



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

annual report 1994-95

Document from the collections of the AAMC. Not to be reproduced without permission.



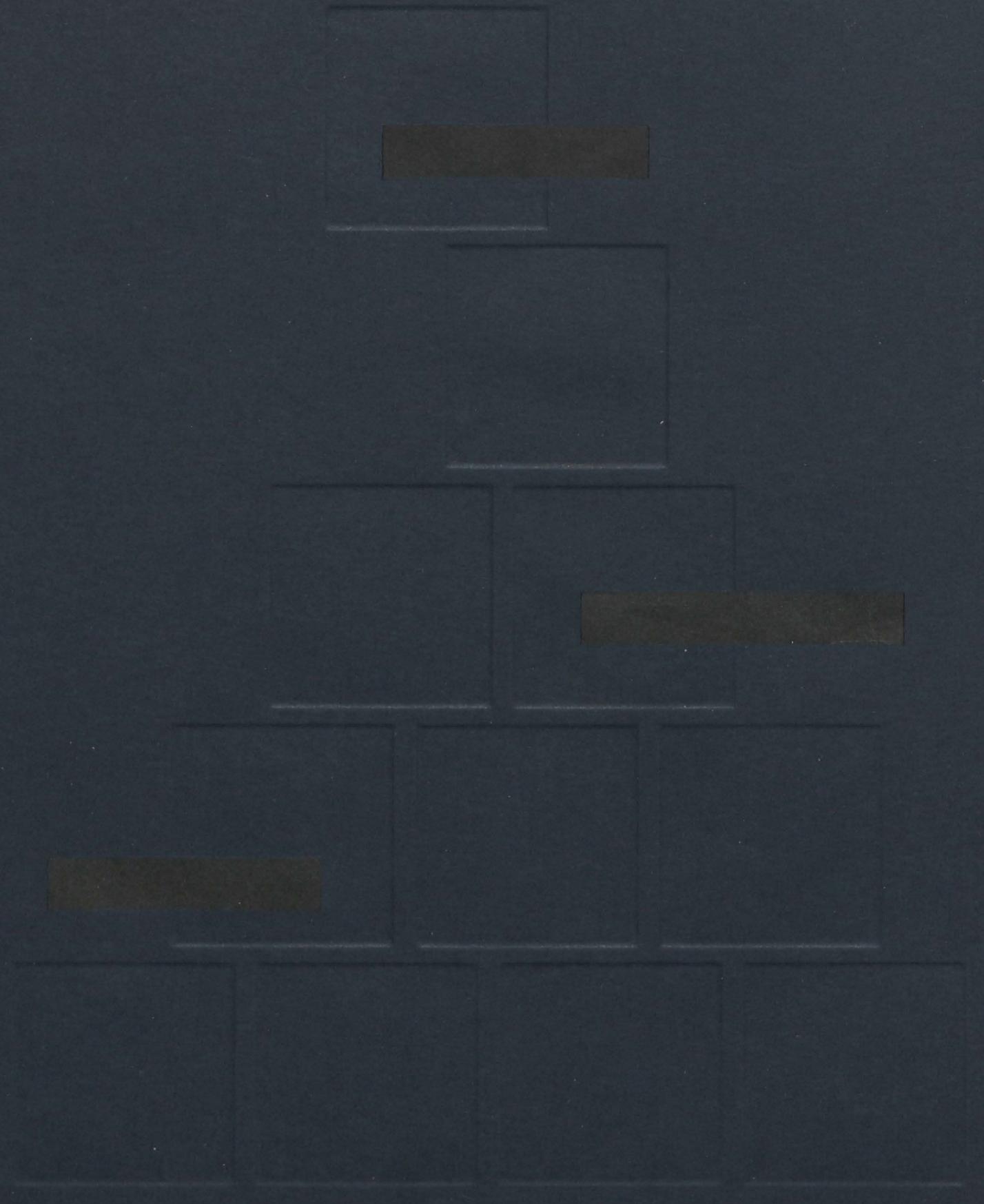
ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

annual report 1994-95

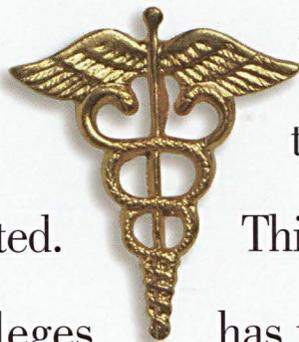
building

the future

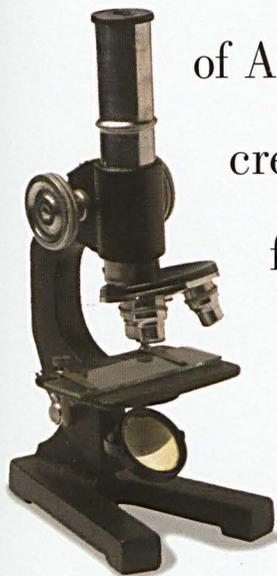
together



Change is sweeping through the American health care system as never before, and the challenges facing academic medicine are unprecedented.



This year, the Association of American Medical Colleges has worked resolutely and creatively on **building** strategies for preserving and advancing academic medicine's missions of education, research, and health care.



Through a new strategic plan, the AAMC has ushered in an era in which the building blocks of teamwork, communication, and technology will guide academic medicine into **the future**.



Mirroring changes in academic medicine, the AAMC is working to dismantle traditional barriers and build multidisciplinary links among staff, constituents, and stakeholders. By working **together**, the AAMC and its members can assure that the American public continues to benefit from the best-trained physicians, the most innovative research, and the highest quality health care.



By working **together**, the AAMC and its members can assure that the American public continues to benefit from the best-trained physicians, the most innovative research, and the highest quality health care.



the AAMC and its members can assure that the American public continues to benefit from the best-trained physicians, the most innovative research, and the highest quality health care.

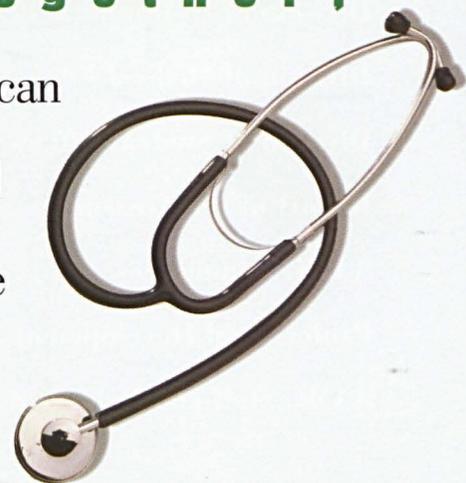


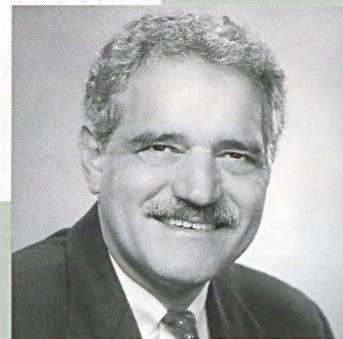
Table of Contents

President's Message	3
Chair's Message	4
Governance and Membership	5
building the future together	9
Office of the President	14
Office of Administrative Services	15
Office of Governmental Relations	16
Office of Information Resources	19
Office of Communications	20
Division of Biomedical Research	22
Division of Community and Minority Programs	23
Division of Educational Research and Assessment	26
Division of Health Care Affairs	27
Division of Institutional Planning and Development	29
Division of Medical Education	30
Division of Student Affairs and Education Services	32
Report of the Treasurer	33
AAMC Committees	37
Professional Development	42
AAMC Staff and Published Papers	45

president's message

two dominant concerns have shaped Association activities during the past year. First, the failure of the 103rd Congress to adopt a comprehensive health care reform plan has left the unrelenting transformation of our nation's system of care primarily in the hands of market forces. This powerful, cost-driven movement is insensitive to the academic enterprise of AAMC members and threatens the viability of their special missions to educate the nation's health care professionals, conduct life-saving research, and provide care for our sickest and most vulnerable populations. As medical schools and teaching hospitals reorganize themselves to respond to the realities of the new health care environment, the Association's leadership, constituents, and staff have intensified their advocacy efforts, working tirelessly to insure that academic medicine's critical missions are understood by policy makers and preserved as a foundation for the future.

The Association's second leading concern has been the need for consensus within the academic medicine community about the future directions of our health care system, the roles and goals of academic medicine within that system, and the services and programs the AAMC must provide to support its membership in this new environment. To address this concern, the AAMC embarked on a year-long, introspective process resulting in a strategic plan that not only reaffirms traditional programs and services of the Association, but also defines for it an ambitious new role as a facilitator of change for academic medicine.



Success in this role requires that the Association initiate and nurture a higher degree of cooperative action within the academic medicine community, both at the institutional and national levels. Association efforts to achieve this enhanced, collaborative spirit have begun with a fundamental reorientation of the AAMC to provide not only a broader, more cross-cutting array of services to all segments of its constituency, but also to find new ways to unify the diverse groups within academic medicine, to address policy concerns, and to articulate appropriate strategies for action.

These changes in AAMC direction are not, as one might say, purely academic. They are deliberate responses to a real need to ensure that the missions of academic medicine continue to be achieved. Meeting this formidable challenge requires, not disconnected efforts by the few, but a dedicated team effort from the whole. For it is only through collaboration that we can together build a successful, shared vision for the future.

A handwritten signature in black ink, reading "Jordan J. Cohen". The signature is written in a cursive, flowing style with a large initial "J".

Jordan J. Cohen, M.D.

AAMC President

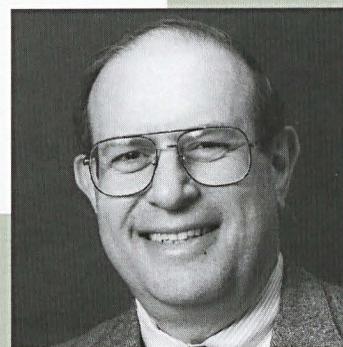
chair's message

The AAMC addressed several critical issues this year. First, we needed to ensure that academic medicine's concerns were heard and understood in the new political environment resulting from the landmark congressional elections of 1994. We also had to launch staunch opposition to congressional recommendations that would dramatically reduce Medicare's support for the academic missions of medical schools and teaching hospitals. Third, we had to safeguard federal support for the costs of research, also seriously threatened in these stark budgetary times.

Responding to these challenges required that the Association possess the ability to make timely, sometimes immediate, strategic decisions, establish a sense of accountability for these decisions, and engineer real change as a result of them within the academic medicine community. The Association's best mechanism to engender this acute, accountable response system was, and remains, its three Advisory Panels.

