces..."*

*The seasons of the past year have propelled medicine to the center of public attention in the United States and throughout the world. Already we have entered the quadrennial political season of campaign rhetoric that will culminate in the elections of November 1992, and health-care issues will very likely dominate the domestic agenda. Public spending for medical education and biomedical research will be widely debated, together with the high costs of medical care.*

*To illustrate this national concern, we need merely to reflect on the media attention devoted to medicine in the past few years—perhaps a preamble to a new season of change. Medicine is front page news. Regularly expressed are concerns about the high costs of medical care, the lack of adequate medical insurance coverage, the health needs of women, rural communities, and*



the aging population, how to provide access for the poor and underinsured, and the complex ethical issues caused by recent technological advances in medical care

Medical schools are faulted for not graduating enough physicians in primary care and for over-emphasizing specialization. As if that were not enough, new issues are drawing dramatic media coverage. Instances of alleged fraud in biomedical research and abuses in indirect cost recovery have tarnished the image of some of our elite universities and pose a threat to all of us.

Ironically, it is the impressive progress achieved by academic medical centers that is prompting the public to ask—and public officials to demand—that the medical profession accept responsibility for the failures of our nation's medical care system.

We cannot question the public's prerogative to examine our performance. Public funds—either through governmental appropriation, tax-exempt philanthropy, or tax-deductible business investment—finance our comprehensive academic centers of medical excellence.

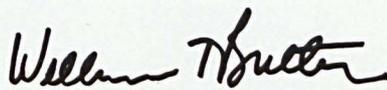
Through diligent and successful expansion of the medical enterprise and the advancement of medical knowl-

edge and patient care, we have unwittingly created political and economic problems of major proportions. These problems are troublesome to the public and threaten the integrity of medicine as we know it. It is academic medicine's rightful obligation to help solve these problems.

As we enter this new season—a season of public accountability—our challenge is to accept our social responsibility in the context of these public concerns and the environmental changes of the 1990s. How well academic medicine responds to this challenge will inevitably determine the fate of our profession and its institutions in the 21st century.

Let us affirm—in this last season of 1991—a vigorous commitment to accountability and leadership that will ensure the public's continuing trust of academic medicine in the seasons ahead and into the 21st century.

As Hippocrates observed, "For extreme diseases, extreme methods of cure . . . are most suitable."



William T. Butler, M.D.  
AAMC Chairman

## **BUILDING FOR SUCCESS**

*Like building a new house, the AAMC's construction of its*

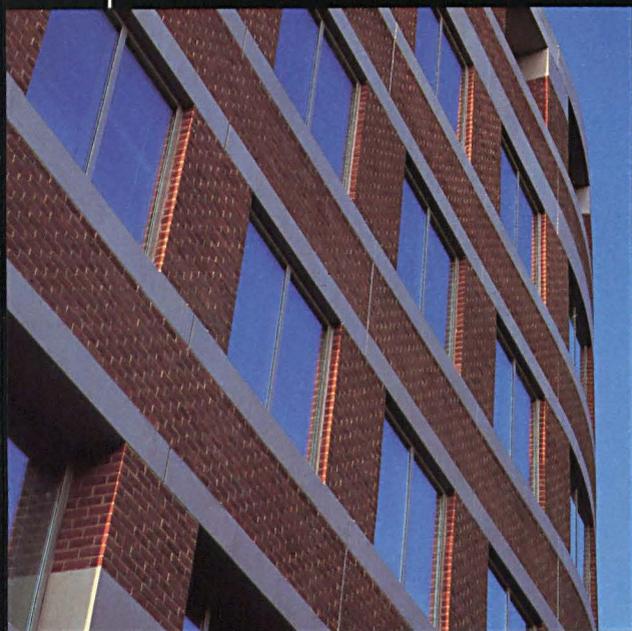
*own headquarters building has been a big and complex step.*

*The initial planning, financial analysis, site selection, and design development were carried out over a two-and-a-half-year period. The final decision to move forward with the project was made by the Executive Committee in January 1990. The primary reason to pursue building ownership was a financial one. Over the long run, the Association will spend less money for office space. Rent receipts give no return on investment.*

*A \$34.9 million tax-exempt financing strategy for the headquarters building culminated in a favorable rating of "AA-" bonds, significantly reducing borrowing costs. It is the first time that an association has been rated by an investment rating firm.*

*The building is eight stories—the first five floors (80,000 square feet), plus underground garage parking and storage, are owned by the AAMC. The top three floors are residential with no AAMC ownership interest. Construction was started in February 1990 and completed in September 1991. For the first time in two decades the Association staff is housed in a single facility.*

*Three hundred fifty-one miles of copper cable and one hundred twenty-six miles of fiber optic cable, snaked throughout the walls and ceilings, support personal computers, telephones, facsimile machines, modems, and printers—media highways to move voice and data information. The building's fiber optic core connects PC users with the Hewlett Packard systems 960 and 950 and gives access to the Association's 50 data application systems.*



## ASSOCIATION PROFILE

The September move into a new headquarters building is but one factor that makes this a

particularly appropriate year to reflect on the evolution, activities, and goals of the Association. Increased representation of the Council of Teaching Hospitals and the Council of Academic Societies on the Executive Council has expanded and strengthened the AAMC's governance, and for the first time residents are taking part in the Association's leadership. This progress reflects our belief in managing for change to meet the challenges that face medical educators and health care providers.

### ■ History

More than a century ago representatives of 22 medical schools first met as the American Medical College Association to work for reform in medical education. Their attempt to raise educational standards by introducing a uniform, three-year graded curriculum failed, and the organization lay dormant for more than a decade. In 1890, recognizing the need for concerted action, 66 medical college deans met to establish standards for medical education. This body became today's Association of American Medical Colleges. The 1910 Flexner report, sponsored by the Carnegie Foundation for the Advancement of Teaching, provided the impetus for sweeping changes in medical education, including the demise of proprietary medical

schools and the rise of university medical education.

In the years following, the AAMC's focus broadened to include all the concerns of member institutions: education, research, and service. In 1966, the Coggeshall report, *Planning for Medical Progress through Education*, spawned a transformation of the Association from a "deans' club" to a national organization representing medical schools, teaching hospitals, and academic societies.

Significant changes in health care in the following decades led the AAMC governance to further restructuring. In 1988 it appointed a special Committee on Governance and Structure to assess the impact of change on the Association and its constituents. The Committee recommended several key changes. At the 1990 Annual Meeting, the governing body adopted changes in the roles and composition of the Assembly and the Executive Council, the nomination process for election of officers, and approved establishment of the Organization of Resident Representatives.

## GOVERNANCE, MEMBERSHIP, AND SERVICES

Membership on the Executive Council, the governing body of the Association, increases this year

from 24 to 30 voting members.

Council membership now consists of the chair, chair-elect, immediate past chair, and president of the Association; the chair, chair-elect, and immediate past chair of each council administrative board—Council of Deans (COD), Council of Teaching Hospitals (COTH), and Council of Academic Societies (CAS); the chair and chair-elect of the administrative boards of both the Organization of Student Representatives (OSR) and the new Organization of Resident Representatives (ORR); twelve elected members—three each from the COTH and CAS and six from the COD; and a distinguished service member.

The Association's legislative body is its Assembly, comprising all 126 members of the COD, 126 members of the COTH, 90 members of the CAS, and 12 members each from the OSR and the ORR.

Each year members and staff of the U.S. Congress and 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 1991, AAMC leaders heard from the following speakers:

**James Holsinger, M.D.**

Chief Medical Director  
Department of Veterans Affairs

**Thomas A. Scully**

Associate Director, Human Resources, Veterans' and Labor Office of Management and Budget

**John W. Diggs, Ph.D.**

Deputy Director for Extramural Research  
National Institutes of Health

**The Honorable Senator**

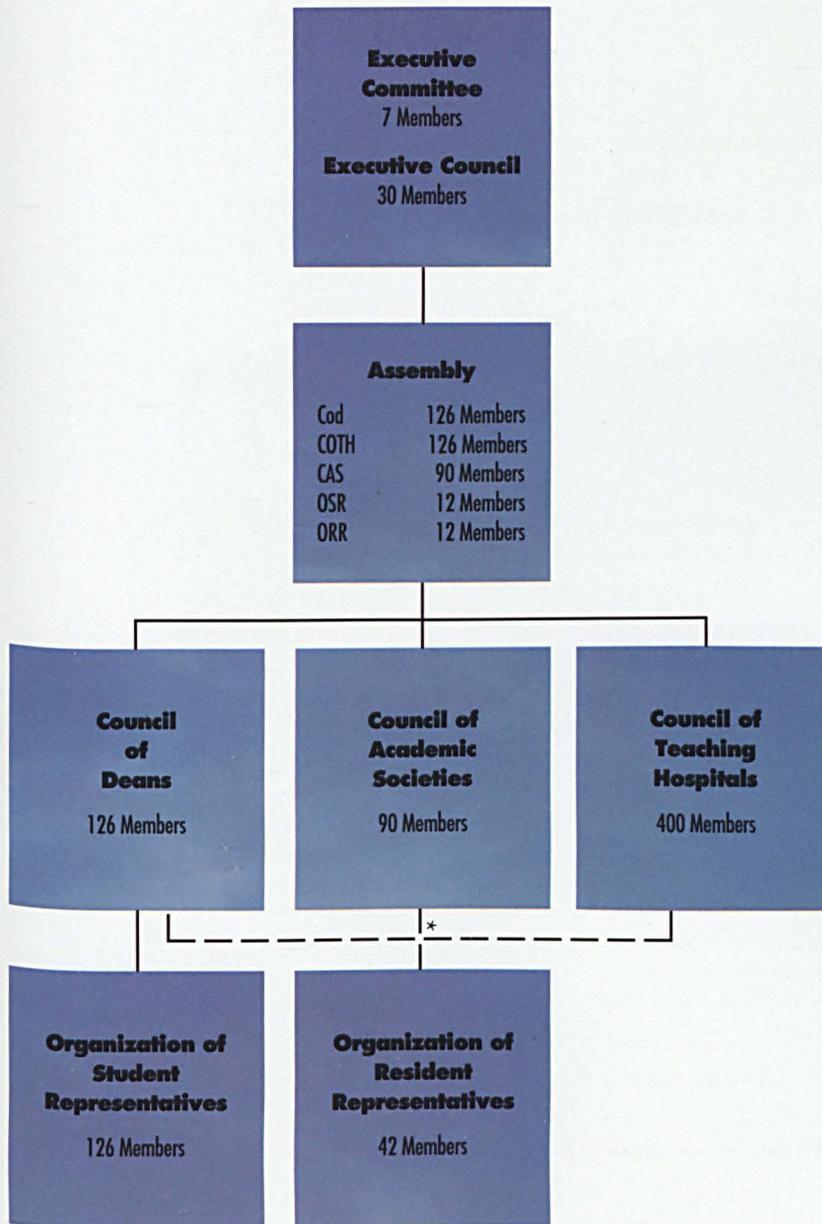
**J. Robert Kerrey (D-NE)**

Member, Senate Appropriations Committee and Subcommittee on VA, HUD and Independent Agencies

**John S. Thompson, M.D.**

Professor and Chair, Department of Internal Medicine  
University of Kentucky

## Association of American Medical Colleges Governing Structure



\*Pending Assembly action

### ■ Membership

The AAMC's members are

- 126 accredited U.S. medical schools and 16 accredited Canadian medical schools
- 400 teaching hospitals with substantial research and educational activities, including 70 Department of Veterans Affairs medical centers
- 90 academic and professional societies representing approximately 70,000 faculty at member institutions
- 168 students and residents at U.S. medical schools and AAMC-member teaching hospitals representing the 65,000 students and 68,000 residents
- Over 700 individual members interested in medical education
- Faculty members and administrators of medical colleges, teaching hospitals, and academic medical centers, who represent their institutions in groups of professionals with similar interests within the AAMC:

*Group on Business Affairs*

*Group on Educational Affairs  
Section on Resident Education*

*Group on Faculty Practice*

*Group on Institutional  
Planning*

*Group on Public Affairs*

*Group on Student Affairs  
Minority Affairs Section*

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

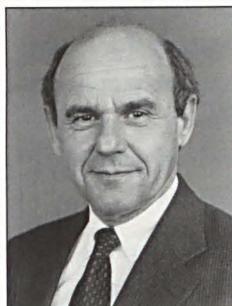
■ **AAMC Governance**



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



*Chair-Elect*  
**J. Robert Buchanan, M.D.\***  
Massachusetts General Hospital



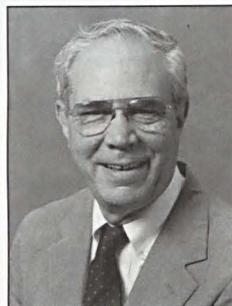
*Immediate Past Chair*  
**David H. Cohen, Ph.D.\***  
Northwestern University

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

*Distinguished Service Member*  
**Ernst Knobil, Ph.D.\***  
University of Texas Health  
Science Center, Houston

\* Executive Council Member

■ **Council of Deans  
Administrative Board**



*Chair*  
**Robert E. Tranquada, M.D.\*<sup>1</sup>**  
University of Southern California  
School of Medicine

*Chair-Elect*  
**Leon E. Rosenberg, M.D.\*<sup>2</sup>**  
Yale University School of Medicine

*Past Chair*  
**L. Thompson Bowles, M.D., Ph.D.\***  
George Washington University  
Medical Center

**Harry N. Beaty, M.D.\***  
Northwestern University  
School of Medicine

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

**Jordan J. Cohen, M.D.\***  
State University of New York at  
Stony Brook Health Sciences Center,  
School of Medicine

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

**Donald R. Kmetz, M.D.**  
University of Louisville  
School of Medicine,

**Henry P. Russe, M.D.\*<sup>3</sup>**  
Rush Medical College of Rush University

**Kenneth I. Shine, M.D.\***  
University of California, Los Angeles,  
UCLA, School of Medicine

<sup>1</sup> Resigned June 30, 1991

<sup>2</sup> Resigned September 1, 1991

<sup>3</sup> Resigned/Deceased

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

**Hibbard E. Williams, M.D.\***  
University of California, Davis,  
School of Medicine

■ **Council of Teaching  
Hospitals Administrative  
Board**



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

*Chair-Elect*  
**C. Edward Schwartz\***  
University of Nebraska Hospital

*Past Chair*  
**Raymond G. Schultze, M.D.\***  
University of California Medical Center,  
Los Angeles

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

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

**Frank A. Butler**  
University Hospital, University of  
Kentucky Medical Center

**Jose R. Coronado**  
Audie L. Murphy Memorial Veterans  
Hospital, San Antonio

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

**William B. Kerr**

Medical Center at the University of California, San Francisco

**Sister Sheila Lyne**

Mercy Hospital and Medical Center, Chicago

**Robert H. Muilenburg**

University of Washington Hospital, Seattle

**Robert G. Newman, M.D.**

Beth Israel Medical Center, New York

**Max Poll\***

Barnes Hospital, St. Louis

**Gail L. Warden**

Henry Ford Health Care Corporation, Detroit

**Harold J. Fallon, M.D.**

Medical College of Virginia

**Paul J. Friedman, M.D.**

University of California, San Diego, School of Medicine

**Glenn C. Hamilton, M.D.**

Wright State University Medical School

**George A. Hedge, Ph.D.**

West Virginia University School of Medicine

**Thomas C. King, M.D.**

Columbia Presbyterian Medical Center, New York

**Barbara J. McLaughlin, Ph.D.**

University of Louisville School of Medicine

**Joel G. Sacks, M.D.**

University of Cincinnati College of Medicine

**Vivian W. Pinn, M.D.**

Howard University College of Medicine

**Anita Blosser**

University of Kentucky

**Sondra Bradman**

University of California, Irvine, School of Medicine

**Robert Bright**

University of North Carolina

**Amy Davis**

University of Missouri

**David Graham**

East Carolina University

**Krishna Komanduri**

University of Minnesota

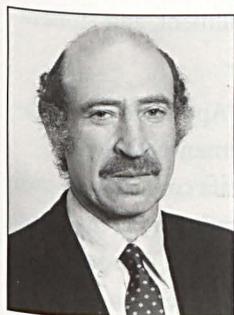
**Cynthia Knudson**

University of Colorado

**Linda Lorenzani**

State University of New York at Buffalo School of Medicine and Biomedical Sciences

**Council of Academic Societies Administrative Board**



*Chair*

**Myron Genel, M.D.\***

Yale University School of Medicine

*Chair-Elect*

**Kenneth I. Berns, M.D., Ph.D.\***

Cornell University Medical College

*Past Chair*

**Joe Dan Coulter, Ph.D.\***

University of Iowa College of Medicine

**S. Craighead Alexander, M.D.\***

University of Wisconsin Medical School

**Kurt E. Ebner, Ph.D.**

University of Kansas Medical Center

**Organization of Student Representatives Administrative Board**



*Chair*

**Lawrence Tsen\***

University of Kansas

*Chair-Elect*

**Erik Gundersen\***

University of Wisconsin

**Kevin Baskin**

Creighton Medical School

## ■ Services

To promote quality in all areas of academic medicine, the Association provides members the following core services.

- The Liaison Committee on Medical Education (LCME): The accrediting body for U.S. medical education programs leading to the M.D. degree, co-sponsored with the American Medical Association.
- The Medical College Admission Test (MCAT): A national standardized test used to assess applicants' science knowledge, reasoning, communication, and writing skills.
- The American Medical College Application Service (AMCAS): A centralized system that enables applicants to file a single standardized application to any of the 108 participating U.S. medical schools.
- MEDLOANS: A comprehensive loan program that provides financial assistance for enrolled medical students.
- The National Resident Matching Program (NRMP): A computerized program managed by the AAMC that matches candidates to residency positions according to their preferences and those of the residency programs.
- The AAMC Archives: A collection of 3,000 governance and 4,000 program records, providing historical information for staff, constituents, and researchers.

- The Annual Meeting: A national gathering that attracts leaders in academic medicine who address issues of importance to members.
- Special Programs and Meetings: Workshops, seminars, and regional meetings throughout the year to promote constituents' professional development.
- Advocacy: Testimony, letters, comments on regulations, and participation in coalitions to build support in the legislative and executive branches of government for medical education, biomedical research, and health care initiatives.

## ■ Publications

*Academic Medicine:* A monthly peer-reviewed journal containing research reports, book reviews, editorials, commentaries, and invited papers on national and international developments in academic medicine.

*AAMC Reporter:* Monthly news of the Association's programs, studies, meetings, and policies and of issues germane to academic medicine.

*Washington Highlights:* Weekly news of legislative and regulatory actions and the activities of congressional and Executive Branch committees and councils.

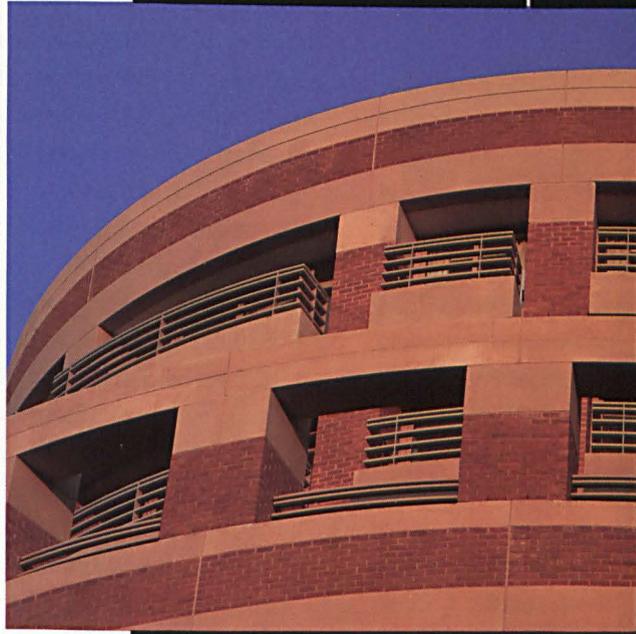
*AAMC Directory of American Medical Education:* An annual compendium describing the

Association's organizational structure and activities and listing its member institutions, societies, and key staff.

## ■ Data Resources

The Association maintains extensive databases developed from a variety of questionnaires, surveys, applications, and other source materials.

- Faculty Roster System: Demographic data on the current appointments of 57,947 active and 66,408 former U.S. medical school faculty members.
- Institutional Profile System (IPS): Information on U.S. medical school revenues and expenditures, faculty counts, curricula, student enrollment, and student financial aid.
- Student and Applicant Information Management System (SAIMS): Data collected on individuals beginning from the time they take the MCAT and continuing through residency.
- Teaching Hospital Financial and Operating Data: Information on hospital operating statements, government appropriations, graduate medical education costs, resident counts, Medicare costs and payments, and other operating statistics.



## SELECTION AND EDUCATION OF PHYSICIANS

The education of future physicians is central to the AAMC's mission. The Association

continually explores ways to improve the quality of undergraduate, graduate, and continuing medical education to prepare students for careers as practicing physicians, researchers, and teachers.

For the third consecutive year applications to medical school have increased (up 14 percent over last year for the entering class of 1991). Twenty-two medical schools reported the most applications for any entering class in the last ten years. The highest percentage ever of women applied to the 1990 entering class—over 40 percent. The number of individuals applying from minority groups underrepresented in medicine also increased for 1990, but the news was not all good. Among all those applying, underrepresented minorities were a slightly smaller percentage last year: 10.9 percent compared to 11.3 percent in 1989.

With support from the Kaiser Family Foundation, the AAMC is taking measures to help member schools increase the number of underrepresented minorities (blacks, American Indians, mainland Puerto Ricans, and Mexican Americans) and to improve their prospects for retention in medical school through the AAMC's new initiative *Project 3000 by 2000*.



## ■ Admission to Medical School

The American Medical College Application Service (AMCAS) provides a centralized system that permits applicants to file a single standardized application to any of the 108 participating schools. In addition to reducing the clerical burden on students, the system performs, on behalf of the schools, a number of services such as credentials verification and standardization of grades to a common system. The AAMC staff also assists schools in developing relevant data on acceptances, joint acceptances, and matriculation.

## ■ MCAT

In the spring of 1991, a record number of examinees took the Medical College Admission Test (MCAT), which had been completely revised. It was the first overhaul since 1977, and for the first time the test included a graded writing sample. The Association, with the assistance of two dedicated committees, made these changes in large part to encourage premed students to pursue broad undergraduate study in the natural and social sciences and the humanities.

To reduce students' concerns, AAMC staff developed a detailed study guide and practice exam and a half-hour videotape to help examinees prepare for the test. This is believed to be the first time an admission test sponsor has used video to assist examinees in becoming familiar with the test format. The



*Photo courtesy of University of South Florida Health Sciences Public Affairs*

The Section for Student Services provides AMCAS and MCAT data for medical schools. Admissions Director Jay Layman (seated) and systems analyst Grant Stone, University of South Florida College of Medicine, demonstrated their system at an AAMC professional development workshop for admissions officers and registrars.

Association also sponsored workshops on the new test for premed advisors and for directors of enrichment programs to help them prepare students for the new test.

## ■ Student Financial Assistance

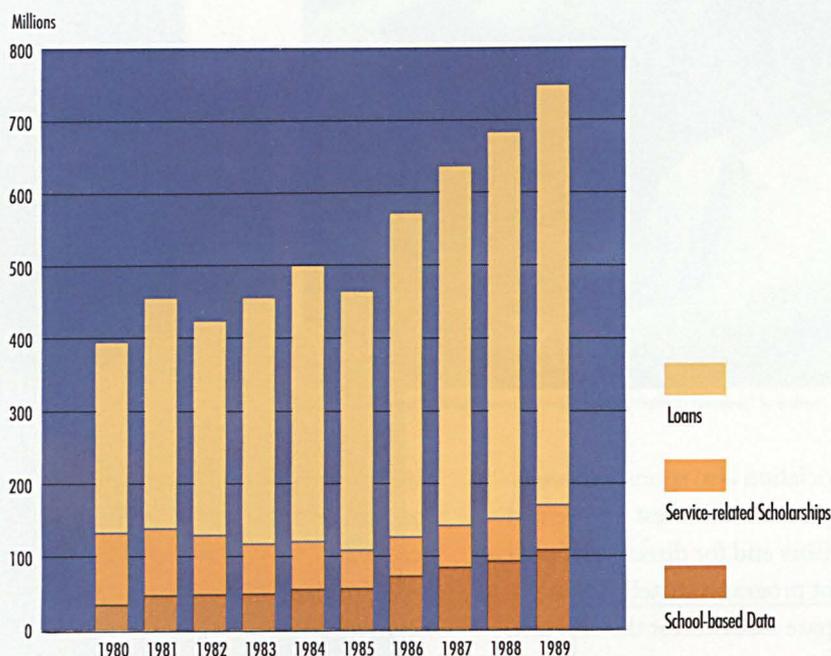
Concerns about the length and expense of medical study have prompted the AAMC to develop a series of programs. The average tuition and fees at a private medical school for the 1989-90 school year were \$17,794; for state residents at a public school they were \$5,810; out-of-state residents paid \$13,020. That year 79 percent of graduates left school in debt; their average debt load was \$46,224—up 8 percent from the previous year. Underrepresented minority students, on average, have significantly higher debts than their majority counterparts.

The AAMC's comprehensive MEDLOANS program, representing one of the largest concentrations of loans to medical students in the

country, surpassed \$100 million in loan requests during the 1990-91 academic year—a first in the program's five-year history. The national lending program has made available over \$300 million in loans to medical students in nearly all 126 AAMC-member institutions since its beginning in October 1986. Through a single application form, borrowers can apply for the government-supported Stafford Loan, Supplemental Loans for Students, Health Education Assistance Loan programs, and the privately insured Alternative Loan Program. MEDLOAN's introduction prompted market competition in the medical student loan industry and resulted in reduced borrowing costs for medical students.

The Association, with the guidance of the Committee on Student Financial Assistance of the Group on Student Affairs, sponsors four MEDLOANS regional meetings annually and publishes a bi-monthly bulletin for medical school financial aid officers to keep them informed of changes.

■ Total Medical Student Financial Aid  
Scholarships and Loans



### ■ Medical School Education

The 1984 publication *Physicians for the Twenty-First Century*, a report of the Panel on the General Professional Education of the Physician and College Preparation for Medicine (GPEP), stimulated a critical review of curricula at medical schools across the country. Since then it has become increasingly clear that keeping pace with new knowledge may require development of additional teaching and learning strategies.

The Association, with funding from the Charles E. Culpeper Foundation, is in the midst of a follow-up study, "Assessing Change in Medical Education: The Road to Implementation" (ACME-TRI), to determine what factors facilitate or obstruct

change. With advice from the ACME-TRI advisory group chaired by Harry N. Beaty, M.D., dean, Northwestern University Medical School, AAMC project staff surveyed the medical schools in the spring of 1990 to document curriculum changes that schools have made. The Advisory Group and staff now are looking at strategies that can be implemented to help schools change their curricula. A catalog of successful instructional techniques, *Promising Practices*, is being written, and the final project report, describing implementation activities, will be completed in the spring of 1992.

The Association's Management Education Program offers "Introducing a Problem-Based Learning Curriculum," a companion work-

shop to assist schools in making curriculum changes. Developed in 1988, the seminar gives medical school faculty teams an opportunity to take part in actual problem-based learning exercises to develop strategies for introducing problem-based learning into their curricula at home.

### ■ Graduate Medical Education

The AAMC long has been concerned with graduate medical education. In the 1930s, when post-medical school training beyond one year of internship was relatively unusual, the executive secretary of the Association compiled lists of post-graduate training opportunities for medical school graduates. With the creation of the Council of Teaching Hospitals and the Council of Academic Societies in the 1960s, the AAMC brought into its constituency individuals who were directly involved in sponsoring and operating residency programs. The first conference sponsored by the Council of Academic Societies in 1968 was titled "The Role of the University in Graduate Medical Education." Recommendations set forth in the proceedings of that conference spoke to the need for greater institutional responsibility for graduate medical education.

In 1972, the Association became a founding member of the Liaison Committee for Graduate Medical Education (LCGME), the precursor of the Accreditation Council for Graduate Medical Education (ACGME), which was established as

the agency responsible for the accreditation of residency programs. In 1977, the AAMC appointed a task force to study all of the issues involving graduate medical education. Its report titled, "Graduate Medical Education: Proposals for the Eighties," was published in the *Journal of Medical Education* in 1981.

In 1989, the Association assumed managerial responsibility for the National Resident Matching Program (NRMP). During the previous decade the AAMC worked with the NRMP to develop a program to track medical school graduates throughout their graduate medical education. These data, which are now a part of the Student and Applicant Information Management System (SAIMS), are a valuable asset in planning and policy-making for both medical student and resident education.

Until 1989, the Division of Academic Affairs was responsible for

graduate medical education. In that year the Office of Graduate Medical Education was created, and during the past two years planning by that office and the Division of Clinical Services led to the creation of two new organizational entities that will increase the Association's involvement in graduate medical education.

The Organization of Resident Representatives, the newest of the Association's membership bodies, was formed to bring to the AAMC the views of graduates in residency programs. Initially, the ORR will have 42 members, two each designated by the 21 societies in the CAS composed of medical school clinical chairs or residency program directors. This approach will ensure representation across the spectrum of specialties.

The Group on Educational Affairs is developing a Section on Resident Education. Through it, the Division of Academic Affairs will

work with the Divisions of Clinical Services and Graduate Medical Education to obtain input from constituents with institutional responsibility for residency programs. The Section will facilitate the development of AAMC policies relative to graduate medical education and its quality. The Section also will provide an opportunity for professional contact and "cross pollination" of ideas on education between undergraduate and graduate levels.

### ■ Continuing Medical Education

The Association has been a sponsor of the Accreditation Council for Continuing Medical Education since its evolution in 1981 from the original Liaison Committee on CME established in 1977. Increased concern over the quality of physicians' practice behavior have added new relevance to CME. This concern for quality is further evidenced by calls for relicensing and recertification. Expectations that medical students will become physicians capable of life-long, self-directed learning increase the importance of programs for continuing education. Offices of CME are being asked to assume new roles to achieve these goals.



Stanley M. Kirson, M.D., chair, department of medical education, Miami Valley Hospital, Dayton, chairs the first organizing committee meeting of the Section on Resident Education of the Group on Educational Affairs.

## SUPPORT FOR HEALTH CARE SERVICES

Teaching hospitals serve as “hubs” within their communities for specialty and sub-

specialty care. Their unique combination of responsibilities requires them to serve their communities and regions differently than hospitals with no teaching responsibilities. One result is that faculty and medical staff treat a disproportionate share of patients with severe, complex illnesses. These hospitals are significantly larger and have more beds, admissions, outpatient, and emergency visits than the average community hospital. They offer a wide range of services, including the most technologically advanced, provide a disproportionate share of charity care and, as a result of their multiple missions, are more expensive than non-teaching hospitals. Additionally, the 400 COTH-member hospitals provide training for 80 percent of medical residents.

The AAMC closely tracks federal legislation and regulations that affect the provision of patient services, including reimbursement for hospital and physician services. It alerts members to proposed changes in statutes and regulations and actively represents constituents in legislative and regulatory arenas on issues with significant impact on teaching hospitals and physicians. While it understands public and private payers' desires to moderate the level of expenditures for health care, the AAMC continues in its substantial efforts to preserve necessary finan-

cial support for the education and training of physicians and the institutions in which they occur.

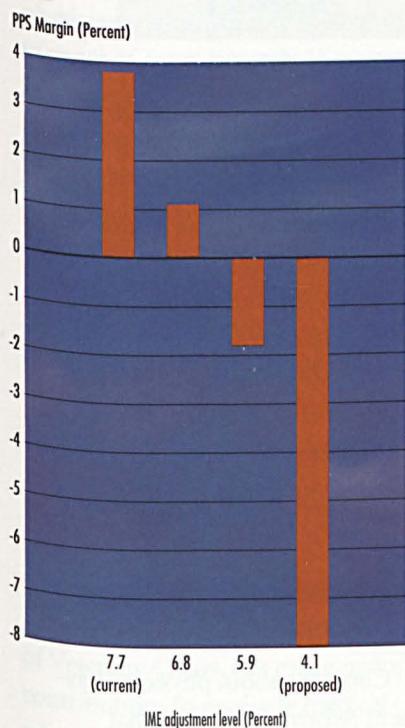
### ■ **Indirect Medical Education Payments**

The Association continues to be concerned about proposals to cut significantly the indirect medical education (IME) adjustment in the Medicare prospective payment system (PPS). This adjustment, which recognizes the special costs of teaching hospitals and their unique contribution to the health care delivery system, is crucial to the financial stability of member institutions. Any reduction in the adjustment would constitute a severe economic hardship for teaching hospitals, hindering their future capability to treat severely ill patients.

The AAMC continually monitors the overall and PPS financial performance of its members and assesses the financial impact of lowering the adjustment on PPS and total margins. The Association shares its findings with the Administration, the Congress, the Prospective Payment Assessment Commission (ProPAC), and other policymakers. This year, in two letters to the chair of ProPAC, the AAMC demonstrated the sensitivity of PPS margins to decreases in the level of the IME adjustment. Analysis of financial data from 65 member hospitals showed that aggregate PPS margins would fall from 3.8 percent to - 8.0 if the IME adjustment were reduced from its current level of 7.7 percent to 4.1 percent, about the level pro-

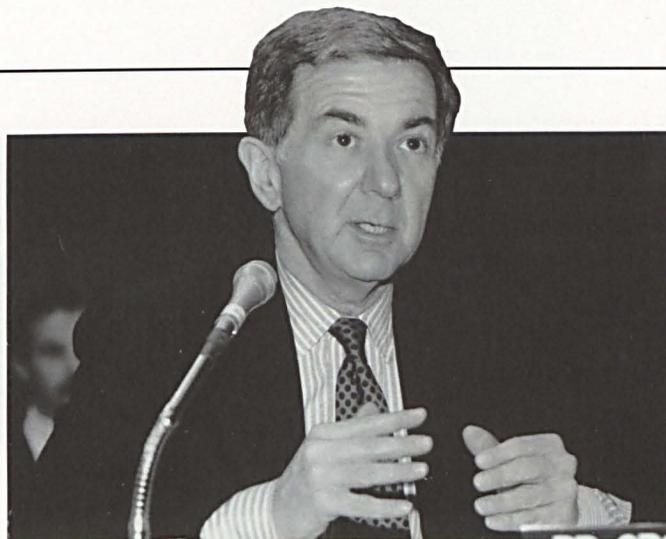
posed by the Administration for FY 1991. The AAMC also noted that a reduction in the IME adjustment particularly would harm teaching institutions that do not receive significant disproportionate share (DSH) payments. Teaching hospitals that receive DSH payments have consistently higher PPS margins and lower total margins than teaching hospitals that do not receive DSH payments.