These broad-based panels—each a virtual microcosm of the AAMC's diverse membership—played a crucial role in helping the Association achieve palpable success in managing its leading concerns this year. The Advisory Panel on Strategic Positioning for Health Care Reform provided deliberate, thoughtful analyses of the many issues related to the physician workforce, and funding for graduate medical education in particular. Most notable was the panel's leadership to advance AAMC policies concerning the burgeoning of international medical graduates in U.S. training programs without unduly harming those teaching hospitals that depend on these physicians to deliver patient care services. While many issues under the panel's purview remain in flux—particularly Medicare's support for the missions of academic medicine—the panel surely should be credited with improving congressional understanding of and receptivity to one of our community's leading funding and policy concerns.

Similarly, the AAMC's Advisory Panel on Biomedical Research (APBR) helped shepherd the academic medicine community through the complex deliberations swirling around federal support for research costs. The panel's leadership has proven instrumental in reaching important accommodations with the Clinton administration regarding federal support of these costs, reassuring Congress about academic medicine's dependence



upon and appropriate use of this federal money, and advancing understanding of innovative proposals to address this issue over time. APBR also lent its guidance throughout the federal appropriations process which, despite its bleak beginnings, appears to have ended with support for biomedical research again standing on firm ground.

This year the Association's newest panel, the Advisory Panel on the Mission and Organization of Medical Schools, provided long-range, strategic guidance that has helped our community gauge how decisions made in the heat of the moment today will play out for our institutions in the future. The evolving work of this panel continues to provide us with an unflinching commentary of our strengths, weaknesses, and increasing need to change to ensure survival. Their ongoing input undoubtedly will continue to serve us well as the panel navigates medical education on its largely uncharted journey into the 21st century.

This year has been intense and filled with volatile issues of supreme importance to our community. It appears, however, that we will come through 1995 somewhat leaner but otherwise intact. Much credit for our continued well-being goes to these AAMC Advisory Panels and the critical contributions they have made. These panels give evidence to the power we have as a collaborative community—if we choose to use it.

A handwritten signature in black ink that reads "Kenneth I. Berns". The signature is written in a cursive, flowing style.

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

AAMC Chair

1994-95

Governance

and

Membership

The AAMC's members are:

- The nation's 125 accredited U.S. medical schools, each represented by its dean in the Council of Deans;
- 400 teaching hospitals with substantial research and educational activities, including 74 Department of Veterans' Affairs medical centers, represented by their CEOs on the Council of Teaching Hospitals;
- 86 academic and professional societies, each represented by two delegates to the Council of Academic Societies, representing approximately 87,000 faculty members;
- 126 students serving in the Organization of Student Representatives, representing 67,000 medical students;
- 48 residents appointed by academic societies representing 102,000 residents;
- 16 Canadian medical schools as associate members;
- More than 600 individuals interested in medical education;
- Faculty members and administrators of medical colleges, teaching hospitals, and academic medical centers who represent their institutions as members of the AAMC's professional groups:
 - Group on Business Affairs
 - Group on Educational Affairs
Section on Resident Education
 - Group on Faculty Practice
 - Group on Institutional Advancement
 - Group on Institutional Planning
 - Group on Student Affairs
Minority Affairs Section
 - Government Relations Representatives
(in collaboration with the Association of Academic Health Centers)
 - Women in Medicine



executive council

The Association is governed by a 30-member Executive Council whose participants are elected by the Council of Deans (COD), the Council of Teaching Hospitals (COTH), the Council of Academic Societies (CAS), the Organization of Resident Representatives (ORR), and the Organization of Student Representatives (OSR).

The officers of the Association and a Distinguished Service Member representative to the Council are elected by the Assembly, the Association's legislative body composed of all 125 members of the COD, 125 members of the COTH, 86 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 the Executive Branch agencies, as well as representatives of medical and health care organizations, meet with the AAMC Executive Council and the Administrative Boards to discuss leading health care issues. This past year the AAMC's governance heard from:

- Scott Fassbach, President, Health Care Division, The Advisory Board Company
- The Honorable Nancy Johnson, R-Conn., United States House of Representatives
- David Kessler, M.D., Commissioner, Food and Drug Administration
- The Honorable Jay Rockefeller, D-W.Va., United States Senate
- The Honorable Fortney (Pete) Stark, D-Calif., United States House of Representatives



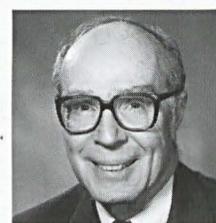
Chair

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



Chair-Elect

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



Immediate Past Chair

Stuart Bondurant, M.D.*
New York Academy of
Medicine



President

Jordan J. Cohen, M.D.*
Association of American
Medical Colleges



Distinguished Service Member

D. Kay Clawson, M.D.
University of Kentucky
College of Medicine

council of deans administrative board

This year the Council of Deans (COD) Administrative Board devoted considerable attention to the future of the medical school in the changing health care environment, the need to preserve and nurture the academic missions of education and research, and the development of effective advocacy strategies. The Board also has initiated a number of new communication mechanisms using electronic media that permit a more rapid exchange of information throughout the academic medicine community.



Chair

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

Chair-Elect

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

Immediate Past Chair

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

Gerard N. Burrow, M.D.*
Yale University School of
Medicine

Robert M. Daugherty, Jr.,
M.D., Ph.D.*
University of Nevada School
of Medicine

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

Philip J. Fialkow, M.D.
University of Washington
School of Medicine

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

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

John J. Hutton, Jr., M.D.*
University of Cincinnati
College of Medicine

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

William A. Peck, M.D.*
Washington University
School of Medicine

* Executive Council Member
+ Resigned effective 8/31/95
++ Resigned effective 7/27/95

council of teaching hospitals administrative board

The Council of Teaching Hospitals (COTH) comprises the organizations that deliver comprehensive health care services in an environment that supports clinical research and medical education. This year the COTH Administrative Board has focused its attention on the transformations occurring in the organization, delivery, and financing of health care. The Board also has been working to determine how the Association's membership, programs, services, policies, and advocacy activities can best be formulated to support member institutions and the health care needs of society.

The COTH continues to be instrumental in the AAMC's development of strategies to respond to proposed changes in Medicare and Medicaid funding for teaching hospitals, and its activities in relation to changes in graduate medical education.



Chair

R. Edward Howell*
University of Iowa Hospitals
and Clinics

Chair-Elect

Frank A. Butler*
University Hospital, University
of Kentucky College of
Medicine

Immediate Past

Chair

Charles M. O'Brien, Jr.*
The Western Pennsylvania
Hospital

David D'Eramo, Ph.D.*
St. Francis Hospital and
Medical Center

John D. Forsyth
University of Michigan
Hospitals

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

Timothy M. Goldfarb
Oregon Health Sciences
University Hospital

William I. Jenkins
Sinai Samaritan Medical
Center

Robert E. Lindsey, Jr.
Veterans Affairs
Representative, Park City,
Utah

Kevin E. Lofton
University of Alabama
Hospitals

Ralph W. Muller
University of Chicago
Hospitals

Edmond F. Notebaert
Children's Hospital of
Philadelphia

Ronald R. Peterson*
The Johns Hopkins Bayview
Medical Center

Mary A. Piccione +
University of California,
Irvine, College of Medicine

Lorraine Tregde*
Bronx Municipal Hospital
Center

* Executive Council Member
+ Resigned effective 8/7/95

council of academic societies administrative board

The Council of Academic Societies (CAS), staffed by the Division of Biomedical Research, represents the clinical and basic sciences faculty of medical schools through its 86-member professional organizations. The Council's Administrative Board is especially attentive to issues affecting basic and clinical research, and graduate and undergraduate medical education. This year the CAS Board has explored ways to increase faculty visibility and participation throughout the Association.



Chair

Paul Friedman, M.D.*
University of California, San
Diego, School of Medicine

Chair-Elect

Robert O. Kelley, Ph.D.*
University of New Mexico
School of Medicine

Immediate Past

Chair

George A. Hedge, Ph.D.*
West Virginia University
School of Medicine

Diana S. Beattie, Ph.D.
West Virginia University
School of Medicine

Gail H. Cassell, Ph.D.
University of Alabama School
of Medicine

Rita Charon, M.D.*
Columbia University College
of Physicians and Surgeons

William E. Easterling, M.D.
University of North Carolina
School of Medicine

Thomas C. King, M.D. +
Columbia Presbyterian
Medical Center

Harry E. Mayhew, M.D.
Medical College of Ohio

David W. Nierenberg, M.D.*
Dartmouth-Hitchcock Medical
Center

Arthur J. Prange, Jr., M.D.
University of North Carolina
at Chapel Hill School of
Medicine

Beverly Rowley, Ph.D.*
Maricopa Medical Center

* Executive Council Member
+ Resigned effective 2/95

organization of resident representatives administrative board

The Organization of Resident Representatives (ORR) comprises representatives from 24 specialty organizations and provides a channel for residents to express their views on health care and medical education within the Association's governance. The ORR Administrative Board continues to strengthen professional development among its members, particularly with regard to teaching skills development and managing indebtedness and loan repayment. Of particular interest to ORR members is the determination of quality in residency education.



Chair

Denise Dupras, M.D., Ph.D.*
Mayo Graduate School of
Medicine

Chair-Elect

Nicholas Gideonse, M.D.*
Oregon Health Sciences
University

Immediate Past Chair

Michele C. Parker, M.D.
Shiprock Hospital

Deborah Baumgarten, M.D.
Emory University Hospital

Fernando Daniels, III, M.D.
Howard University Hospital

William J. Fortuner, III, M.D.
Pennsylvania State University
College of Medicine Hershey
Medical Center

Michael Greenberg, M.D.
University of California, San
Francisco, School of Medicine

Cathy Halperin, M.D.
Rush-Presbyterian-St. Luke's
Medical Center

* Executive Council Member

organization of student representatives administrative board

This year the OSR Administrative Board made its top priority the issues pertaining to relations between minority and majority students, conducting a study among OSR representatives to characterize the diversity of its own members and to identify their concerns. The OSR also developed a pamphlet describing the organization, and submitted for publication a paper describing community service by medical students. Communication among members was enhanced by a new electronic mail discussion group, and the placement of numerous OSR publications and documents on the Internet through the AAMC's gopher server.



Chair

Stacy Tessler*
Brown University School of
Medicine

Chair-Elect

Tony Kim*
The University of Medicine and
Dentistry of New Jersey-The
Robert Wood Johnson Medical
School

Immediate Past Chair

Bruce Weinstein
University of Connecticut
School of Medicine

Lina AbuJamra
Medical College of Wisconsin

Timothy Eidson
University of Tennessee,
Memphis, College of Medicine

Shamiran Feinglass
Emory University School of
Medicine

Jennifer Goedkin
University of Wisconsin Medical
School

Katie Patten
East Carolina University School
of Medicine

* Executive Council Member

Building
the Future
Together

The Association has pursued several projects in the past year that exemplify its goal to cultivate a more cross-cutting, team approach among staff and constituents.