**■ Aggregate 1990 PPS Margins at Varying Levels of the IME Adjustment**



Source: AAMC Calculations based on 65 COTH Members' 1990 Medicare Cost Reports

Aggregate total margins for major teaching hospitals have remained consistently lower than PPS margins because factors other than PPS payments, such as uncompensated care, affect the overall financial perfor-



Opposing Medicare budget proposals to reduce the Indirect Medical Education Adjustment, Jerome H. Grossman, M.D., chair, Council of Teaching Hospitals and chair and CEO, New England Medical Center, testifies before the Senate Finance Committee.

mance of teaching hospitals. In recent years, Congress has indicated that the level of the IME adjustment should reflect the broader mission and the financial viability of teaching hospitals to assure access and quality of care for Medicare beneficiaries and other patients.

### ■ Direct Graduate Medical Education Costs

Another issue that has brought the AAMC into both the legislative and regulatory arenas is funding for graduate medical education. In testimony before Congress, the AAMC has opposed the administration's proposed changes in Medicare's financing of graduate medical education.

The AAMC has helped members with their base-year audits of graduate medical education costs, conducted by HCFA to implement the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). The Association has monitored these audits closely, has surveyed all 350 non-federal COTH-member hospitals, has become an information clearinghouse for mem-

bers, and has aided members in their negotiations with HCFA to assess the impact of the audits.

For a hospital to receive payments under the new GME payment system, it must provide HCFA with information, some of which dates to 1985 and earlier, on each resident it has employed. To members lacking the necessary data, the AAMC made available information from an Association database, supplying COTH-member hospitals with information on over 10,000 residents in all.

Medicare reimburses hospitals for residents in "an approved medical residency training program." Originally, HCFA only counted Accreditation Council on Graduate Medical Education-approved residencies as falling under the regulatory definition. The AAMC persuaded HCFA to expand its policy by including residencies certified by member organizations of the American Board of Medical Specialties.

Last year HCFA requested that, for purposes of GME reimbursement, all teaching hospitals submit within one month both prospective

and retrospective data on residents and their rotation schedules. The AAMC succeeded in persuading the agency to withdraw its request and continues to work with HCFA to develop feasible data collection requirements.

### ■ Capital Costs

AAMC-member hospitals carry a major burden for medical care. They constitute only six percent of all hospitals but provide between one-quarter and one-half of sophisticated imaging and radiation services, organ transplants, open heart surgery, and other state-of-the-art services and technology provided



Jephtha W. Dalston, Ph.D., president/CEO, Hermann Hospital, Houston, in testimony before the Senate Committee on Finance, calculated that Hermann Hospital will lose \$2.5 million in Medicare payments during the next five years if the proposed capital payment policy regulations are implemented.

in the U.S. today. These major hospitals also are more likely to treat trauma and AIDS patients and the uninsured.

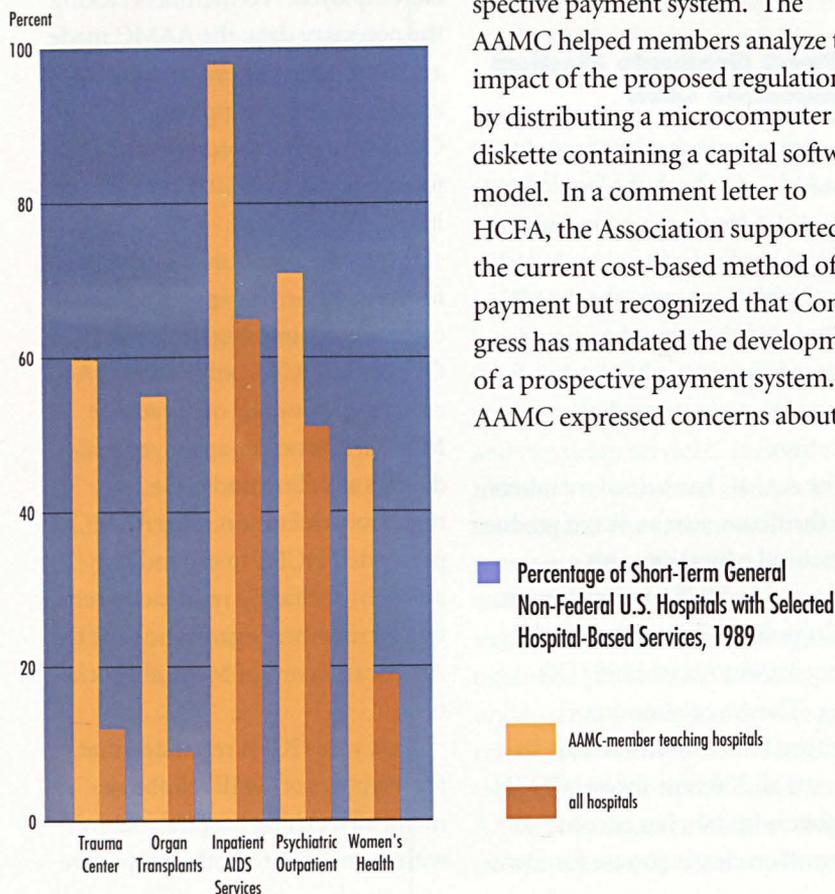
The Association has responded to a proposed HCFA regulation that would incorporate payments for inpatient capital costs into the prospective payment system. The AAMC helped members analyze the impact of the proposed regulation by distributing a microcomputer diskette containing a capital software model. In a comment letter to HCFA, the Association supported the current cost-based method of payment but recognized that Congress has mandated the development of a prospective payment system. AAMC expressed concerns about

the lack of an adjustment for teaching hospitals, a definition of "old capital" that is too limited, the lack of a payment floor, the inadequacy of the urban adjustment, and potential problems with the base-year audits and record-keeping requirements. Additionally, AAMC staff met with HCFA Administrator Gail R. Wilensky, Ph.D., to discuss issues raised in the comment letter.

### ■ Physician Payment Reform

Concerns about physician payment reform regulations that became effective January 1, 1992 led the AAMC to establish an Ad Hoc Committee on Physician Payment Reform Implementation, chaired by Michael E. Johns, M.D., dean, The Johns Hopkins University School of Medicine.

The committee has been charged with identifying the major issues



inherent in implementing physician payment reform that are of concern to the faculty, medical colleges, and teaching hospitals. Following intensive committee review, the Association developed official comments on a variety of issues including the setting of a conversion factor, imposition of a behavioral offset, the revision of a coding system for visits and consultation, establishment of a global surgical fee policy, and the payment of teaching hospital anesthesiologists.

Although it is estimated that family practice and primary care physicians nationally will receive an increase of approximately 16 percent in Medicare payments, physicians in all other specialties will see their payments reduced. The Association has urged each member institution and practice plan to conduct its own impact study. National impact data may differ significantly and not represent the true impact at the institutional level.

### ■ Veterans Affairs Medical Centers

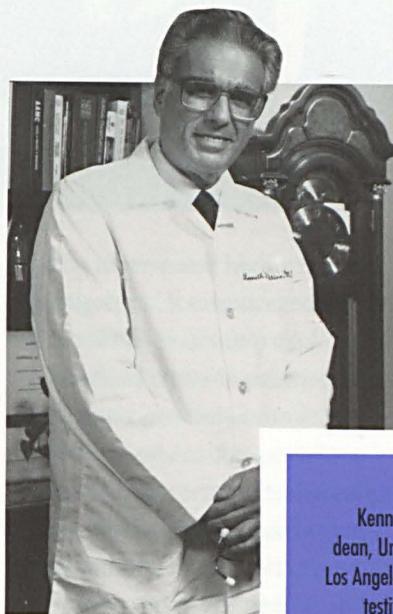
Since 1946, the Veterans Administration (VA), now the Department of Veterans Affairs, has made major contributions to graduate medical education. Because veterans often have special health care needs, VA teaching hospitals provide a concentration of educational opportunities not available elsewhere. One hundred three COTH-member medical schools are affiliated with one or more VA hospitals; over 70 VA hospitals are AAMC members.

Increasingly, the AAMC has focused attention on Department of Veterans Affairs issues, especially appropriations, reform of payments to VA physicians, research programs, and establishment of a commission to study the future mission of the VA health care system. The commission's recommendations take into account successive past years of unmet financial need that have left the VA health care system facing serious problems in patient care services and lost opportunities for research breakthroughs, for example, the successful evaluation and use of implantable insulin pumps in diabetic patients.

As in previous years, the AAMC played a key role in the collaborative efforts of "Friends of VA Medical Care and Health Research" to develop a model, needs-based budget for VA medical care and research. The coalition's recommendations were endorsed by over 100 scientific, academic, voluntary health, and veterans' service organizations.

The AAMC executive staff meet quarterly with the VA chief medical director and top advisors to discuss national issues of mutual concern. The Association hosts the VA-Medical Deans Liaison Committee chaired by David Korn, M.D., dean, Stanford University School of Medicine, to improve communication and cooperation between individual schools and VA hospitals. The liaison committee grew out of an AAMC workshop, "The VA/Medical School Relationship: Maximizing Opportunities," first held in January 1990, which focused on strengthen-

ing the partnership between the VA and medical schools. The AAMC has published the monograph *The Partnership: VA Hospitals and Graduate Medical Education* to emphasize the role the VA has played for nearly 45 years in the medical education of physicians.



Kenneth I. Shine, M.D., dean, University of California, Los Angeles, School of Medicine, testified in support of appropriations before the House Veterans' Affairs Committee.

### ■ Other Issues

The Association also follows these other health care issues:

- tax-exempt status for non-profit hospitals
- tax policy for the unrelated business income of hospitals
- health services research
- blood-borne pathogen regulations
- AIDS policies
- regulations implementing the Clinical Laboratory Improvement Act (CLIA)
- assignment of points to residents by peer review organizations (PROs)

## SUPPORT FOR MEDICAL RESEARCH

This year, strategic planning was at the heart of the Association's support of the

biomedical and behavioral research community. Three principles provided direction:

- Investigator-initiated research is the cornerstone of the National Institutes of Health (NIH) effort;
- The level of support that investigators receive is as important as the number of investigators supported; and
- Federal support for medical research rightly includes support of the research infrastructure.

Staff worked with the Ad Hoc Group for Medical Research Funding to reinforce the need for strong, sustained funding to maintain the missions of the NIH and the Alcohol, Drug Abuse, and Mental Health Administration. The Association is one of many organizations calling for continued support of a core of well-funded, productive scientists who can carry forward initiatives of the 1980s and 1990s well into the twenty-first century. The Association also advocates appropriate levels of federal support for programs that create a stable environment for research, including equipment, facilities, training programs, and the Biomedical Research Support Grant program.

### ■ **Advisory Panel on Biomedical Research**

Against a background of congressional and public discord over the funding of research, the AAMC invited senior researchers and research administrators from among its constituency to a series of meetings in the summer of 1990 to review the currency of Association policies and to examine the factors responsible for the frustration within the scientific community. It became clear that these issues were of deep, abiding concern to members and not amenable to simple solutions. The governance appointed the Advisory Panel on Biomedical Research to guide Association efforts in advocacy, education, and strategic development.

At the panel's first meeting in January 1991, David H. Cohen, Ph.D., immediate past chair of the Association and chair of the panel, established three subcommittees to work on strengthening advocacy efforts, promoting cohesion in the research community, and filling in serious gaps in data, particularly with respect to research training and the rising costs of research. External events focused attention on the indirect costs of research, causing the panel to give this issue high priority. In provisional guidelines on indirect cost proposals, adopted by the Executive Council in June, the panel recommended the following:

- That actual direct and indirect costs should be reimbursed fully.

- That the entire indirect cost matter should be handled by regulations issued by the Office of Management and Budget (OMB) and not by legislation.
- That industrial concerns and foreign governments should be asked to pay indirect costs at the full rate, but that nonprofit and philanthropic organizations and local and state governments might reimburse costs at less than the federally negotiated rate (provided that indirect costs be subsidized by institutional and not federal sources).
- That indirect costs should not be capped. Instead, the OMB should conduct an expedited study that would provide a basis for establishing a more rational rate structure and greater uniformity in the identification and reimbursement of administrative costs.
- That there should be a phase-in mechanism for any alterations in indirect cost policies.
- That the OMB should evaluate the implications of earmarking depreciation and use allowances for facilities and equipment before considering implementation of this proposal.
- That the Association endorse the Office of Management and Budget proposals to clarify which costs are unallowable for reimbursement, while conducting further analysis of the impact of specific revisions.



Committee members on the Advisory Panel on Biomedical Research met with Rep. Henry Waxman, D-CA.

### ■ Tackling Questions of Scientific Misconduct and Conflict of Interest in Research

Among the forces eroding confidence in the research enterprise are questions of scientific misconduct and conflict of interest. In addition to the ongoing deliberations of the Ad Hoc Committee on Misconduct and Conflict of Interest in Research, the Association co-sponsored with the NIH and medical schools four highly successful regional meetings designed to return the discussion to its appropriate focus—the responsible conduct of research.

The committee discussed the difficulty of assuring retention and accessibility of original data gener-

ated by diverse and highly mobile investigators. It encouraged scientific societies to develop explicit standards of research practice and to assure their promulgation in the laboratory, where one-on-one mentoring can occur. Its discussion of due process for the accused, accuser, and the institution brought into clearer focus the need to integrate scientific and legal perspectives. The committee will assess the four regional workshops and set future agenda items in the fall.

Questions of ethical behavior are not limited to the laboratory. Under the chairmanship of Joe Dan Coulter, Ph.D., a past chair of the Council of Academic Societies, a subcommittee of the misconduct and conflict of interest committee, with representatives from the Society of Medical College Directors of Continuing Medical Education, is examining potential conflicts of interest in faculty behavior in continuing medical education.

### ■ Speaking Out for Animal Research

The Association continued to make the case for the humane and responsible use of animals in research with a congressional reception and news briefing in June hosted by Sen. Howell T. Heflin, D-AL. Among 11 co-sponsoring organizations were the American Medical Association, the Federation of American Societies for Experimental Biology, the Society for Neuroscience, and the Foundation for Biomedical Research. Thirty leaders of the academic medicine community representing AAMC-member institutions were among the 400 representatives of research organizations and institutions who attended the "Saving Lives" coalition celebration.

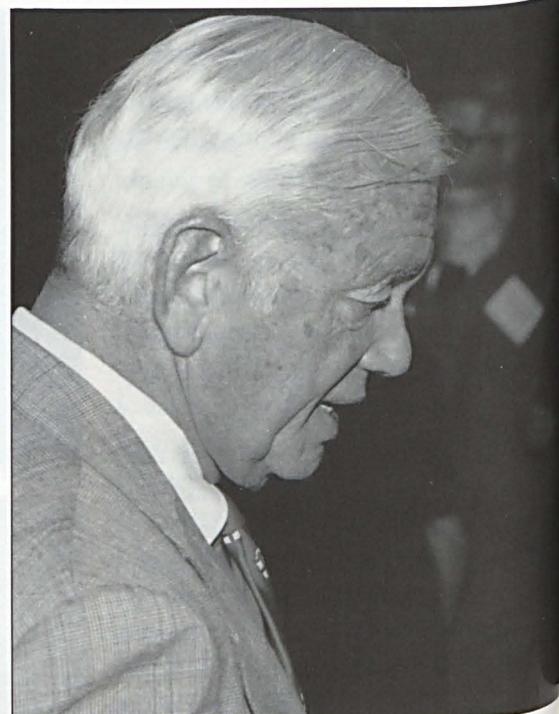
The Association also produced and distributed to constituents, co-sponsoring organizations, and print and broadcast news outlets its *Resource Directory* listing more than 130 institutional contacts for animal research issues.

### ■ Other Issues Tracked by the AAMC

- use of fetal tissue in research
- industry-university relationships and technology transfer
- research on women's health
- biotechnology regulation
- AIDS
- vaccine development
- policies regarding health care



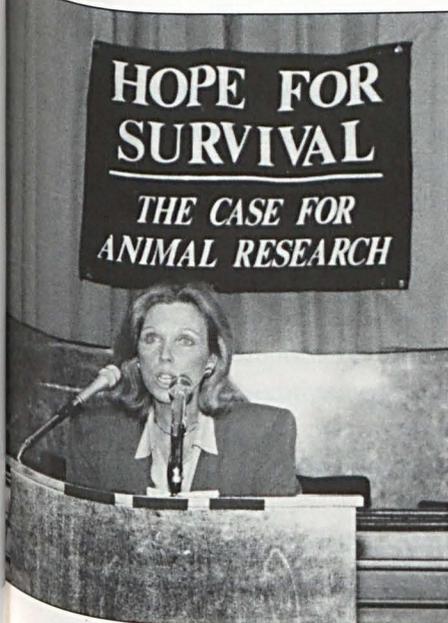
(Above) Baylor College of Medicine Chancellor Michael E. DeBakey, M.D., spoke, as did HHS Surgeon General Antonia C. Novello, M.D., M.P.H., shown (below) with CAS Chair Myron Genel, M.D., and Connecticut United For Research Excellence Executive Director Debra K. Pasquale.