"Taking Charge of the Future:" The AAMC Strategic Plan

Perhaps the most visible manifestation of the Association's cooperative spirit is the Strategic Plan, which not only illustrates multidisciplinary collaboration in action, but makes specific recommendations on ways the AAMC can pursue a more inclusive, team-oriented approach in virtually all of its efforts.

Work on the Association's Strategic Plan began more than a year ago and came to fruition at the 1995 Annual Meeting with the release of the final report, "Taking Charge of the Future." In a collective effort among AAMC constituents and staff, the planning process brought together diverse groups to brainstorm about the future of academic medicine and the Association's role therein.

This planning process proceeded along two parallel tracks, each guided by a working group. The Working Group on Vision, which included several individuals who are not members of the Association's traditional constituency, worked to craft an image of academic medicine and health care at the beginning of the 21st century, and the impact this new environment will have on medical schools, teaching hospitals, and the AAMC. The Working Group on Momentum concentrated on how best to build on the existing momentum generated by the Association's many successful efforts, how to diminish or even eliminate the momentum behind efforts no longer deemed of high priority, and how to create momentum for new activities in support of the ideas formulated by the Working Group on Vision.

Center for the Assessment and Management of Change in Academic Medicine

After gathering information from a broad spectrum of constituents and staff through such forums as the Annual Meeting, group and regional meetings, and meetings of related organizations, and through activities tailored specifically to gather staff and constituent views, the two working groups met several times to shape their findings into five strategic commitments to guide the Association into the future. They agreed that the AAMC should be: a champion of medical education in the context of research and patient care; an advocate for academic medicine and its missions of education, research, and patient care; an integrating force for academic medicine; a facilitator of change for academic medicine; and a provider of services to its constituents.

AAMC President Jordan J. Cohen, M.D., unveiled a draft of the plan at the June Executive Council meeting for the first stage of governance approval. Proposed new initiatives included the establishment of the Center for the Assessment and Management of Change in Academic Medicine to study the impact of changes in the health care system on medical institutions' education, research, organization, and financing activities, and the development of the AAMC's strategic alliances with professional organizations and private sector stakeholders.

The Plan recommended few changes to the governance system, but the Council of Academic Societies was urged to explore ways to attract more society leadership, provide more programming for special interest groups, and engage faculty leaders more directly through such mechanisms as advisory panels and task forces. The Council of Teaching Hospitals was advised to find ways to accommodate multi-hospital systems in its activities. The governance as a whole was requested to develop opportunities to involve the growing numbers of individuals who serve as CEOs for both medical schools and clinical enterprises. ■



Paul F. Griner, M.D., heads the Association's new study center.

One of the clearest messages the AAMC received during its strategic planning process was that the frenetic pace of change and the erosion of support for education and research are causing unprecedented stress throughout academic medicine. Constituents must make critically important management decisions, and they need timely information to make them correctly. In response, the AAMC established the Center for the Assessment and Management of Change in Academic Medicine.

The Center has two principal and interrelated purposes: to assess the near-term impact of the rapidly evolving environment on academic medicine institutions, and to consider academic medicine's long-term future. Its goal is to help the Association and its members manage the changes in the market and public policy needed to uphold academic values.

The Center will generate, coordinate, and analyze data; initiate studies; share successful strategies; and provide consultations to help AAMC members fulfill their core missions. Its spotlight will be on academic medical centers' changing organizational forms, financing, and institutional policies and its central focus will be on preserving medical education and research.

Paul F. Griner, M.D., will guide these efforts as the study center's director. The former general director and CEO of Strong Memorial Hospital and Samuel E. Durand Professor of Medicine at the University of Rochester School of Medicine and Dentistry is a recognized authority on medical decision-making and health service delivery, and has published extensively on topics such as improving the efficiency and effectiveness of diagnosis and management, the assessment of medical technology, and directions in health policy.

As a first step, the Center will identify a sentinel network of academic medical centers willing to provide detailed data on an ongoing basis and to participate in the Center's research projects. The institutions selected for the network will represent the diversity of Association membership and of the communities in which they reside. Their role will be to provide early warnings, benchmarking standards, and guidance for best practices. ■

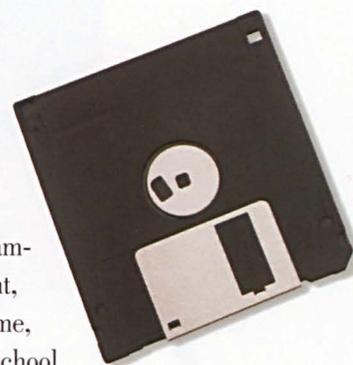
ERAS: The Electronic Residency Application Service



Harriette J. Smith, ob/gyn program coordinator at Brigham and Women's Hospital (seated), and Helen H. Morton, ob/gyn program manager at the University of Mississippi Medical Center, receive hands-on training in the ERAS system from Gwynne Kostin, AAMC ERAS program manager (right).

this year, the Association piloted its breakthrough Electronic Residency Application Service (ERAS). The development and first-stage implementation of this exciting new initiative to merge the residency application process with the latest in information technology has proved a truly collaborative endeavor, involving a range of AAMC constituents and staff including medical school student affairs and academic affairs officers, residency program directors, medical school deans, students, and information resource personnel, as well as other organizations and associations.

Before the advent of ERAS, a medical school with 100 students handled, on average, 15 residency applications per student, resulting in 4,500 separately mailed documents. At the other end of the process, residency programs received documents from five or more different sources for each candidate, resulting in some 6,000 separate documents for a typical program with 1,000 applicants.



With ERAS, the cumbersome process is consolidated and streamlined at every stage. An applicant, using a personal computer at home, in the library, or at the medical school, completes a common residency application on a computer diskette. The applicant walks the diskette to the Dean's Office where it is loaded into a secure workstation and joined with the student's scanned transcript, Dean's Letter, and letters of recommendation. The entire application package is then sent almost instantaneously over the Internet to each of the residency programs designated by the applicant. Each residency program director receives the applicant's information at his or her own secure ERAS workstation, which automatically creates a computer file for it. Program directors can then sort, review, or print the applications they receive at any time. An acknowledgment that the application package has been received successfully is sent automatically via e-mail to the medical school and student. Finally, ERAS easily allows the program director to create a rank order list to submit to the National Resident Matching Program, which matches applicants to residency programs.

To ensure that ERAS effectively meets its objectives, and to enable schools to adapt to the system on a manageable scale, the Association initiated a national pilot implementation this year involving residencies in obstetrics and gynecology. All medical students and physicians applying to 1996 PGY-1 positions in obstetrics and gynecology will use ERAS this year.

Working closely with the Council on Resident Education in Obstetrics and Gynecology, the AAMC engaged 100 percent of ob/gyn program directors to receive ERAS applications either electronically or—for those who have not yet set up their Internet connections—on paper. Program directors and student affairs deans and staff received training on the system by attending one of 16 AAMC ERAS sessions offered this summer.

Along with testing the system, the pilot will include a study of workload and procedural changes for residency programs and student affairs staff, as well as an assessment of any possible effects of ERAS on application volume to ob/gyn residencies. A successful pilot implementation will signal a green light for an expansion of ERAS to other specialties in the 1996-97 residency application year and beyond. ■



Consensus Conference on Family Violence

a collective effort among the AAMC's Division of Educational Research and Assessment, Section for Generalist Physician Programs, Section for Educational Programs, Women in Medicine, and the Organization of Student Representatives spawned the Association's first conference on educating medical students in issues of family violence, held last March.

Organized by Donald G. Kassebaum, M.D., AAMC VP for Educational Research and Assessment, the consensus conference brought together medical school leadership and students, faculty, domestic abuse activists, and curriculum experts to discuss and form consensus on how medical students can best learn to identify, treat, and help prevent incidents of abuse. "The consensus conference is a powerful tool for shaping collective ideas into educational strategies and tactics," noted Dr. Kassebaum.

Plenary speakers Richard Krugman, M.D., dean at the University of Colorado School of Medicine, and Edward N. Brandt, Jr., M.D., Ph.D., director of the Center for Health Policy Research and Development at the University of Oklahoma College of Medicine, focused on the need for more and better research into the causes and prevention of family violence, and the need to teach students—and faculty—how to overcome the misperceptions that cause society to hold the victim responsible. Dr. Brandt assured participants that his previous work to develop a prototype family violence curriculum had encouraged him that the subject is teachable, particularly in a multidisciplinary environment with experiential learning opportunities. "There is still room for didactic teaching, but students have to see real perpetrators, real victims," he said.

Mark Rosenberg, M.D., director of the National Center for Injury Prevention and Control at the Centers for Disease Control, praised the AAMC for its "timely and powerful" examination of

the issue, and urged medical school representatives to move forward quickly to make teaching models operational in order to capitalize on the current tide of public interest and support.

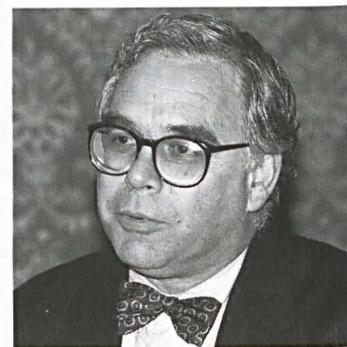
Strategies for curricular change were presented by Phyllis A. Guze, M.D., dean for Education at UCLA School of Medicine, and Elaine J. Alpert, M.D., assistant dean for Student Affairs at Boston University School of Medicine

and longtime advocate for education in family violence. Participants also heard from William R. Hazzard, M.D., chair of Internal Medicine at Bowman Gray School of Medicine, and Nancy J. Baker, M.D., clinical associate professor of Family Medicine at St. Paul-Ramsey Medical Center, on educational and experiential opportunities outside the medical school. Between plenary sessions, conference attendees gathered in small focus groups to grapple with curriculum questions, including learning objectives, course structures, and educational settings.

Proceedings of the consensus conference were published in the November 1995 issue of the Association's journal, *Academic Medicine*. ■

Advisory Panels

the Association's three Advisory Panels work to address critical issues affecting academic medicine by bringing together participants representing diverse interests and constituencies, and allowing these groups to coalesce in developing goals and projects. The AAMC's first use of this problem-solving mechanism was the Advisory Panel on Biomedical Research (APBR), established in 1990. This Panel differed from traditional AAMC committees in three important respects. First, while Advisory Panel membership includes representatives of the three AAMC constituent councils, the group also receives input from segments of academic medicine not directly represented in the AAMC governance, from other professional organizations with which the AAMC has collaborated, and from sectors outside academic medicine. Second, the Advisory Panel has an open-ended charge not only to debate issues for policy recommendations to the Executive Council, but also to develop new programmatic initiatives for the Association. And finally, the Panel's members are appointed for several years' duration, allowing them to gain broad background and familiarity with the issues they consider.



Richard Krugman, M.D., dean at the University of Colorado School of Medicine, addressing the opening session of the AAMC's Consensus Conference on Family Violence, stressed the need for more and better research in effective prevention.

Since its inception the APBR has:

- developed recommendations on reimbursement for institutional costs of research;
- studied the Biomedical Research and Development Price Index;
- encouraged the formation of the subcommittee on Graduate Research, Education, and Training (GREAT) and sponsored its meetings in October 1994 and 1995;
- enhanced AAMC advocacy efforts on behalf of biomedical research; and
- initiated AAMC data collection relating to the training of biomedical scientists.

The Advisory Panel mechanism inaugurated by the APBR proved so effective as both a policy development tool and as a means of engaging diverse segments of the constituency on a set of common issues that a second panel was created in 1992. The Advisory Panel on Strategic Positioning for Health Care Reform has:

- issued seven position and technical papers on topics as diverse as continuing medical education and principles for national health care reform;
- provided ongoing advice and counsel on health care reform proposals, as well as proposals to reshape Medicaid and Medicare;
- addressed workforce issues, specifically regarding international medical graduates in residency positions;
- planned educational seminars for the AAMC membership on changes in health care delivery; and



The May 1995 meeting of the Advisory Panel on Strategic Positioning for Health Care Reform was devoted to crafting policy recommendations regarding international medical graduates (IMGs). (From left) William Vaun, M.D., executive director of the Advisory Graduate Medical Education Council at UMDNJ-The New Jersey Medical School; Spencer Foreman, M.D., president of Montefiore Medical Center; and Barbara Green, senior VP of the Greater New York Hospital Association, presented concerns that New York and New Jersey hospitals will be adversely affected by IMG reductions.



APMOMS Chair Andrew Wallace, M.D., dean at Dartmouth (right), with panel member David Korn, M.D., AAMC Distinguished Scholar-in-Residence and former dean at Stanford and chair of the AAMC Task Force on Medical School Financing, at APMOMS' first meeting in August 1994.

- provided guidance on the development of new research and membership support activities such as AAMC ACCESS.

The AAMC's newest Advisory Panel is APMOMS—the Advisory Panel on the Mission and Organization of Medical Schools, which held its first meeting in August 1994. Almost immediately Panel members broke into six working groups charged with exploring the vital roles and missions of medical schools and how they will be manifested in the future. These working groups are:

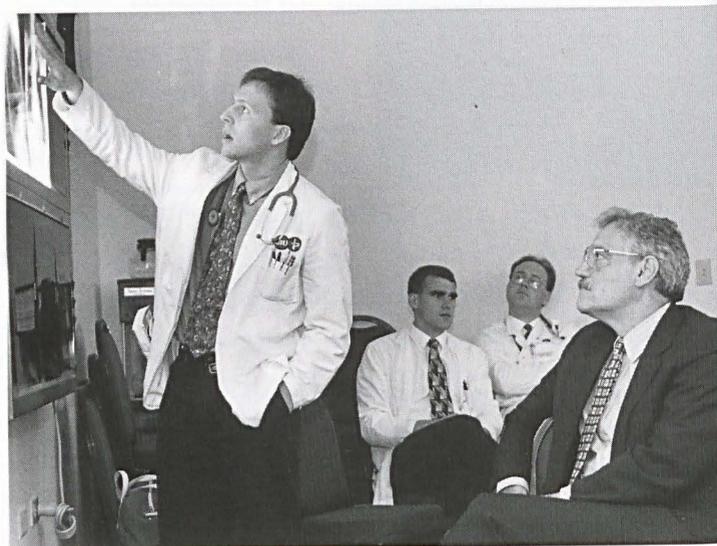
- Capturing the Promise of Biomedical Research
- Nurturing the Development of Primary Care
- Preserving the Medical Schools' Academic Mission in a Competitive Marketplace
- Adapting to Resource Constraints
- Fulfilling the Social Contract
- Tapping the Power of Information

In many ways APMOMS is a work-in-progress; a means of engaging the academic medicine community in a dialogue about its core values, its societal responsibilities, and the most effective means of accomplishing its objectives. The deliberations of APMOMS are highlighted in an ongoing feature in the *AAMC Reporter*.

In addition, the Advisory Panel's working groups are in the process of preparing products such as "white papers" and recommendations to the AAMC to help address the evolving needs of the community. APMOMS also has been working with the Task Force on Medical School Financing to describe more precisely threats to the financial viability of medical schools, the cost of undergraduate medical education, the increased costs associated with moving clinical education to ambulatory settings, and other national data that can help build the case for greater public support of medical schools. ■

The Year in Review

office of the president



Last spring, Dr. Cohen lectured at a number of medical schools, delivering the AAMC's message about the difficulties facing academic medicine to some of its most influential stakeholders—students and residents. In a visit to Southern Illinois University, Dr. Cohen reviewed x-rays with medical student David Kowalski during Grand Rounds.

the principal agenda item for the Office of the President this past year has been the development of the AAMC's Strategic Plan through which academic medicine can better address the challenges and choices presented by transformations in the U.S. health care system.

AAMC President Jordan J. Cohen, M.D., has taken an active, personal role in developing the plan—titled “Taking Charge of the Future”—by chairing the working groups on Vision and Momentum, guiding dialogues with the principal governance components of the Association, and leading a series of executive staff retreats to transform constituent recommendations into an action plan for Association programs and services.

A key outcome of the planning process has been a series of management efforts designed to bring the full range of Association resources and services to bear on the issues of importance to the various Association constituencies. These actions have included some restructuring of Association offices and divisions, the renaming of some organizational units to reflect more accurately the scope of their programs and services, and the articulation of an Association-wide commitment to

greater integration in its staff efforts. The plan also generated one of the AAMC's most visible new innovations: the Center for the Assessment and Management of Change in Academic Medicine.

Dr. Cohen also has emphasized the need for greater communication among members and between members and the AAMC staff. This need has been met, in part, by allocating more resources to improve the Association's mechanisms for electronic communication, by expanding the program of school visits, and

by increasing the number of special topic briefing sessions offered to members.

Taking a lead role in the Association's communication and advocacy efforts, Dr. Cohen has participated in a number of interviews with the news media, and appeared frequently on Capitol Hill for formal presentations of AAMC testimony and for behind-the-scenes meetings with legislators. ■

office of administrative services

The Office of Administrative Services handles the day-to-day administrative matters of the Association, including accounting, budget preparation and control, financial reporting, investments, facilities management, business services, printing operations, and human resources. With a significant increase in publication order fulfillment, meetings registration, and the American Medical College Application Service operations, the Office implemented a new credit card payment system, reducing the burden of check processing and providing convenience to constituents and others. The Association's employees number 275 full-time and part-time staff, plus an additional 55 seasonal workers during the peak medical school application season. Publication orders reached a record 157,000 in fiscal year 1995. ■





House Speaker Newt Gingrich, R-Ga. (center), met with AAMC advocates as part of the AAMC/AHC Capitol Hill Day Feb. 14. From left, AAMC President Jordan J. Cohen, M.D.; Jeffrey L. Houpt, M.D., dean, Emory University School of Medicine; Morton S. Silberman, D.V.M., assistant director, R.W. Woodruff Health Sciences Center, Emory; and Richard Knapp, Ph.D., AAMC executive VP.

amid dramatic changes in the public and private sectors, medical schools and teaching hospitals faced an unparalleled period of vital and volatile legislative issues this year. The watershed congressional elections of 1994 resulted in a host of new federal legislators and Republican leadership in both houses of Congress for the first time in 40 years. Momentum to reduce significantly national spending to balance the federal budget reached a fever pitch, and competitive pressures to reshape the nation's health care delivery system continued unabated. The Association's leadership, in recognition of this complex environment, retooled its approach to legislative issues. In particular, the AAMC's leaders agreed that the Association must embark on a major campaign to preserve federal support for the missions of academic medicine through the Medicare indirect medical education (IME) adjustment and the reimbursement of overhead costs associated with federally funded research conducted at academic medical centers.

The AAMC employed two strategies to amplify academic medicine's voice on Capitol Hill on these and other issues. First, it expanded its advocacy team by enlisting the help of legislative consultants Roderick A. DeArment, a partner with the Covington & Burling law firm and former chief of staff for Sen. Bob Dole (R-Kan.); Joan L. Kutcher, legislative counsel with Covington &

Burling who served in a similar capacity for former New York Governor Mario Cuomo; David Krawitz, of the firm Gold and Liebengood, former administrative assistant to Sen. Donald Riegle, (D-Mich.); and John F. Scruggs, managing director of Gold and Liebengood, who served as HHS assistant secretary for Legislation under President Ronald Reagan and as part of Sen. Trent Lott's (D-Miss.) staff during the legislator's tenure in the House of Representatives. These individuals have worked with the AAMC to engage the attention of the new Congress on issues important to academic medicine, and to ensure that the concerns of medical schools and teaching hospitals are clearly heard and understood.

Second, the Association increased the visibility of the IME and research costs issues on Capitol Hill by encouraging and supporting direct contact between AAMC members and their elected officials. More than 150 medical school deans, hospital CEOs, trustees, and government relations professionals met with their federal legislators as part of the first AAMC/ Association of Academic Health Centers (AHC) "Capitol Hill Day" Feb. 14. The full-day event commenced with AAMC leaders describing the threats their institutions face to members of the Washington press corps at a press breakfast. Then AAMC and AHC constituents convened for an in-depth briefing on the issues moderated by the AAMC, and proceeded to Capitol Hill to meet with federal legislators and staff.

This successful effort spurred several subsequent AAMC initiatives during May and June, through which teams of medical center executives continued the dialogue initiated in February with their own members of Congress and a host of key congressional leaders.

AAMC constituent action was enhanced by the Association's Office of Governmental Relations' ongoing efforts to provide up-to-the minute, accurate information on relevant legislation. In addition, the AAMC continues to work individually and within coalitions to support increased funding for the National Institutes of Health, health professions education programs, the Agency for Health Care Policy and Research, the health research and medical care budgets of the Department of Veterans' Affairs, and a host of related issues. ■

1994-95 Testimony

■ "The Emerging Market For Health Services and Implications For Academic Medicine." Presented by Jordan J. Cohen, M.D., president, AAMC, to the Physician Payment Review Commission, Nov. 21, 1994.

■ "The Definition of Primary Care and Challenges to Medical Education." Presented by Jordan J. Cohen, M.D., president, AAMC, to the Institute of Medicine, Committee on the Future of Primary Care, Dec. 5, 1994.

■ "AAMC Perspective on Research Integrity." Presented by Joseph Keyes, Jr., J.D., senior VP and General Counsel, AAMC, to the HHS Commission on Research Integrity, Jan. 5, 1995.

■ "Project 3000 by 2000: A Model Program To Promote Hispanic Educational Excellence in the Health Sciences." Presented by Timothy Ready, Ph.D., director, *Project 3000 by 2000*, AAMC, to the White House Commission on Hispanic Excellence in Education, Jan. 20, 1995.



David A. Blake, Ph.D., executive vice dean, Johns Hopkins School of Medicine.



Eric B. Munson, executive director, University of North Carolina Hospitals.