1989 Nobel Laureate Harold E. Varmos, M.D., a University of California School of Medicine professor (left), defended responsible animal research.



(Above) AAMC President Robert G. Petersdorf, M.D., with actor David Birney, an articulate spokesman for animal research. (Below) NIH Director Bernadine Healy, M.D., addressing the briefing.



## MINORITIES AND MEDICINE

For more than 20 years, the Association has sought to increase the numbers of minority

physicians. The centerpiece of the AAMC's current minority initiative is *Project 3000 by 2000*, aimed at doubling the number of underrepresented minorities that annually enter medical school to 3,000 students by the year 2000. In light of the demographic realities of the 1990s, this goal updates the commitment first made by the AAMC in 1970—to make medical education accessible to students from all segments of American society, especially those from groups long recognized as underrepresented in medicine: Mexican-Americans, blacks, mainland Puerto Ricans, and American Indians.

Although the number of underrepresented minorities enrolled in medical school has increased slightly since the major gains of the early 1970s, enrollment has not kept pace with growth in the population at large. In 1975, the four underrepresented minorities constituted approximately 16 percent of the U.S. population, compared with 19 percent today. The percentage enrolled in medical school, however, has increased only from 8.2 percent in 1975 to 9.3 percent in 1990.

The loss of minorities from the medical school applicant pool begins early in the educational process. Therefore, *Project 3000 by 2000* emphasizes the early identification of underrepresented minority students

interested in medicine and stresses increasing the variety and quality of educational opportunities available to these students beginning in high school.

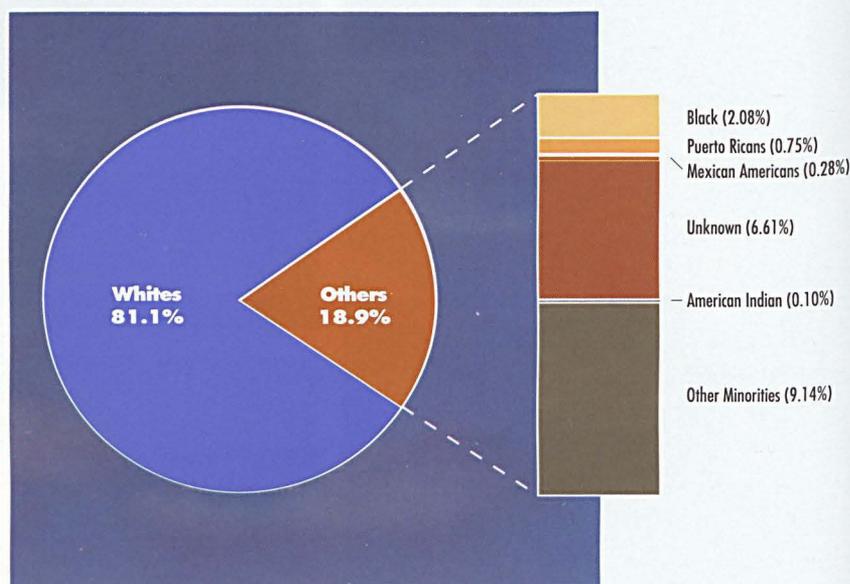
At each level of schooling, increasing numbers of minority students suffer such educational disadvantages that they are unprepared to master college premedical curricula and cannot succeed in medical school; many drop out before completing high school.

### ■ Ideas into Action

Under the *Project 3000 by 2000* banner, the Association is developing a two-pronged approach to increase minority participation in medicine. The short-term effort focuses on expanding and strengthening existing recruitment and retention programs, and the long-term strategy focuses on pre-college programs. These strategies share several key features.

- Re-invigorating medical school programs for recruitment, pre- and post-baccalaureate educational enrichment, financial aid, and academic support.
- Developing a sustained, long-term relationship with local high schools and colleges with significant minority enrollments to introduce students to medicine as a career.
- Advocating assistance for local school systems to create magnet high schools in health science with high minority enrollments.

■ Distribution of U.S. Medical School Faculty by Ethnicity



- Nurturing the creation of a seamless educational curriculum that enables students to move from high school to college and then on to graduate programs in medicine and science.
  - Identifying individual and corporate donors who can provide tuition grants for college and medical school to promising minority youngsters who maintain high-level academic performance.
- A key contribution of the Association to this effort is a resource manual for medical schools describing various strategies and programs designed to increase minority student enrollment.
- Incorporating marketing principles into overall communications strategies to inform and influence minority students, who may be unfamiliar with medicine or considering other careers.
  - Developing other mechanisms to identify and nurture young talent, such as encouraging formation of science clubs, offering summer and after school jobs that include laboratory and clinical experiences, and providing tutoring in math and science.

## ■ Participation and Promotion in Academic Medicine

The AAMC is committed to increasing the number of minority faculty in academic medicine and to supporting their advancement through the academic ranks. Underrepresented minorities compose only about two percent of medical school faculty in majority medical schools, failing to reflect the nation's rich cultural diversity and offering far too few role models and mentors for students.

The Association held its first Minority Faculty Career Development Seminar in fall 1990 to help junior faculty members identify their professional goals and design paths to achieve them. The seminar offered workshops on medical school organization, grantsmanship, human resources management, development of a research plan, writing for professional journals, mentoring, and routes to academic advancement for researchers and clinical educators. The seminar was oversubscribed, and a second session was held in October 1991.

The AAMC has undertaken two other initiatives to support minority faculty. In the final year of a three-year grant period, the Pew Charitable Trusts has provided a total of 13 fellowships for minority faculty and administrators to attend the AAMC's Executive Development Seminar to enhance the recipients' likelihood of institutional advancement.

A major grant from the Agency for Health Care Policy and Research

will fund a program to address the dearth of minority health services researchers in medical schools. Over two years, this project will provide health services research training for up to 25 minority faculty of junior rank at AAMC-member schools. As part of the grant, the Association will hold a national conference focusing on health services research and health problems of special populations.

## ■ Prevention

Advances in public health and biomedical research have dramatically improved the health of this nation over the past 100 years. However, for a variety of reasons, these improvements have eluded the minority community. Today, the major cause of death, illness, and disability are largely the result of injury and chronic illness, much of which can be prevented through changes in lifestyle, environment, and improved access to care. It is imperative that these health benefits related to prevention also become available to minority populations.

Over the past year the AAMC has renewed its involvement in preventive medicine that dates back to the 1945 Mustard report. It recommended that each medical school have a department of preventive medicine. The 1990 annual meeting inaugurated the beginning of an ongoing presence for prevention and community medicine with an open forum and subsequent focus session on the "Interface of Academic Medicine and Public Health." With

funding from the Kaiser Family Foundation, the AAMC has begun a review of preventive medicine activities at medical schools. The first report on preventive medicine and medical education is expected to be available late in 1991. It will summarize previous preventive medicine reports and assess current efforts in academic medicine. A survey of preventive medicine departments and programs in the 1991-92 academic year will collect more detailed data on curricular activities.

The AAMC is working with the Association of Teachers of Preventive Medicine (ATPM) and the American College of Preventive Medicine (ACPM) to strengthen support of preventive medicine. Last year the AAMC became a co-sponsor of "Prevention '91" and will continue to support the program in coming years. In addition, the Association actively participated in the joint AAMC-ACPM Task Force on Prevention and Special Populations. One result of this effort will be the creation at medical schools of a minority visiting professorship program.

## ADVANCING INSTITUTIONAL QUALITY

As academic medicine changes, managers must be able to anticipate developments and implement innovative strategies. The AAMC conducts a variety of programs to strengthen the ability of member institutions to plan, manage, and evaluate their missions and procedures.

### ■ Institutional Development

AAMC Management Education Programs, now in their 21st year, provide a range of educational opportunities for senior leaders and potential leaders at academic medical centers. This past year, 40 hospital executives gathered outside Washington for the first of a new series of AAMC Management Education Programs geared to hospital executives. "Issues and Perspectives in Academic Medicine: A Seminar for COTH CEOs" differed from the new deans' seminar in its focus on issues that distinguish contemporary teaching hospitals and academic medical centers from their non-academic counterparts rather than on fundamental management concepts.

The Faculty Affairs Professional Development Seminar was another addition to the AAMC's Management Education Programs. It attracted nearly 100 participants, a cross-section of academic affairs deans, faculty affairs administrators, human resource managers, and others. The seminar was developed in response to medical school adminis-

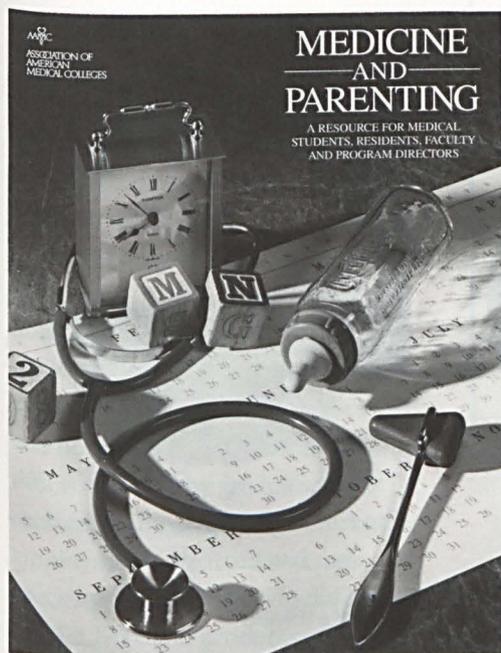
trators' need for guidance on faculty evaluation and management of such issues as incentive systems for early retirement, development of clinician-educator tracks, and the need for flexible personnel policies to accommodate faculty members with child-rearing responsibilities.

During the last year these seminars also were offered:

- Executive Development Seminar for Deans
- Executive Development Seminar for Associate Deans and Department Chairs
- Information Technology in the Academic Medical Center
- Introducing a Problem-Based Learning Curriculum (offered twice)
- Evaluating and Promoting Medical Students: An Institutional Management Approach
- Minority Faculty Career Development Seminar
- Women in Medicine Professional Development Conference

### ■ Women in Medicine

Improving the environment for women in academic medicine is the essence of the Association's Women in Medicine program. The Women In Medicine Seminar, now in its third year, offers women assistant professors and instructors training in the skills necessary to succeed in an academic environment. This year's program added sessions on mentoring, teaching skills, and



The parenting handbook provides information and resources relating to childbearing and childrearing.

schedules. Nonetheless, the resource booklet reports that program directors who offer no formal arrangements are becoming amenable to innovations suggested by housestaff candidates.

Seeking to help not only individual women but also the institutions that educate and employ them, the coordinating committee also developed a handbook, *Building a Stronger Women's Program*. It is directed to new Women Liaison Officers and to deans who want to improve the institution's educational environment for women faculty and students.

### ■ Disability Insurance Program

The heightened interest in indemnifying medical students, residents, and fellows against the risks associated with HIV infection and other hazards of health care delivery prompted the Association to explore insurance programs to meet the special needs of its members. The AAMC was able to identify two companies that were willing to offer specially designed disability insurance coverage that would meet

several AAMC criteria, including portability and guaranteed future insurability. Under each offering, all insured students and house officers receive broad-based coverage for disease and disability, including that from HIV and hepatitis B infection, without medical tests or questions. The Association held a series of seminars during the summer to inform institutions about the programs.

### ■ Analytic Studies and Programs

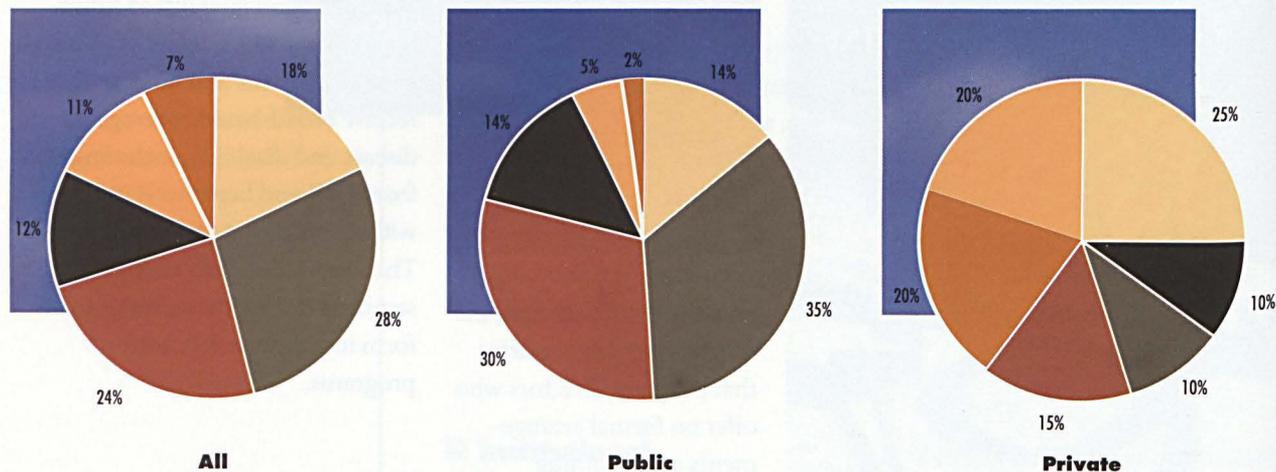
The Association collects, analyzes, and reports quantitative information on academic medical centers, maintaining major computer-based information systems on medical schools, teaching hospitals, medical school faculty, housestaff, and medical students and applicants. The databases provide a foundation for custom services to members, making it possible to create reports on a variety of local issues and problems placing them in a national or regional perspective.

In addition to these custom services, the Association issues a number of annual reports to help members monitor and understand the environment in which they operate. For the second year the Association published and distributed to constituents a compilation of fundamental and frequently needed data in twelve subject areas relating to medical education. This data series, published as *The AAMC Data Book*, is based on comprehensive reports the Association prepares

problems related to sexual harassment.

Whenever women in medicine meet, their discussions include the balancing act of being a physician and a parent. Discussions by the Women in Medicine Coordinating Committee about these challenges led the Association to develop a new publication on resources related to childbearing and childrearing—*Medicine and Parenting: A Resource for Medical Students, Residents, Faculty and Program Directors*. The resource noted that last year 618 of more than 4,000 responding residency program directors in the U.S. reported offering residents the opportunity for shared or part-time positions, a helpful option for residents with small children. Although the number had increased by over 100 from the previous year, many programs still offer no shared residencies or reduced training

■ Distribution of Practice Plans in Public and Private Medical Schools by Total Gross Charges



Source: Group on Faculty Practice Survey, AAMC, 1989.

as well as selected publications by the government and other organizations. It is a convenient source of current and historical data, providing key information with references to detailed publications.

*Space Planning and Management in Academic Medical Centers* thoroughly identifies issues in space planning and management and information resources. A task force from the Group on Institutional Planning and the Group on Business Affairs developed the guidebook for faculty, department chairs, members of space planning committees, deans, officers, and administrators who seek to improve their effectiveness in planning and managing space in their facilities.

As traditional sources of revenue decline, the faculty practice plan has become an essential source of funds for financing clinical and basic science programs at most U.S. medical schools. Indeed, as practice plans continue to evolve and grow, their influence on academic medicine increases. Their future is important to

the continued success of academic medical centers. The publication, *Faculty Practice Plans: The Organization and Characteristics of Academic Medical Practice*, is a primer on faculty practice plans. It describes the organizational, governance, management, and financing characteristics of 74 practice plans that participated in the 1989 AAMC survey of the Group on Faculty Practice. Building on two previous AAMC studies, the report highlights current issues and challenges confronting practice plans in an environment of increasing government regulation, physician payment reform, declining third-party reimbursement, escalating costs, and managed-care contracting. The primer is an ideal publication to update faculty, practice plan governing board members, hospital executives, and the public about the principal mission of practice plans within the academic medical center.

Two annual publications used extensively by administrators, faculty, and researchers are *U.S.*

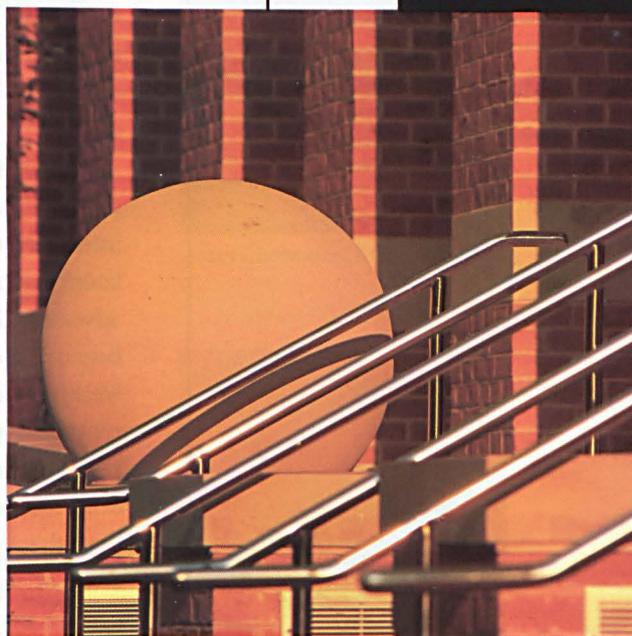
*Medical School Faculty: "The Numbers Book,"* and *Women and Minorities on U.S. Medical School Faculties*. The former includes a combination of charts and tables that describe the composition of the active, full-time U.S. medical school faculty by gender, ethnicity, rank, degree, age, specialty, region, department, and other categories. The latter compares the status of women and minorities in academic medicine in 1978 and 1989, documenting the improvement in the representation of women as faculty members, a rise from 15.3 percent to 20.1 percent. The data reveal that under-

represented minorities did not increase their percentage representation among total faculty, which grew from 47,140 to 62,644, although there were substantial increases in their actual numbers.