Jordan J. Cohen, M.D., president, AAMC.



R. Edward Howell, director and CEO, University of Iowa Hospitals and Clinics.



Daniel H. Winship, M.D., dean, Loyola-Stritch (right), with Rep. Tim Hutchinson, R-Ark., chair of the House Veterans' Affairs Subcommittee on Hospitals and Health Care.

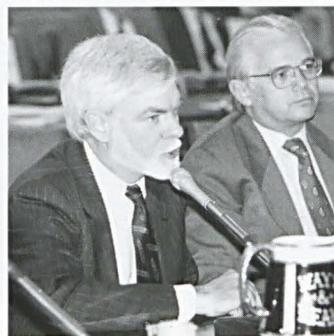


Peter W. Van Etten, president and CEO, Stanford Health Services.

- "FY 1996 Appropriations for the Department of Health and Human Services." Presented by Kenneth I. Berns, M.D., Ph.D., professor and chair of Microbiology, Cornell University Medical College and chair, AAMC, to the Subcommittee on Labor, Health and Human Services, Education and Related Agencies of the House Committee on Appropriations, Jan. 31, 1995.
- "Importance of the Medicare Program to the Overall Financial Viability of Academic Medicine." Presented by Nelson Ford, chief operating officer, Georgetown University Medical Center, to the Subcommittee on Health, House Committee on Ways and Means, Feb. 6, 1995.
- "Reauthorization of Titles VII and VIII of the Public Health Service Act." Presented by Jordan J. Cohen, M.D., president, AAMC, to the Senate Committee on Labor and Human Resources, March 8, 1995.
- "Issues Regarding Graduate Medical Education and Teaching Hospitals." Presented by Eric B. Munson, executive director, University of North Carolina Hospitals, to the Subcommittee on Health, House Committee on Ways and Means, March 23, 1995.
- "FY 1996 Appropriations For The Department of Health and Human Services." Submitted to the Subcommittee on Labor, Health and Human Services, Education and Related Agencies of the Senate Committee on Appropriations, March 31, 1995.
- "Reorganization of the Veterans Health Administration." Presented by Daniel H. Winship, M.D., dean, Stritch School of Medicine, Loyola University of Chicago, to the Subcommittee on Hospitals and Health Care, House Committee on Veterans' Affairs, April 6, 1995.
- "Future of the Medicare Program." Presented by R. Edward Howell, director and CEO, University of Iowa Hospitals and Clinics, to the Subcommittee on Health and Environment, House Committee on Commerce, June 28, 1995.
- "Reform of the Eligibility Standards of the Veterans Health Administration." Presented by Robert I. Keimowitz, M.D., dean for Academic Affairs, The George Washington University School of Medicine and Health Sciences, before the House Committee on Veterans' Affairs, July 19, 1995.
- "The Importance of the Medicare Program in Supporting Academic Medicine." Presented by Peter W. Van Etten, president and CEO, Stanford Health Services, before the Subcommittee on Health, House Committee on Ways and Means, July 20, 1995.
- "Financial Disclosure By Clinical Investigators." Presented by David A. Blake, Ph.D., executive vice dean, Johns Hopkins School of Medicine and Member, AAMC Committee on Research Integrity, to the Food and Drug Administration, July 20, 1995.
- "The Importance of the Medicare Program in Supporting Academic Medicine." Presented by Jordan J. Cohen, M.D., president, AAMC, before the Senate Finance Committee, July 26, 1995.
- "Comments on the Medicare Preservation Act Subtitle E: Reform Payments for Graduate Medical Education and Teaching Hospitals." Presented by Jordan J. Cohen, M.D., president, AAMC, before the House Committee on Ways and Means, Sept. 22, 1995.



Joseph Keyes, Jr., J.D., senior VP and General Counsel, AAMC.



Nelson Ford, chief operating officer, Georgetown University Medical Center.



Kenneth I. Berns, M.D., professor and chairman of Microbiology, Cornell University Medical College and Chair, AAMC.



Charles Killian (left), assistant VP and director of Information Management, and Thomas Moberg, Ph.D., VP for the Office of Information Resources.

Information is one of the Association's most valuable assets, and organizing, managing, and helping users navigate that information is the vital role of the Office of Information Resources. The Office has worked creatively over the past year to develop new modes of providing, storing, and archiving electronic information both for use within the AAMC and to support and enhance programs and services for members.

This past spring marked the launch of AAMCInfo, the Association's array of Internet services. The AAMC gopher server, which made its debut in March, allows easy Internet access to text-based information from the Association and from related sites around the world. Thousands of users have tapped into this resource so far, reading and downloading information about the AAMC and its issues, policies, publications, legislative agenda, media relations efforts, and much more. In addition, the gopher server provides general information about academic medicine, such as advice for students considering medical school and the latest on minority health issues. The scope and size of the AAMC's gopher grows daily as staff place new materials on the system and update existing information. Anyone with Internet capabilities may access the gopher server at gopher.aamc.org.

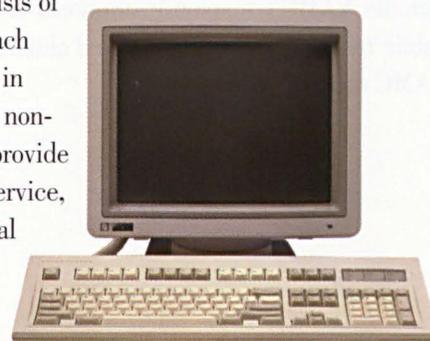
The academic medicine community also is linking up and communicating in new ways through the AAMCInfo Listserv, which uses e-mail technology to bring constituents together in on-line, focused, group discussions. Constituents and staff who subscribe to a list—usually based on a topic or the interests of a specific group—can transmit e-mail messages to the list for the other subscribers to read and respond to, thereby carrying on a

textual, archived "discussion." Online discussions already are underway among several AAMC constituent groups and in-house staff groups, including the Council of Academic Societies Administrative Board, the Organization of Student Representatives, Women Liaison Officers, the Office of Governmental Relations, the Group on Institutional Planning, the Group on Student Affairs, and the Group on Business Affairs. In addition, a discussion group has been set up to serve all medical school deans.

The most recent innovation for AAMCInfo is the AAMC Homepage on the World Wide Web. With Web browsing software such as Mosaic or Netscape, users can access all the information on the AAMC gopher and much more. The Homepage can present not only text-based information, but also graphics and photographs. "Hypertext" links help the user move easily and seamlessly from one document to another. The Homepage is an ongoing priority for the Office of Information Resources, and likely will be enhanced to include sound and video links, as well as links to other homepages on the Internet of interest to constituents. The AAMC Homepage address is <http://www.aamc.org>.

This past year, the Office's role has expanded to encompass more support for the internal use of information resources, and new activities that directly affect the Association's constituents. Besides supplying, managing, and supporting the Association's technology resources, the Office is responsible for Association-wide coordination and management of data resources, statistical and data management assistance for research activities, support for outreach activities related to the use of information technology in medical education, and liaison with other groups and associations on issues related to the management of information resources.

The Office underwent a fundamental restructuring this year to reflect its expanded and more service-related mission. The new staff structure consists of five functional teams, each with a director, working in a closely integrated and non-hierarchical fashion to provide a greater emphasis on service, quality, and technological leadership. ■





as market pressures on academic medicine institutions build, and the specter of substantially reduced federal support for their missions materializes, the need for these institutions to convey the importance of their survival to the nation has never been greater. In response, the AAMC Office of Communications has re-engineered its efforts to underscore academic medicine institutions' educational, medical, scientific, and social missions; their special services; and their unique contributions to the health of the public.

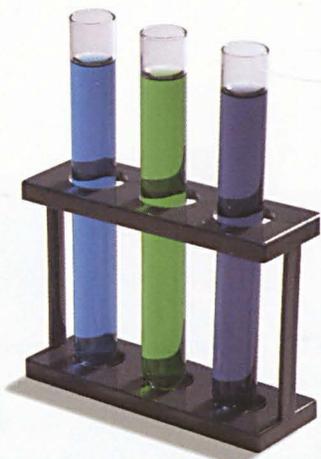
Throughout the year, Communications staff have promoted the specific efforts of member institutions. Each of the Association's public and media relations efforts, publications, and special projects has been tailored to further this communications strategy. To accomplish this, the Office has reinvigorated its relationships with the AAMC Group on Institutional Advancement (GIA)—public relations, development, and alumni professionals at AAMC member institutions.

GIA members, serving enthusiastically as "field correspondents" for the Association's national newsletter the *AAMC Reporter*, provided news stories and photographs to enhance the Association's coverage of its member institutions. Notable examples of this collaborative effort include a feature highlighting medical schools' Match Day events; a roundup of institutions' successful advocacy activities; and comprehensive coverage of the immediate response by faculty, staff, students, and residents in the moments following the Oklahoma City bombing.

Complementing its internal publicity efforts, the Office worked to champion the causes of medical education and underscore the needs of the nation's medical schools and teaching hospitals through a broadened media relations program. This year the AAMC hosted and participated in a record number of press events that provided constituents with a forum through which they could convey their messages and concerns directly to the Washington press corps. This effort began on Feb. 14 when the AAMC arranged for constituents to brief Washington reporters on the damaging effects teaching hospitals would suffer if Medicare's support for academic medicine was severely reduced. Association members reiterated this message at several subsequent press events, including an AAMC Capitol Hill press conference May 16.

National television, newspaper, and magazine coverage amplified the AAMC's concern over dwindling public and private sector support for academic medicine. The issue was highlighted in an ABC News *Nightline* program devoted to the nation's threatened teaching hospitals; in editorials in the *New York Times*, *USA Today*, and the *Philadelphia Inquirer*; on National Public Radio and CNN; and in *Time*, the *Washington Post*, the *Wall Street Journal*, the *Boston Globe*, and dozens of other local news organs and trade publications.

division of biomedical research



The biomedical research community continues to grapple with concerns about research funding and training, the workforce, and integrity. The Association's Division of Biomedical Research positioned these issues squarely on its agenda this year, and through committee work and conferences, attempted to illuminate the current state of affairs and identify possible solutions to problems.

In October 1994 the AAMC's Advisory Panel on Biomedical Research (APBR) and its Graduate Research, Education, and Training (GREAT) Subcommittee hosted the first conference exclusively devoted to biomedical science graduate education in academic medical centers. Speakers, who included Institute of Medicine President Kenneth Shine, M.D.; M.R.C. Greenwood, Ph.D., associate director for Science in the government's Office of Science and Technology Policy; and Bruce Alberts, Ph.D., president of the National Academy of Sciences, discussed new models for graduate education and the need to provide broader training to prepare Ph.D. students for non-academic careers in industry and government, as well as in traditional academic surroundings. Participants also considered the need to change the training culture that emphasizes academic appointment as the pinnacle of success for graduates. The conference was received enthusiastically by the 150 participants, and another equally successful gathering took place in October 1995.

The Association has earned a reputation for being at the forefront of research integrity issues, and it accelerated its work in this area this year. In August 1994 the AAMC's Committee on Research Integrity hosted Steve Jennings, then staff director for the House Subcommittee on Regulation, Business Opportunities, and Technology, for a frank discussion of the government's concerns

about academic-industry partnerships. Later in the year, the Committee tackled the question of establishing codes of conduct for researchers and developing a definition of misconduct.

The longstanding crusade for adequate federal support for research conducted at academic medical institutions became more intense this year with the prospect of stagnant funding for NIH and widespread projections for future cuts. AAMC Chair Kenneth I. Berns, M.D., Ph.D., testified for the Association before the House Labor, HHS, and Education appropriations subcommittee in January, urging the panel to consider the unparalleled investment potential of biomedical research. In May the APBR was briefed by Anthony Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases, who noted that if the NIH budget was to stay level until 2000, losses imposed by inflation would amount to almost \$2.5 billion. At the same meeting, S. Anthony McCann, staff member of the House Appropriations Committee's Labor, HHS, Education, and Related Agencies Subcommittee, reported on the FY96 budget, and suggested that the AAMC continue its work to bring legislators to medical school campuses where they can gauge first-hand the importance of NIH, as well as Medicare, Medicaid, and other sources of support for academic medicine.

The APBR also tackled the issue of recovering the administrative and facilities costs of research, once known as "indirect costs." A panel that included Nelson Ford, chief operating officer at Georgetown; Maureen Byrnes, director of Federal Relations and Research Policy at the Association of American Universities; Howard Schachman, Ph.D., ombudsman to the Director, NIH; and Geoffrey Grant, acting director of the NIH Office of Policy for Extramural Research Administration, discussed approaches academic medicine could take to persuade Congress that the government must continue to reimburse universities adequately for such expenses. ■



Anthony Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases, reviewed his agency's current budget situation for members of the Advisory Panel for Biomedical Research.

division of community and minority programs



AAMC Research Associate Emilia Rodriguez-Stein, Ph.D., took admissions officers at Creighton University School of Medicine through the first Expanded Minority Admissions Exercise in July.

The Division of Community and Minority Programs restructured this year into two parts, one responsible for the AAMC's ongoing efforts to increase the numbers of underrepresented minorities in all areas of medicine, and another which houses the Association's peer-reviewed scholarly journal, *Academic Medicine*.

With affirmative action emerging as a leading topic of political debate, and with dwindling availability of financial aid for medical students, the need for innovative strategies to ensure that the number of underrepresented minorities in health care continues to increase is more crucial than ever. To that end, the Division continues to provide leadership in addressing the ongoing problem of minority underrepresentation at all stages of the medical education pipeline, from the precollege level to medical school faculties.

Project 3000 by 2000, the AAMC's campaign to increase dramatically the number of minority students entering U.S. medical schools, continued its record of accomplishment. This year, as in every year since the award-winning program was launched in 1991, growing numbers of medical schools have responded by forming educational partnerships with local school systems and undergraduate colleges to increase the number of well-prepared minority applicants. The program reached a milestone last fall

when the number of underrepresented minority applicants surpassed 5,000, and new entrants topped the 2,000 mark—12 percent of the 1994 entering class.

Earlier this year, the National Institutes of Health renewed the AAMC's Science Education Partnership Award (SEPA) through 1997. SEPA has helped the Association implement *Project 3000 by 2000* by supporting workshops, conferences, and publications for educators participating in the National Network for Health Science Partnerships (NESPA). Recently, *NESPA On-Line!* was developed to tap the potential of the Internet and further enhance communication among high school, college, and health professions educators. *NESPA On-Line!* is available on the AAMC's Internet gopher server and will eventually expand to include e-mail discussion groups.

This year also marked the launch of the *Project 3000 by 2000* Health Professions Partnership Initiative (HPPI). With funding from the Robert Wood Johnson Foundation and with the AAMC serving as the National Program Office, up to 10 grants will be awarded this year to support the implementation of *Project 3000 by 2000* community partnerships. HPPI will provide each grantee with up to \$350,000 over a five-year period to develop educational partnerships linking medical, nursing, and other health professions schools with colleges and school systems that serve large numbers of minority students. An additional round of funding is anticipated for 1996.





Using a mannequin, attending physician and clinical preceptor Raul Marquez, M.D., leads students in the University of Arizona MMEP through an anesthesiology lesson.

The Division also published several new *Project 3000 by 2000* resources, including the *Technical Assistance Manual Data Supplement*—a companion volume to the 1992 *Technical Assistance Manual* which is customized for each medical school. The supplement contains detailed information about a school's actual and potential minority applicant pool from high school onward. The *Secondary School Science Minority Achievement Registry (S³MAR)* is a two-volume set listing 151 educational programs serving minority high school students interested in medicine and related fields, and a listing of names, addresses, and career interests of more than 3,000 current program participants. It is distributed to undergraduate colleges, medical schools, and other health professions programs. The *Project 3000 by 2000 Year Three Progress Report* presents an overview of accomplishments to date and provides a detailed statistical appendix. *Minority Students in Medical Education: Facts and Figures VII* contains detailed information, graphics, and tables on minority medical students, including data on applicants, admissions, retention, and specialty practice data. The Division also publishes two newsletters. *NESPA NEWS* provides information related to *Project 3000 by 2000* to more than 3,500 educators in the NESPA network, and the *S³MAR Grapevine* provides guidance to students listed in the *S³MAR* on how to prepare for a career in the health professions.

Other divisional programs include the Minority Faculty Career Development Seminar, which identifies and assists underrepresented minority faculty interested in pursuing leadership positions in academic medicine; the Minority Physician Database, which provides the only electronic resource integrating demographic, education history, practice characteristics, and other data on minority physicians; and the Minority Medical Education Program (MMEP), funded by the Robert Wood Johnson Foundation, which enables promising minority college students to participate in summer enrichment programs at designated medical schools around the country. In addition, the Health Services Research Institute—funded by the Agency for Health Care Policy and Research and administered by the AAMC—began its second 18-month program to help young health services researchers from underrepresented minority groups develop their careers. The Institute, established in 1992, provides minority medical school faculty with formal programs that enhance their research and grant-writing skills.

Following two years of development and testing, the AAMC launched another new program, the Expanded Minority Admissions Exercise (EMAE). EMAE is designed to train medical school admissions officers to evaluate more effectively underrepresented minority applicants for admission. Creighton University School of Medicine admissions officers were the first to participate in the workshop, which shows interviewers how to look beyond variables such as GPAs and test scores to determine whether a student is prepared for the rigors of medical school. Assessments are based on such non-cognitive factors as realistic self-appraisal, ability to communicate, leadership, determination, maturity, emotional support, and social commitment.

Academic Medicine, the AAMC's monthly peer-reviewed journal, serves as the scholarly voice for members of the AAMC's diverse community: leaders of medical schools, teaching hospitals, and research institutes as well as other influencers and stakeholders in health care. It brings the ideas of policymakers to the

academic medicine community, and presents the community's concerns and research to the policy community.

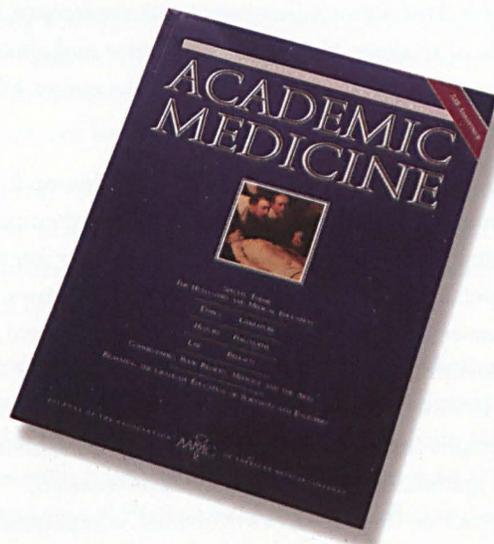
In 1995 *Academic Medicine* celebrated its 70th anniversary, marking the July 1926 publication of the *Bulletin of the Association of American Medical Colleges*, the first journal devoted exclusively to the issues of academic medicine and its institutions. Today's journal is a monthly publication that provides an international forum for exchanging ideas and information on all areas of medical education, from administration to policy, and from premed to CME.

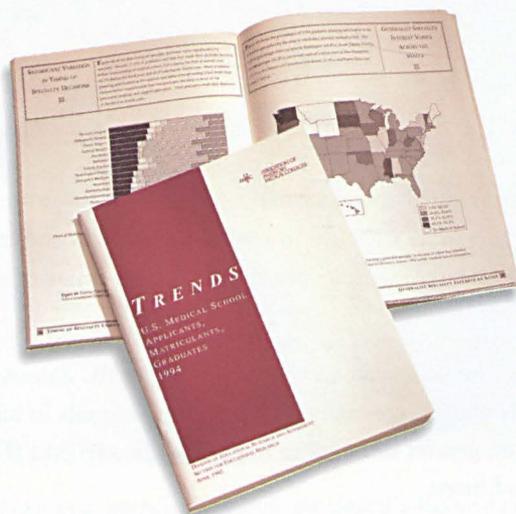
Academic Medicine published several special features this year:

- A supplement, "Primary Care and the Education of the Generalist Physician: Coming of Age," comprising papers selected by a special editorial board following a national call for papers.
- A theme issue, "The Humanities in Medical Education," containing essays on the role of bioethics, history, law, literature, philosophy, and religion together with related articles.
- A supplement, "Toward a Global Consensus on Quality Medical Education: Serving the Needs of Populations and Individuals," summarizing the proceedings of a 1994 conference sponsored by the World Health Organization and the Educational Commission for Foreign Medical Graduates.
- The proceedings of the AAMC's Consensus Conference on the Education of Medical Students About Family Violence and Abuse.
- A new section devoted to literature reviews, beginning with a meta-analysis of studies on career choice in primary care and generalism.

- "In Progress," the second annual collection of peer-reviewed reports on new approaches in medical education and training, covering undergraduate education through continuing medical education.
- A continuing series of reports, based on AAMC databases, on career choice, specialty choice, use of animals in medical education, gender differences among applicants and matriculants, and more.

Journal staff are assisted by academic medicine faculty who serve as associate editors for specialized sections devoted to specific topics, and work closely with a 19-member editorial board comprising leaders from all segments of the academic medicine community. ■





the Division of Educational Research and Assessment fulfills diverse roles at the AAMC, from collecting data about the nation's medical students to counseling foreign medical educators about academic medicine in America. The Division broke exciting new ground this year by organizing the Association's first consensus conference on educating medical students about family violence and abuse, publishing the conference proceedings in the November 1995 issue of *Academic Medicine*.