The Association also has compiled reports identifying graduates now serving on medical school faculties for deans, faculty roster representatives, alumni directors, and hospital CEOs. The information is arranged by graduation year; each entry shows school of current employment, departmental rank, specialty (for M.D.s) or discipline (for Ph.D.s), and gender.

Other reports include the 26th annual edition of the *Report on Medical School Faculty Salaries*, the annual *Institutional Profile Report*, a report on medical school tuition and fees, the annual *U.S. Medical School Finances*, a new report titled *The Institutional Goals Ranking Report*, intended to permit school leaders to measure their achievement in a variety of institutional goals, the *COTH Survey of Housestaff Stipends, Benefits, and Funding*, and the *Council of Teaching Hospitals: Selected Activities Report*.

The AAMC also participated in studies of specialty choice and practice location sponsored by the U.S. Health Resources and Services Administration and by the Robert Wood Johnson Foundation. It collaborated in studies to track participants in fellowship programs sponsored by the Howard Hughes Medical Institute and the Commonwealth Fund/National Medical Fellowships.



## GOVERNMENTAL RELATIONS

Responding in an effective, timely fashion to an ever-expanding agenda of legislative and regu-

latory issues facing academic medicine presents a major challenge for the AAMC. The Association constantly evaluates its strategies to meet this challenge.

Association staff interact with staff members of the Legislative and Executive branches of the federal government to respond to a wide range of issues. They monitor federal legislative and regulatory initiatives related to medical education, research, hospital and physician payment, and other policy issues; provide background material for AAMC members; and represent the academic medical community before Congress and the Administration.

Dissemination to the membership of accurate, up-to-date information on legislative and regulatory issues is requisite for effective advocacy. Last year, the Association began *Washington Highlights*, a weekly newsletter reporting the current status of both legislative and regulatory actions of interest to the academic medical community. This year, the Association has developed a series of "Issue Briefs," which are one- or two-page summaries outlining the current status of an issue and the Association's position in response to the initiative. The Issue Briefs were distributed to the Councils at their respective spring meetings and to the Administrative Boards and the Executive Council at

their regularly scheduled business meetings. The Issue Briefs also are available for use by institutional government relations representatives when they meet with members of Congress and their staffs.

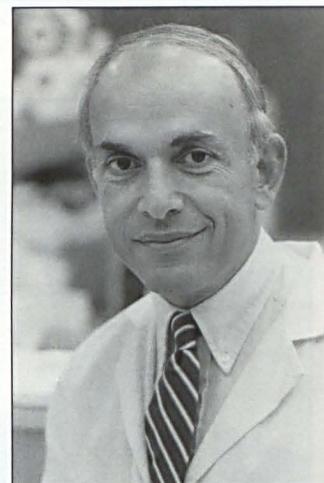
The Association is exploring methods to supplement the traditional "Action" memos from AAMC President Robert G. Petersdorf, M.D. Following the recommendation of the AAMC Advisory Panel on Biomedical Research's Advocacy Subcommittee, the Association reactivated the deans' "telephone network" to expedite timely response to specific issues. The network was tested during Appropriations Committee activity related to the Biomedical Research Support Grant (BRSRG) program at the National Institutes of Health. The Association also is exploring the use of facsimile transmissions (faxes) to inform members and to stimulate action in response to specific issues.

The Association continues to present oral testimony and written statements to congressional committees. As the following list indicates, the AAMC presented testimony or submitted statements for the record 18 times during the first half of 1991.

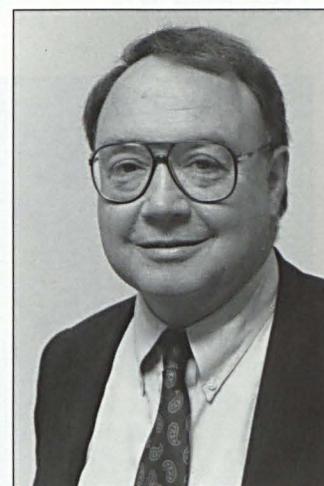
**AAMC TESTIMONY**

1. **Recent Initiatives To Change Medicare Financing of Graduate Medical Education.** Presented by Richard M. Knapp, Ph.D., AAMC Senior Vice President, before the Physician Payment Review Commission, December 5, 1990.
2. **Draft NIH Plan for Managing the Costs of Biomedical Research.** Presented by Robert G. Petersdorf, M.D., AAMC President, before the NIH Director's Advisory Committee, December 17, 1990.
3. **H.R. 325, A Bill To Amend the Ethics in Government Act of 1978 Regarding the Prohibition on Acceptance of Honoraria.** Submitted by the AAMC to the Subcommittee on Administrative Law and Governmental Relations, House Judiciary Committee, February 7, 1991.
4. **S.242, A Bill To Amend the Ethics in Government Act of 1978 Regarding the Prohibition on Acceptance of Honoraria.** Submitted by the AAMC to the Senate Committee on Governmental Affairs, February 8, 1991.
5. **FY 92 Budget Hearing.** Presented by Kenneth I. Shine, M.D., Dean, University of California, Los Angeles, School of Medicine, before the House Veterans' Affairs Committee, February 21, 1991.

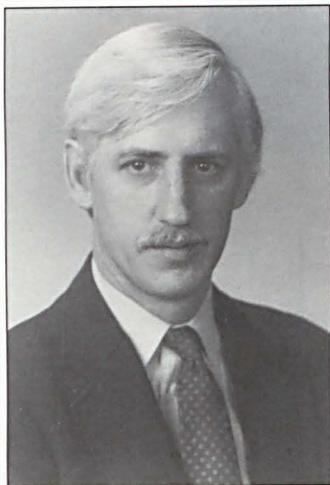
6. **FY 92 Budget, Veterans' Health Services and Research Administration, Department of Veterans Affairs.** Submitted by the AAMC to the Senate Veterans' Affairs Committee, February 27, 1991.
7. **Positions on the Administration's FY 92 Medicare Budget Proposals To Reduce the Indirect Medical Education Adjustment and Direct Graduate Medical Education Payment.** Presented by Jerome H. Grossman, M.D., Chair, AAMC Council of Teaching Hospitals, and Chairman and Chief Executive Officer, New England Medical Center, before the Senate Finance Committee, March 20, 1991.
8. **The Veterans' Health Care and Research Amendments of 1991.** Presented by Aram Chobanian, M.D., Dean, University of Boston School of Medicine, before the Subcommittee on Hospitals and Health Care, House Committee on Veterans' Affairs, April 10, 1991.
9. **Conflict of Interest.** Presented by David A. Blake, Ph.D., Senior Associate Dean, Johns Hopkins School of Medicine, before the Subcommittee on Health and the Environment, House Committee on Energy and Commerce, April 16, 1991.



*Aram Chobanian, M.D.*



*David A. Blake, Ph.D.*



*Joe D. Coulter, Ph.D.*



*I. Dodd Wilson, M.D.*



*James Young, Ph.D.*

- 10. FY92 Appropriations for the Department of Health and Human Services.** Presented by Joe Dan Coulter, Ph.D., Chairman, Department of Anatomy, University of Iowa College of Medicine, and Immedicate Past Chair, AAMC Council of Academic Societies, before the Subcommittee on Labor, Health and Human Services, and Related Agencies, Senate Appropriations Committee, April 17, 1991.
- 11. Department of Veterans Affairs Health Care System.** Presented by I. Dodd Wilson, M.D., Dean, University of Arkansas College of Medicine, before the Subcommittee on Hospitals and Health Care, House Veterans' Affairs Committee, April 24, 1991.
- 12. FY 92 Appropriations for the Department of Veterans Affairs, Veterans Health Services and Research Administration.** Presented by James Young, Ph.D., Dean, University of Texas Health Science Center at San Antonio, before the Subcommittee on VA, HUD, Independent Agencies, House Appropriations Committee, April 30, 1991.
- 13. FY 92 Appropriations for the Department of Health and Human Services.** Presented by William T. Butler, M.D., President, Baylor College of Medicine, and AAMC Chair, before the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, House Appropriations Committee, May 7, 1991.
- 14. FY 92 Appropriations for the Department of Veterans Affairs, Veterans Health Services and Research Administration.** Submitted by the AAMC to the Subcommittee on VA, HUD, and Independent Agencies, Senate Appropriations Committee May 17, 1991.
- 15. Reauthorization of Title VII of the Public Health Service Act.** Presented by Edward J. Stemmler, M.D., AAMC Executive Vice President, before the Subcommittee on Health and the Environment, House Energy and Commerce Committee, May 30, 1991.
- 16. Medicare Payments for Hospital Inpatient Capital-Related Costs.** Submitted by the AAMC to the Subcommittee on Health, House Ways and Means Committee, May 30, 1991.
- 17. The Reauthorization of Title VII of the Public Health Service Act.** Submitted by the AAMC to the Subcommittee on Health and the Environment, House Energy and Commerce Committee, June 17, 1991.

**18. The Reauthorization of the Higher Education Act.**

Submitted by the AAMC to the Subcommittee on Postsecondary Education, House Education and Labor Committee, June 19, 1991.



*Edward J. Stemmler, M.D.*

**19. Hospitals Tax-Exempt**

**Status.** Presented by Spencer Foreman, M.D., President, Montefiore Medical Center, Bronx, New York, before the House Ways and Means Committee, July 10, 1991.

**20. Medicare Capital Payments.**

Presented by Jephtha H. Dalston, Ph.D., President and CEO, Hermann Hospital, Houston, Texas, before the Senate Finance Committee, July 11, 1991.



*Spencer Foreman, M.D.*

**21. Medicare Physician Payment Reform.**

Submitted by the AAMC to the Senate Finance Subcommittee on Medicare and Long Term Care, July 19, 1991.



*William T. Butler, M.D.*

## REPORT OF THE TREASURER

*Fiscal year 1990-91 was one of continued improvement in the Association's financial health.*

### ■ Highlights

- The Association concluded the year with a \$255,161 excess of current unrestricted fund revenues over expenditures and transfers.
- Total unrestricted fund balances grew to \$23,569,110, representing an increase of \$3,981,402 since June 30, 1990.
- On June 30, 1991, the market value of current fund investments stood at \$27,806,112, a \$1,926,641 increase over the previous year's record level
- With the Association's new headquarters building nearing completion, the project is well within the \$31,190,000 budgeted.

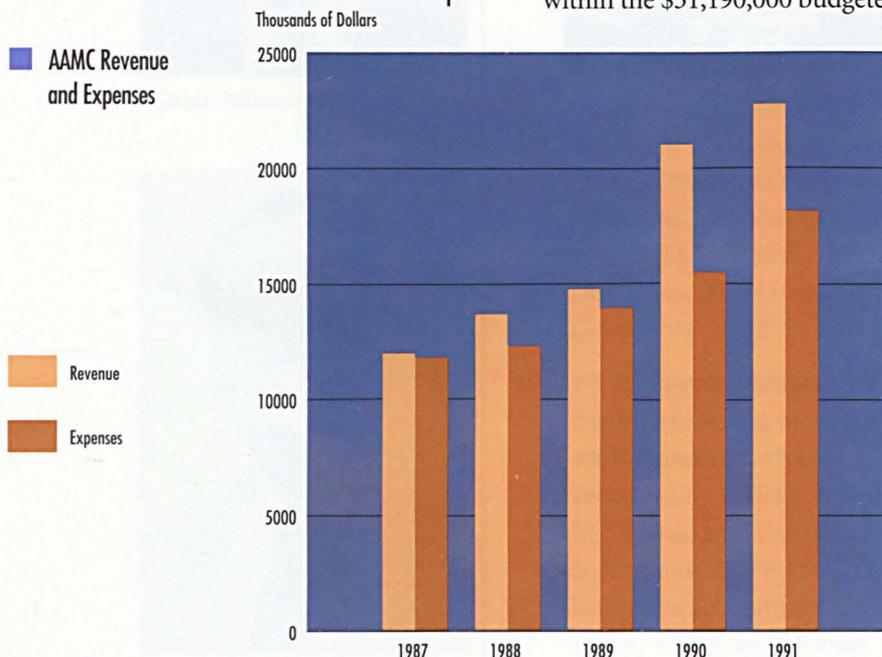
### ■ Operating Results

Unrestricted revenue from operations increased from a year earlier by \$1,740,954 or 8.3 percent to \$22,768,560. The significant rise in income was due to a 15 percent increase in medical school applicant processing and a 12.7 percent increase in applicants taking the Medical College Admission Test. Restricted grants, contracts, and programs income was \$1,248,451, as compared to \$2,006,071 received in fiscal year 1990.

Operating expenses increased by \$2,665,580 or 17.2 percent to \$18,119,709. The sizable increase in expenditures reflects Medical College Admission Test development costs of roughly \$1 million and expenses related to the new headquarters building not covered by bond proceeds. Fiscal year 1991 restricted expenses totaled \$1,169,977, as compared to \$1,793,507 expended a year earlier.

Designated fund revenue of \$856,064, received primarily from Management Education Programs, was roughly equal to expenses of \$868,403. Plant fund expenses of \$542,334 reflect the Association's continuing commitment to improving office technology.

Investments are carried at the lower aggregate of cost or market. Because the June 30, 1991, market value was less than cost, investments were written down \$486,331.



Fiscal Year Ended June 30

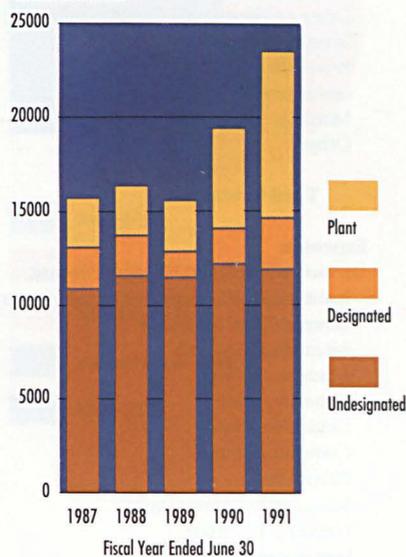
## Balance Sheet

June 30, 1991

<b>Assets</b>		
<b>Current Funds:</b>		
Cash and cash equivalents	\$	4,420,046
U.S. Government contract costs receivable		167,022
Accounts receivable – net		811,986
Investments		27,806,112
Supplies, deposits and prepaid expenses		824,277
Notes receivable		70,000
<b>Total current funds</b>	<b>\$</b>	<b><u>34,099,443</u></b>
<b>Plant funds:</b>		
Investment in plant:		
Land		11,001,742
Building		795,916
Furniture and equipment		3,603,603
		<u>15,401,261</u>
Less accumulated depreciation		(2,208,199)
<b>Total net investment in plant</b>	<b></b>	<b><u>13,193,062</u></b>
Due from current funds		9,752,333
Other assets		651,829
Escrow deposit		500,000
Construction in progress		16,435,941
Deposits with trustee		7,308,793
<b>Total plant funds</b>	<b>\$</b>	<b><u>47,841,958</u></b>
<b>Liabilities and Fund Balances</b>		
<b>Current funds:</b>		
Accounts payable and accrued expenses	\$	977,473
Custodial funds		948,268
Due to plant funds		9,752,333
Deferred revenue		4,945,540
Deferred compensation		1,769,132
<b>Total liabilities</b>	<b>\$</b>	<b><u>18,392,746</u></b>
<b>Fund Balances:</b>		
Unrestricted		11,992,220
Designated		2,904,996
Restricted		809,481
<b>Total current fund balances</b>	<b></b>	<b><u>15,706,697</u></b>
<b>Total current funds</b>	<b>\$</b>	<b><u>34,099,443</u></b>
<b>Plant funds:</b>		
Accounts payable	\$	1,440,689
Accrued interest expense		934,293
Bonds payable, net		34,414,137
<b>Total liabilities</b>	<b>\$</b>	<b><u>36,789,119</u></b>
Fund balances:		
Investment in plant		2,380,945
Unexpected – unrestricted		8,671,894
<b>Total plant fund balances</b>	<b></b>	<b><u>11,052,839</u></b>
<b>Total plant funds</b>	<b>\$</b>	<b><u>47,841,958</u></b>