Each year the Division's Section for Educational Research collects data from the nation's matriculating and graduating medical students. This year's responses showed rising interest in generalist specialties among both graduates and matriculants for the third consecutive year. Interest in medical, surgical, and support specialties continued to decline. The Section also published the 1994 edition of *TRENDS*, its popular collection of tables and graphs that explores trends in medical student demographics, graduation rates, minority representation, specialty and practice trends, career decisions, educational debt, and financing.

The Section also published several papers in *Academic Medicine* this past year, among them studies on the factors accounting for the decline and rise of the medical school applicant pool (April 1995), medical school factors influencing students' interest in research careers (September 1995), and an analysis of the pattern of students' career indecision and rejection of specialty choices (October 1995).

As the 1994-95 Secretariat for the Liaison Committee on Medical Education (LCME), the Division's Section for Accreditation administered some 30 site visits throughout North America. In addition, Division VP Donald G. Kassebaum, M.D., was a visiting professor and consultant to medical schools in Poland and Hungary, and organized meetings in Washington with deans, rectors, and educators from medical schools in Russia, Israel, Egypt, Poland, Hungary, and Pakistan. ■



Victor Tchernychov (left) and Vladimir Petrov were among a contingent of 16 Russian medical school deans who met with AAMC staff to gather knowledge about medical education in the U.S. The meeting was organized by the Division of Educational Research and Assessment.



In the past year, the forces driving reform of the nation's health care delivery system have shifted from the national policymaking arena to the marketplace, causing dramatic repercussions for the entire academic medicine community—and teaching hospitals in particular. Recognizing this, the AAMC's Division of Health Care Affairs has intensified its efforts to provide AAMC constituents with the most current intelligence about the competitive marketplace and its impact on academic medicine.

To this end, the Division has conducted and commissioned a variety of studies this year. They include:

- The creation of a Medicare direct graduate medical education (DME) payment model—in collaboration with Price Waterhouse—that enables the AAMC to project the financial consequences of congressional proposals to change the parameters of this payment by state, region, and type of institution.
- A study investigating the impact of the Adjusted Average Per Capita Cost (AAPCC)—Medicare's payment methodology for contracts to risk-based, managed care plans—on academic medical centers and teaching hospitals. The findings show that this methodology, coupled with the movement of

Medicare beneficiaries from traditional payment systems to risk contract plans, places teaching hospitals at increased risk.

- The AAMC Group on Faculty Practice (GFP) Longitudinal Survey of Practice Plan Revenue, comprising quarterly surveys of 20 selected medical schools that document changes in practice plan revenue over time.
- A survey of integrated health care delivery system characteristics that collects data about the types of providers (including hospitals, health systems, physician groups, managed care companies, and home health agencies) in each system; the types of arrangements (joint ventures, partnerships, mergers) among and between them; the strategies for building primary care capacity; the number of covered lives currently served; and the projected number of covered lives the delivery system is expected to serve in five years.
- A survey of medical staff privileges designed to determine the extent to which Council of Teaching Hospital (COTH) member hospitals have revised privileges to accommodate the development of integrated delivery networks.
- A comprehensive survey of the internal medicine residency programs at COTH and non-COTH institutions conducted by the Study Group on the Future of Graduate Medical Education, a collaborative effort between the COTH and the Association of Professors of Medicine. This survey is a key component of this group's larger initiative to develop materials that will support COTH members' efforts to reform and modify the size of their internal medicine residency programs.
- A quarterly financial survey of 50 COTH member hospitals designed to monitor managed care penetration and hospital financial performance in widely varying environments.

- An ad hoc survey on maternity benefits that responds to the need for more detailed, updated information about maternity, paternity, and parental leave policies at COTH member institutions.
- A survey of state Medicaid programs' payments for direct graduate medical education and for the indirect medical education adjustment. The information gleaned will aid advocacy efforts of the AAMC and member institutions.
- A collaborative study, to be conducted over the next year with the University Hospital Consortium, focusing on the strategic advantages to be gained by developing multispecialty group practices at academic medical centers.

Through the Ad Hoc Committee on Physician Payment Reform, staffed by the Division, the AAMC has kept members apprised of the Health Care Financing Administration's (HCFA) proposed rule on payments to teaching physicians and the Association's position on this issue. The Committee's deliberations formed the basis of a 15-page analysis that was distributed to members in late August.

The Association also is keeping members apprised of important developments occurring at the state level through its contract with the Intergovernmental Health Policy Project (IHPP). On a quarterly basis, IHPP reports on state activities in such areas as Medicaid, insurance reform, and delivery system reform, as well as the availability of providers and their scope of practice. The AAMC has obtained permission to distribute these reports to members and will field questions and provide additional information as needed.

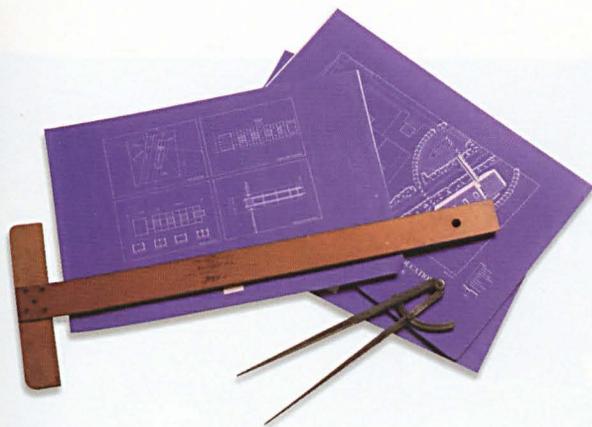
This year, the Division developed one of the Association's most innovative data-collection efforts: AAMC ACCESS. This new electronic communication system, now in the pilot stage, allows AAMC constituent institutions to share information on the rapidly changing health care environment quickly and directly with the AAMC and their fellow members. Through electronic mail, the Division polls participants on a given topic or issue, inviting them to respond on behalf of their institutions. These constituent

responses then are compiled and disseminated to AAMC members as a comparative and informational tool. In time, these issue-specific results will be incorporated into periodic reports on trends and patterns on areas of interest to the academic medicine community.

In addition to its solid portfolio of data collection and analysis, the Division conducted a full schedule of educational programming for each of the constituent bodies which it staffs, including the COTH, the GFP, and the Section for Resident Education. The Division also held issue-specific conferences for the broader AAMC community on service delivery in health care markets; the new Stark restrictions on physician self-referrals; and the HHS Office of the Inspector General's (OIG) investigation into the use of, and Medicare billing for, devices not approved by the FDA.

With regard to the latter, the OIG issued subpoenas in the summer of 1994 to approximately 135 hospitals as part of an investigation into their use of and billing for certain devices. Since then, the AAMC has worked to keep members informed about the investigation. Staff, along with other hospital representatives, met with the Department of Justice to discuss issues surrounding the investigation, and continue to participate with other interested groups to help HCFA as it develops an administrative solution to allow Medicare payment for some investigational devices.

The size and specialty mix of the nation's physician workforce, as well as its growing contingent of international medical graduates (IMGs), continue to be major issues for the Division and the entire Association. The AAMC's Advisory Panel on Strategic Positioning for Health Care Reform squarely confronted these issues at its May meeting. The panel's discussion resulted in new policy recommendations to the Executive Council to address the nation's surplus of physicians overall, and to pursue options to diminish the number of IMGs in particular. In June the Executive Council adopted the recommendations as AAMC policy. ■



The Division of Institutional Planning and Development spent the past year reaching out to constituents through timely, issue-driven conferences; collaborative projects; and unique forums analyzing medical school missions and financing.

The Advisory Panel on the Mission and Organization of Medical Schools (APMOMS) and the Task Force on Medical School Financing, both staffed by the Division, epitomize such activities. The Task Force concluded its first year of work with a final briefing on the 1994 Deans' Survey of Clinical Support for the Academic Mission of Medical Schools, reporting on the value of faculty practice plan revenues, hospital transfers, and volunteer faculty teaching. Over the course of the year, Task Force members reviewed efforts to capture data on the cost of medical education, and the AAMC's work to collect practice plan and other financial data. The Task Force will use the information collected from these studies to develop a final report on medical school financing.

In response to the rapid changes in medical school faculty management, the Division's Section for Institutional and Faculty Policy Studies convened its fourth Faculty Affairs Professional Development Conference, which attracted a large number of faculty affairs administrators eager to exchange ideas on tenure, downsizing, and changing faculty responsibilities.

The Division also staffs the AAMC's Women in Medicine group, which hosted its third professional development seminar for senior women faculty this year. Attendees expanded their network of colleagues and developed key skill and knowledge areas required to lead change in academic medicine.

Participants in the group's eighth annual seminar for junior women faculty attended seminars on building networks in the

academic environment, managing conflict in productive ways, and practicing the art of self-promotion.

The Section for Professional Education Programs executed more than 50 seminars this year. Their Management Education Program series continued offering professional development and institutional workshops: 20 Council of Deans members joined an experienced faculty to explore the planning, management, financial, and leadership demands of their roles; 55 associate deans and department heads participated in a similar program addressing their roles; 54 individuals holding a variety of positions—including three members of the APMOMS working group on "Tapping the Power of Information"—spent four days focused on the promise and demands of "Information Technology in the Academic Medical Center;" and teams from 22 schools attended three workshops inaugurated this year to develop institutional plans addressing "Issues in the Admission, Evaluation, and Promotion of Disabled Students."

The Section for Operational Studies has been crossing divisional lines in its efforts to offer AAMC members a wider variety of products and services. Working closely with the Division of Community and Minority Programs on their Minority Physician Database, the Section's Faculty Roster System and the Office of Information Resources' Student Applications and Information Management System have provided crucial data to make the database project a success. The Section played a key role in the design and development of ERAS, and continually works with the Section for Student Services, the Section for Educational Research, and other data-intensive areas of the Association to produce the numerous reports institutions and policymakers use in making decisions.

This year, the Division's Group on Business Affairs (GBA) focused on re-engineering on two occasions: at a small invitational seminar and as the central topic at the Principal Business Officers meeting. The GBA contributed heavily to a committee reviewing the annual LCME financial questionnaire to refine definitions that will be better suited to contemporary financial operations. The Division's Group on Institutional Planning and the GBA both held their spring meetings on institutional management in a price-competitive market. The groups are planning a joint 1997 meeting. ■

the nation's system of medical education, like its system of health care delivery, has embarked on an era of dramatic, even revolutionary, change. Providing leadership for medical education during and beyond this extraordinary time is the charge of the AAMC's newly constituted Division of Medical Education. The Division provides support and services to AAMC constituent institutions as they address change in their own environments, and guides both Association and national policy discussions on the future shape and focus of U.S. medical education.