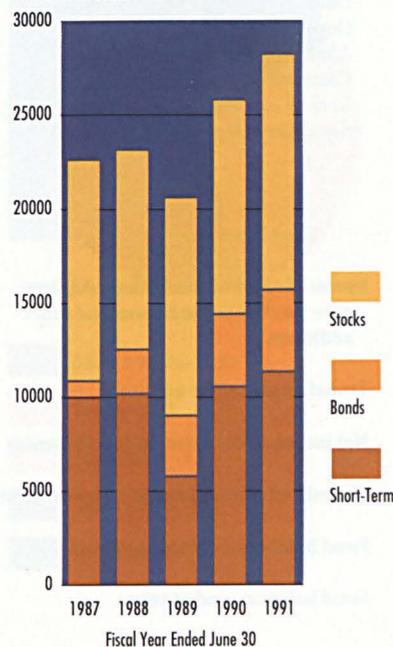
### Unrestricted Fund Balances

Thousands of dollars



### Investments—Market Value

Thousands of dollars



**Statement of Revenue, Expense and Changes in Fund Balance**

for the year ended June 30, 1991

	<b>Current Funds</b>					
	<b>Unrestricted</b>	<b>Unrestricted Designated</b>	<b>Restricted</b>	<b>Total Current Funds</b>	<b>Plant Funds</b>	<b>Total Funds</b>
<b>Revenue:</b>						
Dues	\$ 8,452,776	\$ —	\$ —	\$ 8,452,776	\$ —	\$ 8,452,776
Service programs	9,867,290	—	—	9,867,290	—	9,867,290
Academic Medicine	254,600	—	—	254,600	—	254,600
Other publications	808,988	—	—	808,988	—	808,988
Investment income	2,188,903	—	—	2,188,903	—	2,188,903
Private grants	17,050	—	1,033,283	1,050,333	—	1,050,333
Government contracts and grants	59,277	—	215,168	274,445	—	274,445
Meetings and workshops	626,598	832,927	—	1,459,525	—	1,459,525
Other	493,078	23,137	—	516,215	—	516,215
<b>Total Revenues</b>	<b>22,768,560</b>	<b>856,064</b>	<b>1,248,451</b>	<b>24,873,075</b>	<b>—</b>	<b>24,873,075</b>
<b>Expenses:</b>						
Division administration and programs:						
Institutional Planning and Development	1,889,377	545,622	517,511	2,952,510	—	2,952,510
Governmental Relations	576,853	8,838	21,622	607,313	—	607,313
Biomedical Research	640,624	—	—	640,624	—	640,624
Academic Affairs	4,181,034	30,863	259,122	4,471,019	—	4,471,019
Minority Affairs	373,407	—	187,122	560,529	—	560,529
Clinical Services	755,453	64,959	62,434	882,846	—	882,846
Communications	546,616	—	—	546,616	—	546,616
Publications	636,988	—	—	636,988	—	636,988
Sub-council organizations	253,570	213,774	—	467,344	—	467,344
Liaison committees	308,106	—	—	308,106	—	308,106
Special studies	1,085,052	—	—	1,085,052	—	1,085,052
Special programs and meetings	167,545	—	—	167,545	—	167,545
	11,414,625	864,056	1,047,811	13,326,492	—	13,326,492
Administration and general						
Office of the President	997,616	4,347	122,093	1,124,056	—	1,124,056
Office of the Executive Vice President	318,788	—	73	318,861	—	318,861
Office of the Vice President GME	275,568	—	—	275,568	—	275,568
Governing boards	310,109	—	—	310,109	—	310,109
Administrative services	1,048,307	—	—	1,048,307	—	1,048,307
Computer services	1,429,077	—	—	1,429,077	—	1,429,077
General expenses	2,092,050	—	—	2,092,050	542,334	2,634,384
Annual meeting	233,569	—	—	233,569	—	233,569
	6,705,084	4,347	122,166	6,831,597	542,334	7,373,931
<b>Total Expenses</b>	<b>18,119,709</b>	<b>868,403</b>	<b>1,169,977</b>	<b>20,158,089</b>	<b>542,334</b>	<b>20,700,423</b>
<b>Excess of revenues and other additions over (under) expenditures and other additions</b>	4,648,851	(12,339)	78,474	4,714,986	(542,334)	4,172,652
<b>Transfers and other additions</b>	(4,393,690)	1,041,660	(442,141)	(3,794,171)	3,794,171	—
<b>Net increase (decrease) to fund balances</b>	255,161	1,029,321	(363,667)	920,815	3,251,837	4,172,652
<b>Unrealized loss on long-term investments</b>	(486,331)	—	—	(486,331)	—	(486,331)
<b>Fund balances, beginning of year</b>	12,223,390	1,875,675	1,173,148	15,272,213	7,801,002	23,073,215
<b>Fund balances, end of year</b>	<b>\$ 11,992,220</b>	<b>\$ 2,904,996</b>	<b>\$ 809,481</b>	<b>\$ 15,706,697</b>	<b>\$ 11,052,839</b>	<b>\$ 26,759,536</b>

## SPONSORED PROGRAMS

### Private Foundation Support

#### Baxter Foundation and Burroughs Wellcome Fund

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

#### 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)

#### Charles E. Culpeper Foundation

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

#### Howard Hughes Medical Institute

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

#### Robert Wood Johnson Foundation

- A four-year award for the preparation and publication of information on minorities in medical education (\$42,887)
- A one-year award to implement a study of the factors influencing the attractiveness of internal medicine as a career (\$45,101)
- A six-month award to support a conference for foundations to explore the needs of black medical schools (\$26,195)

#### Henry J. Kaiser Family Foundation

- Support for administration of the Kaiser Family Foundation Faculty Scholars in General Internal Medicine program (\$481,375)
- A three-year award for the establishment of an advisory committee for the New Pathways Program at Harvard Medical School (\$114,000)
- A one-year award to support work to identify previous, current, and potential future activities by medical schools in the field of health promotion and disease prevention (\$30,000)
- A one-year award to develop an educational enrichment program for minority adolescents (\$70,000)

#### W.K. Kellogg Foundation

- A one-year award to develop a symposium entitled "Rural Health: A Challenge for Medical Education" (\$87,510)

#### 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 participation 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 three-year contract to analyze the practice patterns of post-graduate physicians (\$285,636)
- A one-year contract to assess minority and non-minority U.S. medical school graduates, premedical, and medical school specialty selections and success in obtaining choice of residency training (\$46,023)

#### National Center for Health Services Resources

- A one-year grant to assess the effects of AIDS on medical residency selection (\$72,100)

#### National Institutes of Health

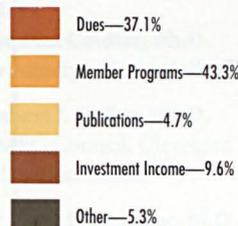
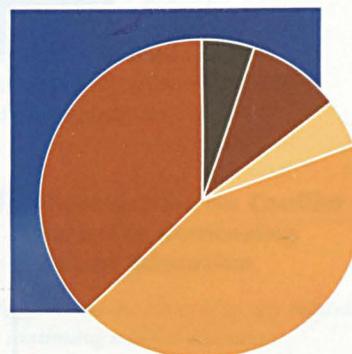
- A five-year contract for the continued maintenance and development of the faculty roster database system and for the conduct of policy studies (\$535,470)

## Corporate Grants

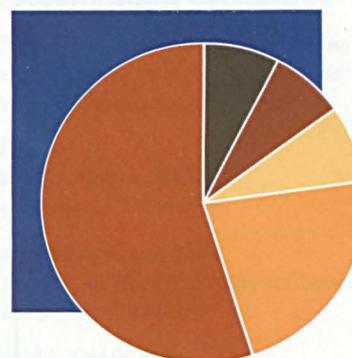
### Warner Lambert Foundation

- Support for the general operation of the Association as a sustaining and contributing member.

Unrestricted Operating Revenues for the Fiscal Year Ending June 30, 1991



Unrestricted Operating Expenses for the Fiscal Year Ending June 30, 1991



## AAMC COMMITTEES

*The Executive  
Committee and  
Administrative  
Boards make*

*extensive use of committees of  
AAMC constituents to guide their  
deliberations on key policy  
matters and to provide oversight  
for the AAMC operations.*

### ■ AAMC/ALPHA OMEGA ALPHA Distinguished Teacher Award Committee

*Selects recipients for two teaching awards*

**Chair, Basic Science Award**

**Donald W. King, M.D.**

University of Chicago  
Pritzker School of Medicine

**Carol Aschenbrener, M.D.**

University of Iowa College of Medicine

**Page S. Morahan, Ph.D.**

Medical College of Pennsylvania

**Carson D. Schneck, M.D.**

Temple University School of Medicine

**Lloyd H. Smith, Jr., M.D.**

University of California,  
San Francisco, School of Medicine

**Thomas E. Smith, Ph.D.**

Howard University College of Medicine

**John H. Wallace, Ph.D.**

University of Louisville  
School of Medicine

**Chair, Clinical Science Award**

**Sherman M. Mellinkoff, M.D.**

University of California, Los Angeles,  
UCLA School of Medicine

**Charles Christian, M.D.**

Cornell University Medical College

**John P. Geyman, M.D.**

University of Washington  
School of Medicine

**W. Proctor Harvey, M.D.**

Georgetown University  
School of Medicine

**Michael M. Karl, M.D.**

Washington University  
School of Medicine

**Donald Medearis, Jr., M.D.**

Massachusetts General Hospital

**Hiram C. Polk, Jr., M.D.**

University of Louisville  
School of Medicine

### ■ Research Award Committee

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

**Chair**

**Richard A. Cooper, M.D.**

Medical College of Wisconsin

**Lewis Aronow, Ph.D.**

Uniformed Services University of the  
Health Sciences

**Brownlyn Bateman, M.D.**

University of California, Los Angeles  
Medical Center

**Gerard N. Burrow, M.D.**

University of California, San Diego,  
School of Medicine

**Robert M. Carey, M.D.**

University of Virginia School of Medicine

**Thomas E. Smith, Ph.D.**

Howard University College of Medicine

### ■ Flexner Award Committee

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

**Chair**

**Walter J. Daly, M.D.**

Indiana University School of Medicine

**Paul J. Friedman, M.D.**

University of California, San Diego,  
School of Medicine

**Vincent A. Fulginiti, M.D.**

Tulane University School of Medicine

**Ingrid Kohlstadt**

The Johns Hopkins School of Medicine

**Morton I. Rapoport, M.D.**

University of Maryland Medical System

**Beverly Rowley, Ph.D.**

American Medical Association

**AAMC Advisory Panel on Biomedical Research***Advises AAMC governance on research policy positions, advocacy, and cohesion efforts.***Chair****David H. Cohen, Ph.D.**

Northwestern University

**J. Claude Bennett, M.D.**University of Alabama  
School of Medicine**Kenneth I. Berns, M.D., Ph.D.**

Cornell University Medical College

**J. Robert Buchanan, M.D.\***

Massachusetts General Hospital

**William T. Butler, M.D.\***

Baylor College of Medicine

**Ernst Knobil, Ph.D.**University of Texas Health  
Science Center, Houston**David Korn**

Stanford University School of Medicine

**David G. Nathan, M.D.**

The Children's Hospital, Boston

**Herbert Pardes, M.D.**Columbia University College of  
Physicians and Surgeons**Robert R. Rich, M.D.**

Baylor College of Medicine

**Kenneth I. Shine, M.D.**University of California, Los Angeles,  
UCLA School of Medicine

\* ex-officio

**Resolutions Committee***Receives and acts on resolutions for presentation to the Assembly***Chair****Max Poll**

Barnes Hospital, St. Louis

**Myron Genel, M.D.**

Yale University School of Medicine

**John Naughton, M.D.**State University of New York at  
Buffalo School of Medicine and  
Biomedical Sciences**Lawrence Tsen**

University of Kansas Medical Center

**Dues Review***Reviews financial plans and dues structure as required by 1988 Assembly action***Chair****Richard H. Moy, M.D.**Southern Illinois University School of  
Medicine**Joe Dan Coulter, Ph.D.**

University of Iowa College of Medicine

**Myron Genel, M.D.**

Yale University School of Medicine

**Charles O'Brien**

Georgetown University Medical School

**Robert E. Tranquada, M.D.**University of Southern California  
School of Medicine**Ad Hoc Committee on Misconduct and Conflict of Interest in Research***Recommends policy positions and initiatives for the Association***Chair****Joe Dan Coulter, Ph.D.**

University of Iowa College of Medicine

**William T. Butler, M.D.**

Baylor College of Medicine

**Spencer Foreman, M.D.**

Montefiore Medical Center

**Ernst R. Jaffé, M.D.**

Albert Einstein College of Medicine

**Max Poll**

Barnes Hospital, St. Louis

**Robert E. Tranquada, M.D.**University of Southern California  
School of Medicine**Subcommittee on Conflict of Interest in Continuing Medical Education***Will examine the ethics of faculty behavior in continuing medical education***Chair****Joe Dan Coulter, Ph.D.**

University of Iowa College of Medicine

**Robert J. Cullen, Ph.D.**RMEC Council, Cleveland Regional  
Education Center**W. Dale Dauphinee, M.D.**

Royal Victoria Hospital, Montreal

**Spencer Foreman, M.D.**

Montefiore Medical Center

**Ernst R. Jaffé, M.D.**

Albert Einstein College of Medicine

**Nominating Committee***Charged with nominating candidates for positions as officers of the Assembly and members of the Executive Council***Chair****David H. Cohen, Ph.D.**

Northwestern University

**Stuart Bondurant, M.D.**University of North Carolina at Chapel  
Hill School of Medicine**David S. Greer, M.D.**

Brown University Program in Medicine

**Sheldon King**

Cedars-Sinai Medical Center, Los Angeles

**Vivian W. Pinn, M.D.**

Howard University College of Medicine

### ■ Management Education Program Planning Committee

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

#### Chair

**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.**  
Union University

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

**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

### ■ Assessing Change in Medical Education (ACME) Advisory Group

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

#### Chair

**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  
College of Medicine

**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, M.D.**  
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.**  
New York City Health and  
Hospitals Corporation

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

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

**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

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

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

### ■ Women in Medicine Coordinating Committee

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

**Bettina Kurkjian**  
University of California, Irvine,  
College of Medicine

**Barbara A. Levey, M.D.**  
University of Pittsburgh  
School of Medicine

**Mary Jo Miller**  
The University of Tennessee, Memphis,  
College of Medicine

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

**Gerry R. Schemerhorn, Ph.D.**  
Southern Illinois University  
School of Medicine

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

**Kathleen Warfel, M.D.**  
Indiana University School of Medicine

**Marcelle M. Willock, M.D., M.B.A.**  
The University Hospital, Boston

### ■ Academic Medicine Editorial Board

*Provides guidance for the Association's monthly scholarly journal*

#### Chair

**Milton Corn, M.D.**  
National Library of Medicine

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

**Nancy Bennett, Ph.D.**  
Harvard Medical School

**Eta Berner, Ed.D.**  
University of Alabama  
School of Medicine

**Ruth Bulger, Ph.D.**  
National Academy of Sciences,  
Institute of Medicine

**Vincent A. Fulginiti, M.D.**  
Tulane University School of Medicine

**Nancy Gary, M.D.**  
Health Care Financing Administration

**Beatrix Hamburg, M.D.**  
Mt. Sinai Hospital, New York

**Murray M. Kappelman, M.D.**  
The University of Maryland School of  
Medicine

**Ralph W. Muller**  
University of Chicago Hospitals

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

**James A. Pittman, Jr., M.D.**  
University of Alabama  
School of Medicine

**W. Vickery Stoughton**  
Toronto General Hospital

**Martha Vaughan, M.D.**  
National Institutes of Health

#### ■ **Audit Committee**

##### *Chair*

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

**Charles H. Epps, Jr., M.D.**  
Howard University College of Medicine

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

#### ■ **Investment Committee**

##### *Chair*

**Spencer Foreman, M.D.**  
Montefiore Medical Center

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

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

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

**Nelson Ford**  
Georgetown University Medical Center

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

\**ex-officio*

**Raymond G. Schultze, M.D.**  
University of California Medical Center,  
Los Angeles

**Joel G. Sacks, M.D.**  
University of Cincinnati College of Medi-  
cine

**Gail Warden**  
Henry Ford Health Care Corporation

#### ■ **Ad Hoc Committee on Physician Payment Reform Implementaion**

*Advises AAMC on issues in the develop-  
ment and implementation of Medicare  
physician fee reform*

##### *Chair*

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

**S. Craighead Alexander, M.D.**  
University of Wisconsin Medical School

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

**Charles Daschbach, M.D.**  
St. Joseph Hospital and Medical Center

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

**Terry Hammons, M.D.**  
University Hospitals of Cleveland

**Benjamin F. Kready,**  
University of Texas Health Sciences Cen-  
ter at San Antonio

**Wilbur Pittinger**  
Hospital of the University of Pennsylvania

**Lawrence Scherr, M.D.**  
North Shore University Hospital,  
Manhasset

**G. Philip Schrodel**  
Univeristy of Michigan Medical School

**Michael R. Stringer**  
University of California, San Diego,  
School of Medicine

#### ■ **VA/Medical Deans Liaison Committee**

##### *Chair*

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

**George Bernier, M.D.**  
University of Pittsburgh  
School of Medicine

**Jeffrey Houpt, M.D.**  
Emory University School of Medicine

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

#### ■ **MCAT Validity Study Advisory Committee**

*Provides advice on the validity of the  
MCAT study*

##### *Chair*

**Frances R. Hall**  
Dartmouth Medical School

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

**Debra Gillers**  
State University of New York at Stony  
Brook

**Robert Lee, Ph.D.**  
Washington University at St. Louis  
School of Medicine

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

**Lewis H. Nelson III, M.D.**  
Bowman Gray School of Medicine of  
Wake Forest University

**George Nowacek, Ph.D.**  
University of Virginia School of Medicine

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

**Gerry R. Schermerhorn, Ph.D.**  
Southern Illinois University  
School of Medicine

**Marliss Strange**  
Oregon Health Sciences University  
School of Medicine

■ **AAMC Representatives to the Accreditation Council for Graduate Medical Education**

**Olga Jonasson, M.D.**  
Ohio State University Hospital

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

**Raymond G. Schultze, M.D.**  
University of California Medical Center, Los Angeles

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

■ **AAMC Members on the Accreditation Council on Continuing Medical Education**

**Allen W. Mathies, Jr., M.D.**  
Huntington Memorial Hospital, Pasadena

**Seymour Cohen, M.D.**  
Long Island Jewish Medical Center

**James A. Hallock, M.D.**  
East Carolina University School of Medicine

*Accreditation Review Committee*

**Charles E. Osborne, Ed.D.**  
Children's Hospital National Medical Center, Washington, D.C.

■ **AAMC Members on the Liaison Committee on Medical Education**

*Co-Chair*

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

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

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

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

**Spencer Foreman, M.D.**  
Montefiore Medical Center, Bronx

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

*Student Member:*

**Jonathan A. Morris**  
Washington University School of Medicine

## PROFESSIONAL DEVELOPMENT

*Through its groups,  
the Association  
supports profes-  
sional development*

*activities for a range of medical  
center officials. Group programs  
facilitate interaction among these  
professionals and with Association  
staff and governing bodies.*

### ■ **Group on Business Affairs Steering Committee**

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

*Chair*

**Janice M. Arbuckle**  
University of Kansas Medical Center  
School of Medicine

*Chair-Elect*

**Robert G. Winfree**  
Duke University Medical Center

*Executive Secretary*

**Jack V. Krakower, Ph.D.**  
AAMC

**Sharron L. Acosta**

University of Texas Health Science  
Center at San Antonio

**Raymond L. Eden**

University of California, Los Angeles,  
UCLA School of Medicine

**Richard A. Grossi**

The Johns Hopkins University  
School of Medicine

**Deborah McGraw**

University of California, San Diego,  
School of Medicine

**Kathleen O'Donnell**

Columbia University College of  
Physicians and Surgeons

**Connie Staley**

Southern Illinois University

**David G. Whitten**

University of Cincinnati  
Medical Associates, Inc.

### ■ **Group on Faculty Practice Steering Committee**

*Senior governance and administrative  
representatives from medical school faculty  
practice plans as nominated by their  
respective deans*

*Chair*

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

*Chair-Elect*

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

*Executive Secretary*

**Robert D'Antuono**  
AAMC

**William E. Easterling, Jr., M.D.**

University of North Carolina  
School of Medicine

**Nancy L. Farrell**

Cornell University Medical College

**Martin S. Litwin, M.D.**

Tulane University School of Medicine

**Cheryl Haze Luehrs**

Jefferson Medical College of  
Thomas Jefferson University

**Frank L. Mitchell, M.D.**

University of Missouri,  
Columbia School of Medicine

**Joel Sacks, M.D.**

University of Cincinnati  
College of Medicine

**Jeff Wasserman**

University of Arizona College of Medicine

■ **AAMC/AAHC Government Relations Representatives Steering Committee**

*Chair*

**Kay Seline**

Creighton University

*Chair-Elect*

**Betsy Stengel**

Boston University Medical Center

**Cindy Bedont**

Stanford University

**Joan Chrestay**

Hahnemann University

**Susan E. Phillips**

University of Chicago Hospitals

**Peter Robinson**

University of Rochester Medical Center

**Gerold Schiebler**

University of Florida

**Eric W. Schmidt**

University of Colorado  
Health Sciences Center

**Marsha Tanner Wilson**

Vanderbilt University

■ **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*

*Chair*

**Thomas Rolinson**

University of California, San Francisco,  
School of Medicine

*Chair-Elect*

**Ellen R. Krasik**

New York University Medical Center

*Executive Secretary*

**Robert F. Jones, Ph.D.**

AAMC

**Irene G. Klintberg, Ph.D.**

University of Nebraska  
College of Medicine

**B. Hofler Milam**

Bowman Gray School of Medicine of  
Wake Forest University

**David O'Brien**

Stanford University School of Medicine

**David D. Pinter**

Baylor College of Medicine

**Carol Stapleton Rhodes**

University of Medicine and Dentistry of  
New Jersey

**Susan Vogt**

Dartmouth Medical School

■ **Group on Educational Affairs Steering Committee**

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

*Chair*

**Alberto Galofre, M.D., M.Ed.**

St. Louis University School of Medicine

*Chair-Elect*

**Charles P. Friedman, Ph.D.**

University of North Carolina at  
Chapel Hill

*Executive Secretary*

**M. Brownell Anderson**

AAMC

**Louise Arnold, Ph.D.**

University of Missouri-Kansas City  
School of Medicine

**Georges Bordage, M.D., Ph.D.**

Laval University Faculty of Medicine

**Frederic D. Burg, M.D.**

University of Pennsylvania  
School of Medicine

**Daniel Frank, M.D.**

McGill University Faculty of Medicine

**Caroline Reich**

Emory University School of Medicine

**Craig S. Scott, Ph.D.**

University of Washington  
School of Medicine

**Charles Votaw, M.D., Ph.D.**

East Tennessee State University  
James H. Quillen College of Medicine

■ **Research in Medical Education Planning Committee**

*Chair*

**Georges Bordage, M.D., Ph.D.**

Laval University Faculty of Medicine

*Executive Secretary*

**M. Brownell Anderson**

AAMC

**Larrie W. Greenberg, M.D.**

Children's National Medical Center,  
Washington, D.C.

**John H. Littlefield, Ph.D.**

University of Texas Health Science Center  
at San Antonio

**David Swanson, Ph.D.**

National Board of Medical Examiners

**LuAnn Wilkerson, Ed.D.**

Harvard Medical School

**James O. Woolliscroft, M.D.**

University of Michigan

■ **Organizing Committee for the Section on Resident Education of the Group on Educational Affairs**

*Chair*

**Stanley M. Kirson, M.D.**

Miami Valley Hospital, Dayton

*Executive Secretary*

**Joyce V. Kelly, Ph.D.**

AAMC

**Martin Brotman, M.D.**

California Pacific Medical Center,  
San Francisco

**Robert M. Donati, M.D.**

St. Louis University School of Medicine

**Doris Farquhar**

University of Texas  
Medical School at Houston

**Richard B. Hornick, M.D.**

Orlando Regional Medical Center

**Kathryn Lane, Ed.D.**

State University of New York,  
Health Science Center at Brooklyn  
College of Medicine

**Michael J. Reichgott, M.D., Ph.D.**  
Albert Einstein College of Medicine of  
Yeshiva University

**Craig S. Scott, Ph.D.**  
University of Washington  
School of Medicine

**Ethel Weinberg, M.D.**  
Baystate Medical Center, Springfield

**Robert Wigton, M.D.**  
University of Nebraska  
College of Medicine

*Ex Officio*

**Charles P. Friedman, Ph.D.**  
University of North Carolina at Chapel  
Hill

■ **Group on Public Affairs  
Steering Committee**

*Medical school and teaching hospital  
officials responsible for public relations,  
alumni affairs, and development*

*Chair*

**J. Antony Lloyd**  
Beth Israel Hospital, Boston

*Chair-Elect*  
(vacant)

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

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

**L. Rupert Chambers**  
Baylor College of Medicine, Houston

**Mary Sue Cheeseman**  
University of Cincinnati College of Medi-  
cine

**Janna Crittendon**  
New England Deaconess Hospital, Boston

**John Deats**  
New York University Medical Center

**Michael J. Poston**  
University of Florida Health Sciences  
Center

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

■ **Group on Student Affairs  
Steering Committee**

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

*Chair*

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

*Chair-Elect*

**Bernice Sigman, M.D.**  
University of Maryland  
School of Medicine

*Executive Secretary*

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

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

**Daniel A. Burr, Ph.D.**  
Loyola University of Chicago  
Stritch School of Medicine

**Mary B.W. Fenton**  
St. Louis University School of Medicine

**Harry L. Fierstine, Ph.D.**  
California Polytechnic University,  
School of Science and Mathematics

**Frances R. Hall**  
Dartmouth Medical School

**Joan C. Hoffman, Ph.D.**  
University of Massachusetts Medical  
School

**Michael J. Miller, M.D.**  
Oregon Health Sciences University  
School of Medicine

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

**Lawrence Tseng**  
University of Kansas School of Medicine

**William E. Ward, Ph.D.**  
Texas A&M University  
College of Medicine

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

*Chair*

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

*Chair-Elect*

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

*Coordinator*

**Mary T. Cureton-Russell**  
AAMC

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

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

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

**Dorothy Dobbins, Ph.D.**  
East Tennessee State University  
James H. Quillen College of Medicine

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

**Barbara Horrell**  
University of Missouri-  
Columbia School of Medicine

**Leonard E. Lawrence, M.D.**  
University of Texas Health Science Center  
at San Antonio

**Jaishree Schley**  
University of Illinois, College of Medicine  
at Urbana-Champaign

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

**Phyllis Stevens**  
Boston University School of Medicine

*Ex-Officio Members*

**Sterling M. Lloyd, Jr.**  
Howard University College of Medicine

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

## AAMC STAFF

All AAMC staff participated in plans for the move, some more fully than others. Special Projects

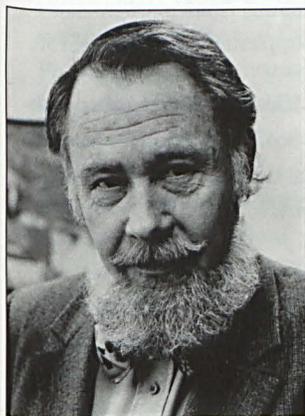
Vice President Kathleen Turner managed the entire construction package—site selection, architectural review, contractors, suppliers, interior design, and furnishing. Edwin J. Crocker, Vice President, Administrative Services, handled the bond financing. A small group juggled second, full-time roles coordinating aspects of construction and relocation: Assistant Vice President for Computer Services Brendan Cassidy and key members of his staff—Robert Yearwood, Jackie Humphries and Basil Pegus; Director of Business Services Sam Morey, and Building Services Supervisor John Blount played vital roles. Moving team coordinators assured files were packed and labeled and phones unplugged. The movers and shakers were (far left): Row 1—Pegus, Turner, Cassidy; Row 2—Blount, Sandra Lehman, Mary Ellen Jones, Timothy Ready, Richard Green, Hugh Goodman, Joseph Barnes, Gwendolyn Hancock-Woods; Row 3—Susan Radocha, Christopher

Greene, Denise Jones, Lily May Johnson, Mila Cook, Patricia Chapman; Row 4—Melissa Wubbold, Yvonne Lewis, Dorothea Hudley, Waldo Wentz, Cynthia Withers, Lynn Milas, John Woods, Susan Libby. (Near left): Morey, who survived the move but missed the photo session.



The Association constantly responds to the inevitability of change by rebuilding and redefining its mission, its leadership role, and its service to constituents. Some of those changes are reflected in the organization.

### ■ Office of the President



In December 1991 August G. Swanson, M.D., retires as vice president for graduate medical education and international programs ending a 20-year career with the AAMC. Dr. Swanson directed the staff support for the AAMC's 1981 report on graduate medical education and the 1984 report of the Panel on General Professional Education of the Physician (GPEP). In 1989 he assumed his present position as well as the executive directorship of the National Resident Matching Program. He is the AAMC's liaison with the Accreditation Council for Graduate Medical Education and with the American Board of Medical Specialties. He serves as treasurer for the PanAmerican Federation of Associations of Medical Schools.

Throughout his tenure with the AAMC, he has been a leader across a broad array of issues in academic medicine while unfailingly retaining his commitment to medical students.

### ■ Division of Academic Affairs

The Division of Academic Affairs reorganized this past year to strengthen its management capability and expand its efforts in the area of medical education reform. Robert L. Beran, Ph.D., was appointed to a new position, associate vice president of the division, in July 1991. He has been with the Association for 16 years. He continues to manage the Association's role in student financial aid, especially continuing his leadership in the MEDLOANS program. Additionally, he is taking the lead in the Association's evolving presence in rural health care initiatives and will guide the division's multi-section data collection activities.

Also in July, M. Brownell (Brownie) Anderson was named director of a new Section for Educational Programs. Ms. Anderson joined the AAMC in 1983 as a staff associate. She is executive secretary for the Group on Educational Affairs. She maintains the data base of medical school curricula and is responsible for the *AAMC Curriculum Directory* and the RIME Proceedings, published as a supplement to *Academic Medicine*.

### ■ Visiting Scholar

Joseph E. Johnson, III, M.D., professor of Internal Medicine and Infectious Diseases, and former dean, University of Michigan, joined the Association as scholar-in-residence from November 1990 to May 1991. During that time, working closely with Drs. Petersdorf and Stemmler, he designed a study to determine the factors that influence physicians to select internal medicine as a career. The study was funded by the Robert Wood Johnson Foundation.

### ■ Publications by AAMC Staff, 1990-91

**Anderson, M. Brownell.** Editor. Research in Medical Education. (Proceedings of the Twenty-Ninth Annual Conference Sponsored by the Association of American Medical Colleges) *Academic Medicine* 65(Sept Supplement 1990):Svii-S76.

**Babbott, David; Levey, Gerald S.; Weaver, Sheila O.; and Killian, Charles D.** Medical Student Attitudes about Internal Medicine: A Study of U.S. Medical School Seniors in 1988. *Annals of Internal Medicine* 114(1991):16-22.

**Ball, Judy K.; Kelly, Joyce; and Turner, Barbara J.** Third-Party Financing for AIDS Hospitalizations in New York. *AIDS and Public Policy Journal* 5, No.2(Spring 1990):51-58.

**Bentley, James D.; Chusid, Joanna; D'Antuono, Robert; Kelly, Joyce V.; and Tower, Donald B.** Faculty Practice Plans: The Organization and Characteristics of Academic

- Medical Practice. *Academic Medicine* 66(1991):433-439.
- Bickel, Janet.** Women Physicians: Change Agents or Second-Class Citizens? *Humane Medicine* 6(Spring 1990):101-105.
- The Changing Faces of Promotion and Tenure at U.S. Medical Schools. *Academic Medicine* 66(May 1991):249-256.
- Colquitt, Wendy L., and Killian, Charles D.** Students Who Consider Medicine but Decide Against It. *Academic Medicine* 66(1991):273-278.
- Grisso, Jeane A.; Hansen, Leslie; Zelling, Inge; Bickel, Janet; and Eisenberg, John M.** Parental Leave Policies for Faculty in U.S. Medical Schools. *Annals of Internal Medicine* 114(1991):43-45.
- Harter, Donald H., and Petersdorf, Robert G.** Bacterial Meningitis and Brain Abscess. In *Harrison's Principles of Internal Medicine*, 12th Edition. New York: McGraw-Hill, 1991. pp. 2023-2031.
- Viral Diseases of the Central Nervous System: Aseptic Meningitis and Encephalitis. In *Harrison's Principles of Internal Medicine*, 12th Edition. New York: McGraw-Hill, 1991. pp. 2031-2038.
- Haynes, Suzanne G.; Harvey, Clair; Montes, Henry; Nickens, Herbert W.; and Cohen, Bernice H.** Patterns of Cigarette Smoking among Hispanics in the United States: Results from HHANES 1982-84. *American Journal of Public Health* 80(1990 Supplement):47-54.
- Jolly, Paul; Krakower, Jack Y.; Beran, Robert; and Williams, Donna.** US Medical School Finances. *Journal of the American Medical Association* 264(1990):813-820.
- Kassebaum, Donald G.** Blaming the Boards: Are We Lapsing into Educational Luddism? Editorial. *Academic Medicine*, (September) 1991.
- Kelly, Douglas E.** Analyzing ROI Anxiety: There is Room for Optimism. (Commentary). *The Scientist* (April 15, 1991):12.
- Use of Animals in Medical Education. (in press)
- Kelly, Joyce V.** What Do Mortality Studies Reveal about Hospital Volume, Teaching Status, and Ownership? *International Journal of Technology Assessment in Health Care* 6(1990):239-252.
- Hospital Characteristics and Mortality Rates. (Letter to the Editor). *New England Journal of Medicine* 322(1990):1472-1473.
- Kelly, Joyce V., and Zimmerman, Stephen C.** Residents in COH Hospitals by Specialty and Selected Characteristics, 1988. *Academic Medicine* 65(1990):783-784.
- Levey, Barbara A.; Gentile, Nancy O.; Jolly, Paul; Beaty, Harry N.; and Levey, Gerald S.** Comparing Research Activities of Women and Men Faculty in Departments of Internal Medicine. *Academic Medicine* 65(1990):102-106.
- Littlemeyer, Mary H., and Martin, Debbie.** Academic Initiatives to Address Physician Supply in Rural Areas of the United States: A Select Bibliography, 1980-1990. *Academic Medicine* 65(Dec Supplement 1990):S57-S84.
- Littlemeyer, Mary H., and Martin, Debbie.** Editors. Rural Health: A Challenge for Medical Education. (Proceedings of the 1990 Invitational Symposium Sponsored by the Association of American Medical Colleges and The W.K. Kellogg Foundation) *Academic Medicine* 65 (Dec Supplement 1990):Svii-S130.
- Mitchell, Karen J., and Haynes, Robert A.** Score Reporting for the 1991 Medical College Admission Test. *Academic Medicine* 65(1990):719-723.
- Nickens, Herbert W.** Health Promotion and Disease Prevention Among Minorities. (Commentary). *Health Affairs* 6(Summer 1990):133-143.
- Minorities in Medicine: 3,000 by 2000? *Focus* 19 (June 1991):3-4.
- The Health Status of Minority Populations in the United States. *The Western Journal of Medicine*. (in press).
- Petersdorf, Robert G.** Remarks. In *Physician Competence: Whose Responsibility?* (Proceedings of a Conference Sponsored by the American Medical Association, the American Hospital Association, and the Association of American Medical Colleges). Chicago, Illinois: American Medical Association, 1989. pp. 11-14.
- Remarks of Sponsoring Organizations. In *Regulation of Physician Training Programs*. Ira Singer, editor. (Proceedings of a Conference Sponsored by the American Medical Association, the American Hospital

- Association, and the Association of American Medical Colleges) Chicago, Illinois: American Medical Association, 1989. pp. 3-7.
- New Directions in Medical Education. In *NBME Priorities for the Twenty-First Century-Nurturing and Measuring Quality: Enduring Issues that Won't Go Away*. (Proceedings of the Seventy-Fifth Anniversary Invitational Conference of the National Board of Medical Examiners). Philadelphia, Pennsylvania: National Board of Medical Examiners, March 1990. pp. 24-27.
- Pressure to Publish: Tenure and Promotion Considerations. In *Ethics and Policy in Scientific Publication*. Bethesda, Maryland: Council of Biology Editors, Inc., 1990. pp. 188-193.
- Primary Care: Present and Future. In *Education of Physicians to Improve Access to Care for the Underserved*. (Proceedings of the Second HRSA Primary Care Conference). Washington, D.C.: GPO, 1990. pp. 41-55.
- Remarks. In *Clinical Education in a Changing Health Care System: Who Pays?* Ira Singer, editor. (Proceedings of a Conference Sponsored by the American Medical Association, the American Hospital Association, and the Association of American Medical Colleges). Chicago, Illinois: American Medical Association, February 1990. pp. 3-8.
- The American Ophthalmological Society Guest Lecture: Some Issues in Graduate Medical Education. *Transactions of the American Ophthalmological Society* LXXXVIII (1990):301-312.
- Financing Medical Education. *Academic Medicine* 66(1991):61-65.
- Hypothermia and Hyperthermia. In *Harrison's Principles of Internal Medicine*, 12th Edition, New York: McGraw-Hill, 1991. pp. 2194-2200.
- If I Had To Do It Again: Suggestions for Today's Department of Medicine Chairman. *The Pharos* (Winter 1991):12-16.
- Some Issues in Graduate Medical Education. *Surgical Neurology* 35(1991):8-13.
- Regulation of Residency Training. Presented at part of a Conference on Regulation of Residency Training: An Appraisal of Recent Changes held by the Associated Medical Schools of New York, the Committee on Medical Education of the New York Academy of Medicine, and the United Hospital Fund of New York, November 28, 1990. *Bulletin of New York Academic Medicine*.
- Petersdorf, Robert G., and Teich, Judith.** Economic Pressures on Cancer Care. In *Comprehensive Textbook of Oncology*, 2nd Edition. Vol. 2. Baltimore, Maryland: Williams & Wilkins, 1991. pp. 1815-1819.
- Petersdorf, Robert G.; Turner, Kathleen S.; Nickens, Herbert W.; and Ready, Timothy.** Minorities in Medicine: Past, Present, and Future. *Academic Medicine* 65(1990):663-670.
- Ready, Timothy, and Nickens, Herbert W.** Black Men in the Medical Education Pipeline: Past, Present, and Future. *Academic Medicine* 66(1991):181-187.
- Root, Richard K., and Petersdorf, Robert G.** Chills and Fever. In *Harrison's Principles of Internal Medicine*, 12th Edition. New York: McGraw-Hill, 1991. pp. 125-133.
- Swanson, August G.** Nutrition Sciences in Medical-Student Education. *American Journal of Clinical Nutrition* 53(1991):587-588.
- Swanson, August G.; Randlett, Richard R.; Haynes, Robert A.; and Killian, Charles D.** Present Activities of 1990 U.S. Medical School Graduates. (AAMC Data Report) *Academic Medicine* 66(1991):177-179.
- Walker, Henry A.; Rogers, Larry; Thomas, George M.; and Zelditch, Jr., Morris.** Legitimizing Collective Action: Theory and Experimental Results. *Research in Political Sociology* 5(1991):1-25.
- Whiting, Brooke.** Academic Medicine. *Journal of the Student National Medical Association* 2, No.4(Summer 1990):24-25.

## ORGANIZATIONAL SECTION

### ■ Office of the President

President, Robert G. Petersdorf, M.D.  
 Executive Vice President, Edward J. Stemmler, M.D.  
 Senior Vice President, Richard M. Knapp, Ph.D.  
 Vice President for Graduate Medical Education,  
 August G. Swanson, M.D.  
 Vice President for Special Projects, Kathleen S. Turner  
 Special Assistant, Rosemary Choate  
 Executive Assistant, Betty H. Erb  
 Executive Assistant, Norma Nichols  
 Meetings Registrar, Brenda Michelle Malpass  
 Technical Writer, Anne Compliment  
 Administrative Assistant, Sandra Taylor  
 Administrative Assistant, Cynthia Withers

### Archives

Director, Mary H. Littlemeyer  
 Publications Assistant, Deborah Martin

### ■ Office of Graduate Medical Education and International Programs

Vice President, August G. Swanson, M.D.  
 Staff Associate, Michelle Keyes-Welch  
 Administrative Assistant, Lynn C. Milas

### ■ Office of Governmental Relations

Senior Vice President, Richard M. Knapp, Ph.D.  
 Assistant Director, David B. Moore  
 Legislative Analyst, Mary Beth Bresch White  
 Legislative Analyst, Leslie D. Goode  
 Executive Assistant, Christine Enos  
 Administrative Assistant, Cynthia Davis-Smith  
 Administrative Assistant, Beth Henson

### ■ Office of General Counsel

General Counsel, Joseph A. Keyes, Jr., J.D.

### ■ Office of Administrative Services

Vice President, Edwin L. Crocker  
 Director of Financial Services, Jeanne McCarroll  
 Director of Business Services, Samuel G. Morey  
 Director of Personnel, Michele A. Fantt  
 Manager, Membership & Publication Orders,  
 Patricia Chapman  
 Manager, Printing Facility, Mark S. Wood

Personnel Administrator, Brenda S. McCauley  
 Staffing Specialist, Anita L. Ross  
 Administrative Assistant, Grace McEuen  
 Administrative Assistant, Jessifer Stewart  
 Accounting Assistant, Cathy Brooks  
 Accounts Receivable Assistant, Richard Helmer  
 Accounts Payable Assistant, Anna Thomas  
 Receptionist, Cynthia Davenport  
 Receptionist, Linda Hazi  
 Membership Assistant, Ida Gaskins  
 Publication Orders Assistant, Dietra Lockridge  
 Publication Orders Assistant, Christina Rosenthal  
 Clerk Typist, Vivian McClaine  
 Printing Supervisor, Marvin Brimage  
 Senior Printing Assistant, John Zupko  
 Printing Assistant, Clinton Cook  
 Building Services Supervisor, John A. Blount  
 Mailroom Clerk, Cleggett Johnson

### Computer Services

Assistant Vice President, Brendan J. Cassidy  
 Director of Operations and Information Systems,  
 Sandra K. Lehman  
 Systems Manager, Robert Yearwood  
 Manager of Development, Maryn Goodson  
 Programmer/Analyst, John W. Chesley, III  
 Programmer/Analyst, Dale Hall  
 Systems Analyst, Laurie Ambers  
 Systems Analyst, Stephen Hammond  
 Systems Analyst, Penny T. Rife  
 Systems Analyst, Byron E. Welch  
 Instructor/Technical Writer, Marianna Weidner  
 Personal Computer Coordinator, Hector Gonzalez  
 Data Communications Specialist/PC Assistant,  
 Perry Phillips  
 Operations Supervisor, Jackie Humphries  
 Senior Computer Equipment Operator, William Porter  
 Computer Operator/Data Communications Specialist,  
 Basil Pegus  
 Computer Equipment Operator, Norman Hardy  
 Computer Equipment Operator, Haywood Marshall  
 Computer Equipment Operator, Antonia Monteforte  
 Data Control and Graphics Specialist, Renate L. Coffin  
 Administrative Assistant, Cynthia A. Woodard  
 Administrative Assistant/Word Processing Specialist,  
 Mary Ellen Jones

## ■ **Division of Academic Affairs**

Vice President, Louis J. Kettel, M.D.  
Associate Vice President, Robert L. Beran, Ph.D.  
Senior Staff Associate, Mary H. Littlemeyer  
Program Assistant, Gladys V. Peters  
Publications Assistant, Deborah Martin  
Administrative Assistant, Brooke Bonner

## **Section for Educational Programs**

Director, M. Brownell Anderson  
Program Assistant, Debra S. Dabney  
Administrative Assistant, Belinda McGill

## **Section for Educational Research**

Assistant Vice President for Educational Research and  
Director, MCAT Program, Karen J. Mitchell, Ph.D.  
Senior Research Associate, Weichang Li, Ph.D.  
Research Associate, DeWitt Clark, Ph.D.  
Research Associate, Judith Koenig  
Research Assistant, Julia Downie  
Research Assistant, Alexis Ruffin  
Program Assistant, M. Teresa Nigro  
Administrative Assistant, Patricia Cooleen  
Administrative Assistant, Donna Licata  
Administrative Assistant, Rebekah Lynn

## **Section for Student Programs**

Senior Research Associate, Larry Rogers, Ph.D.  
Research Associate, Phillip Szenas  
Staff Associate, Frances Nugent  
Staff Associate, Donna Quinn-Yudkin  
Staff Assistant, Mary E. Gorman  
Administrative Assistant, April Morrow  
Administrative Assistant, Vanessa Smith  
Administrative Assistant, M. LaVerne Tibbs

## **Section for Student Services**

Assistant Vice President, Richard Randlett  
Director of Operations, Robert Colonna  
Manager, Applicant and School Relations, Marjorie Walker  
Manager, Input Review and Distribution, Alice Cherian  
Manager, Official Transcript Processing, Edward Gross  
Supervisor, Applicant Relations, Pamela Paul  
Supervisor, Data Entry, John Woods  
Supervisor, Distribution, Hugh Goodman  
Supervisor, Input Review, Walter L. Wentz  
Supervisor, Records, Lillian T. McRae

Supervisor, School Relations, Kathryn Creighton  
Supervisor, Verification, Michelle Davis  
Staff Assistant, Dennis Renner  
Project Assistant, Robert Van Arnam  
Applicant Relations Assistant, James E. Cobb  
Applicant Relations Assistant, Keiko Ellis  
Applicant Relations Assistant, Annette Johnson  
Applicant Relations Assistant, Susan Libby  
Applicant Relations Assistant, Deborah McCall  
Senior Distribution Assistant, Carl Gilbert  
Distribution Assistant, Wayne Corley  
Distribution Assistant, Michael Jackson  
Distribution Assistant, Frances Kornegay  
Input Review Assistant, Dodzi A. Corley  
Input Review Assistant, Egee Mengestu  
Senior Records Assistant, Yvonne Lewis  
Senior Records Assistant, Helen Thurston  
Records Assistant, Tamara M. Wallace  
School Relations Assistant, Wanda Bradley  
School Relations Assistant, Edwina Bundy  
School Relations Assistant, Gwendolyn Hancock  
School Relations Assistant, Jeffrey Schoppert  
Senior Verification Assistant, Virginia Robinson  
Verification Assistant, Joseph Barnes  
Verification Assistant, Tracey Swann  
Data Entry Assistant, Karla R. Dixon  
Data Entry Assistant, Maxine L. Palmer  
Data Entry Assistant, Christina Searcy  
Data Entry Assistant, Gail Watson  
Data Entry Assistant, Edith Young  
Documentation Assistant, Patricia Jones  
Administrative Assistant, Denise Howard  
Administrative Assistant, Mary E. Reed  
Typist/Receptionist, Deborah Jones

## ■ **Division of Biomedical Research**

Vice President, Thomas E. Malone, Ph.D.  
Associate Vice President, Douglas E. Kelly, Ph.D.  
Senior Staff Associate, Allan C. Shipp  
Staff Associate, Sheryl K. Reilly, Ph.D.  
Staff Associate, Jennifer Sutton  
Administrative Assistant, Dana Conley  
Administrative Assistant, Christine Lehmann  
Administrative Assistant, Dyuanna Peterson

### ■ **Division of Clinical Services**

Vice President, James D. Bentley, Ph.D.  
 Associate Vice President, Joyce V. Kelly, Ph.D.  
 Staff Associate, Ivy Baer, J.D.  
 Research Assistant, Janie S. Bigelow  
 Senior Staff Associate, G. Robert D'Antuono  
 Research Assistant, Alison Evans  
 Senior Research Associate, Linda E. Fishman  
 Research Assistant, Kevin G. Serrin  
 Special Assistant, Melissa H. Wubbold  
 Administrative Assistant, Marjorie R. Lawal  
 Administrative Assistant, Natalie R. Robertson

### ■ **Division of Communications**

Vice President, Elizabeth M. Martin  
 Administrative Assistant, Betty Lou Atkins

### **Section for Public Relations**

Director, Joan Hartman Moore  
 Public Relations Specialist, Richard Green  
 Administrative Assistant, Sandra Dunmore

### **Section for Publications**

Director, Addeane S. Caellegh  
 Deputy Editor, Albert G. Bradford, Jr.  
 Staff Editor, Cynthia Bennett  
 Staff Editor, Philip Diamond  
 Submissions Editor, Christopher Greene  
 Administrative Assistant, Lisa Dittrich

### ■ **Division of Institutional Planning and Development**

Vice President, Joseph A. Keyes, Jr., J.D.  
 Associate Vice President, Donald G. Kassebaum, M.D.  
 Director of Professional Education Programs, Marcie Foster  
 Senior Meetings Coordinator, Irene Nicolaidis  
 Meetings Coordinator, Christy Ann Payne  
 Meetings Coordinator, Nicole Scott-Howe  
 Meetings Registrar, Brenda Michelle Malpass  
 Administrative Assistant, Rubye Trawick  
 Administrative Assistant, Anne Williamson

### **Section for Accreditation**

Director, Donald G. Kassebaum, M.D.  
 Program Assistant, Susan Radocha  
 Administrative Assistant, LaJuan Simms

### **Section for Institutional Studies**

Assistant Vice President, Robert F. Jones, Ph.D.  
 Senior Staff Associate, Janet Bickel  
 Staff Associate, Janet Froom  
 Administrative Assistant, Renee Quinnie

### **Section for Operational Studies**

Associate Vice President, Paul Jolly, Ph.D.  
 Director, Faculty Roster, Brooke Whiting, Ph.D.  
 Director, Institutional Data Systems,  
 Jack Krakower, Ph.D.  
 Director, Student and Applicant Information  
 Management Systems, Charles Killian  
 Senior Research Associate, Allen M. Singer, Ph.D.  
 Research Associate, Erwin Brown, Jr.  
 Research Associate, Wendy Colquitt  
 Research Associate, Judith B. Frost  
 Research Associate, Robert A. Haynes, Ph.D.  
 Research Associate, Leanne Jolin  
 Research Associate, James Labenberg  
 Research Associate, William Marmagas  
 Research Associate, Mary June Moody  
 Research Associate, Mario Rivera  
 Research Associate, Elizabeth A. Sherman  
 Research Associate, William C. Smith  
 Research Associate, Donna J. Williams  
 Research Assistant, Aarolyn B. Galbraith  
 Research Assistant, David P. Johnson  
 Research Assistant, Susan C. Sanderson  
 Administrative Assistant, Cynthia Burrus  
 Administrative Assistant, Mila Cook  
 Administrative Assistant, Dorothea Hudley  
 Administrative Assistant, Dawn Walley

### ■ **Division of Minority Health, Education, and Prevention**

Vice President, Herbert W. Nickens, M.D., M.A.  
 Staff Associate, Lois Bergeisen  
 Staff Associate, Timothy P. Ready, Ph.D.  
 Research Assistant, Connie Wyche  
 Administrative Assistant, Lily May Johnson

### **Section for Minority Affairs**

Staff Associate, Mary T. Cureton-Russell  
 Administrative Assistant, Annie Young

**Photo Credits**

Robert Severi  
*Cover, inside architectural elements*  
Pages 5, 6, 51

John Bard  
Page 17

David Ernst  
Pages 19, 21, 25

Richard Greenhouse  
Page 22

Lyn Hughes  
Pages 26, 27

William Bickel Graphic Design  
Page 31

**Design**

Levine & Associates

**Printing**

The Goetz Printing Co.

For additional copies of this report,  
please write or call

**ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES**

**Division of Communications**

2450 N Street, N. W.  
Washington, D.C. 20037-1126  
Telephone: (202) 828-0542

The Association of American Medical  
Colleges is an Equal Opportunity/  
Affirmative Action Employer.

**ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES**

**Division of Communications**

2450 N Street, N. W.  
Washington, D.C. 20037-1126  
Telephone: (202) 828-0542