Among the new initiatives launched by the Division is the Medical School Objectives Project (MSOP), a long-term effort to develop an effective evaluative tool that the AAMC and individual medical schools can use to monitor the appropriateness and effectiveness of the medical education curriculum. In many respects, this project brings to fruition a recommendation made in the AAMC's landmark 1993 "ACME-TRI" report, *Educating Medical Students*, which called upon the Association to work with medical school deans to "define a set of goals and objectives against which schools can assess their objectives." Through MSOP, AAMC constituents and staff will collaborate to clarify, and foster agreement on, the required objectives for the medical school experience, and in so doing, define the purpose of the medical student educational experience in terms that have similar meaning for all students and faculty.

The AAMC's anxiously awaited electronic Curriculum Database, developed jointly by the Division and the Office of Information Resources, will prove instrumental to this and a host of other Association efforts. In August, 25 schools began testing and critiquing a prototype of the database, which is based on a model developed at the University of North Carolina School of Medicine. The database includes and expands on all



Rebecca Henry, Ph.D., professor, Office of Medical Education, Research, and Development at Michigan State University College of Human Medicine (foreground), outlined potential areas of research in medical education at a September conference co-sponsored by the AAMC and the Bureau of Health Professions. From left: Fitzhugh Mullan, M.D., director, Bureau of Health Professions and assistant surgeon general; James Hallock, M.D., chancellor for Health Sciences and dean, East Carolina University School of Medicine; and Carolyn Asbury, Ph.D., director, Health and Human Services, The Pew Charitable Trusts. The panel was moderated by Michael Whitcomb, M.D., AAMC senior VP for Medical Education.

of the information currently published in the *AAMC Curriculum Directory*, and also contains a program that each school can use to document their required and elective courses, faculty assignments, instruction of selected topics, and educational innovations. In October representatives from the test-site schools met to share suggestions to improve the directory and ensure that it meets its objectives to establish an AAMC longitudinal medical education database, that it enables schools to obtain national curriculum data, and that it provides schools with an effective tool to monitor their own curriculum.

To better foster the concept of the medical education continuum and to have it tangibly represented at the AAMC, the Division's Group on Educational Affairs (GEA) has restructured into four focus areas: Undergraduate Medical Education, Resident Education, Continuing Medical Education, and Research in Medical Education. Each of these GEA components will serve as a wellspring of collaborative,

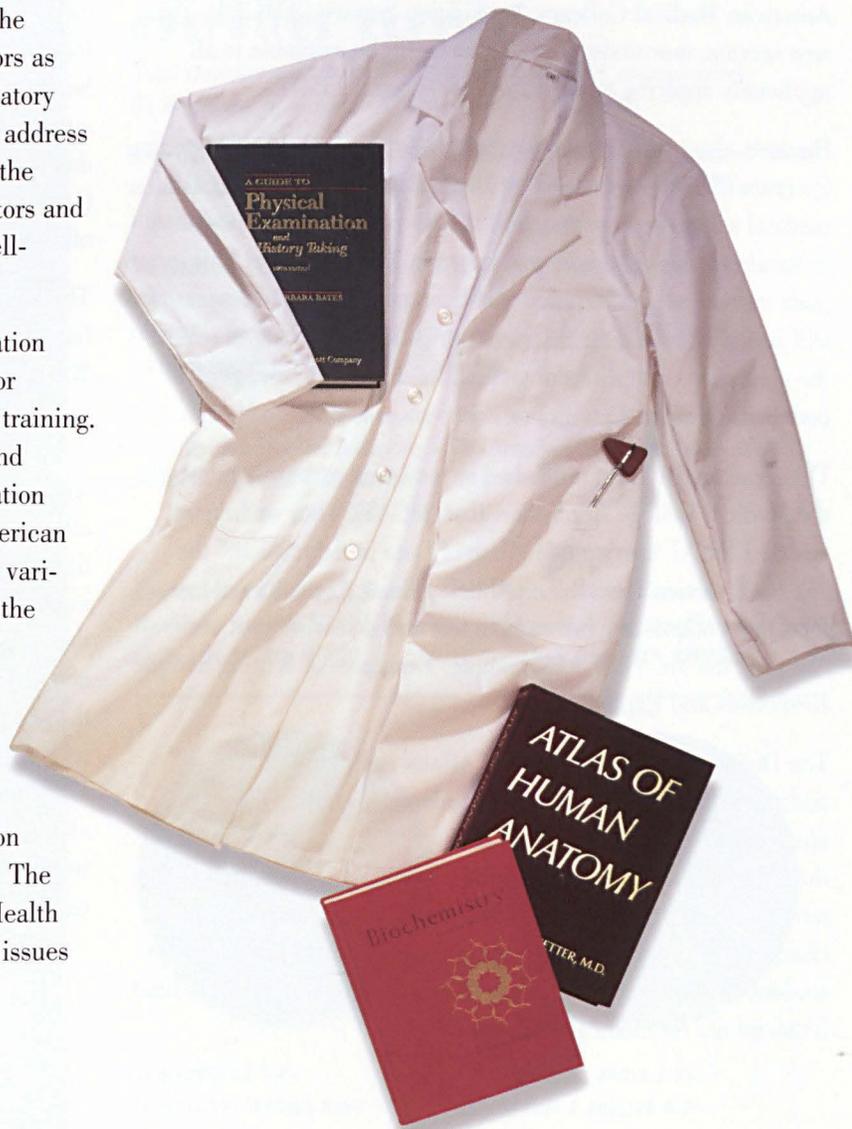
Document from the collections of the AAMC Not to be reproduced without permission

pragmatic guidance and thought as the medical education community confronts and adapts to changes within the health care delivery system. In particular, the Research in Medical Education section will nurture the membership and growth of the Society for Medical Education Research, a central forum to develop knowledge and career opportunities in the field, and to translate education theory into methods of practice.

The society received a sizable momentum boost at the September conference, "Educating Physicians for the Future: Medical Education Research Informing Practice and Policy," hosted jointly by the AAMC and the Health Resources and Services Administration Bureau of the Health Professions. Conference participants worked together to accomplish a challenging set of objectives: to identify and prioritize the fundamental issues and barriers facing medical educators as medical education moves into managed care and ambulatory settings; to develop innovative educational strategies to address these issues and barriers; and to identify and prioritize the questions that must be answered so that medical educators and policymakers know that today's physicians are being well-prepared for 21st century practice.

The Division's new Section for Graduate Medical Education (SGME) serves as a focal point within the Association for development of policies and programs for physicians in training. The section is charged to assess and enhance content and quality in GME and to serve as Liaison to the Accreditation Council for Graduate Medical Education and to the American Board of Medical Specialties. Through its oversight of a variety of activities, particularly its cooperative efforts with the Federated Council of Internal Medicine on the National Study of Internal Medicine Manpower, the section actively contributes to the development, analysis, and discussion of new data on the nation's physician workforce. This new knowledge and leadership serves to strengthen the programming for the AAMC's Organization of Resident Representatives, which is staffed by SGME. The section also works closely with the AAMC Division of Health Care Affairs on a variety of graduate medical education issues related to organization and financing.

The Division continues to further the Association's policy on generalism through the efforts of the Section on Generalist Physician Programs. In addition to maintaining several national databases that describe generalist curriculum at U.S. medical schools, this section serves as the national clearinghouse for National Primary Care Day. In a repeat of last year's first successful event, National Primary Care Day activities were held Sept. 28 at 141 allopathic and osteopathic medical schools across the country. Thousands of students participated in this educational initiative to learn more about primary care careers and generalist medicine. ■



meeting the needs of today's students—from the medical school application process to residency placement—involves a multifaceted effort by the AAMC's Division of Student Affairs and Education Services. Its challenges have intensified during the past three consecutive years of record numbers of medical school applicants; the 1995 applicant pool reached an unprecedented 46,600.

To keep pace with the even larger applicant pool predicted for 1996, the Division is making strides to expedite and streamline the application process through AMCAS-E, an electronic version of the medical school applicant's application to the American Medical Colleges Application Service (AMCAS). This new service, now under development, will be available to all applicants applying to enter medical school in 1997.

Records also were set this year in the National Resident Matching Program (NRMP), managed by the AAMC. In 1995, 2,081 U.S. medical school seniors matched to first-year residency positions in family medicine, the largest group in NRMP history. This group joins the more than 50 percent of U.S. medical school seniors who will spend at least their first year of residency training in one of the generalist disciplines of general internal medicine, general pediatrics, or family medicine.

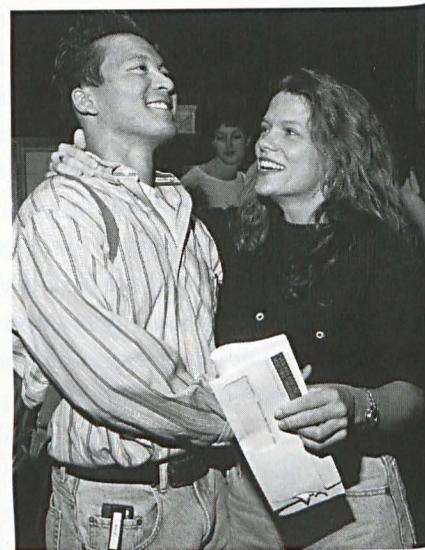
This year the Division published several new materials related to the Medical College Admission Test (MCAT). They include an updated MCAT user's guide, "Use of Data in Admission;" the "MCAT Practice Test III," a publicly released operational test form that comprises a full sample test and a scoring key; and "Scoring the MCAT Writing Sample: Examples of Writing Sample Responses and Explanation."

The Division's Group on Student Affairs expanded its work to address issues affecting medical students, including the challenges of mixing family life with the rigors of medical study, threats to affirmative action initiatives, the implementation of the new Americans With Disabilities Act (ADA) and subsequent changes to the current standards of admission and promotion for students with disabilities, and potential federal legislation to limit financial aid for medical students.

It was another banner year for MEDLOANS, the AAMC's comprehensive student loan program that meets the unique needs of medical students by providing low-cost funding for medical education. Now approaching its 10th year, the program has provided more than \$1.3 billion in loan funds to medical students. The Student Loan Marketing Association (Sallie Mae) recently joined the program, allowing MEDLOANS to offer new benefits and savings to borrowers.

Working with other health professions associations, the Division coordinated the sixth Professional Development Conference for Health Professions Financial Aid Administrators, designed to help medical school administrators prepare for potential cutbacks in federal and state support for students, and to explore the impact of health care and workforce reform efforts. Some 300 professionals attended this year's session, which for the first time included a day of sessions devoted to information technology. Discussion topics ranged from tips for eliminating paper in the financial aid office to electronic data exchange.

The Division's fourth Professional Development Conference for Admissions Officers and Registrars was attended by nearly 200 medical school representatives. Topics discussed included legal issues regarding affirmative action and the resultant impact on minority admissions, the complex challenge of the ADA regulations, the use of electronic technology in admissions and records, and changes and challenges in procedures for medical licensure. ■



In this year's NRMP Match, administered by the AAMC, 17,858 graduates matched to residency programs. The match rate for U.S. medical school seniors was 92.7 percent. Above, Alan Parungao and Diane Shirley, seniors at Southern Illinois University School of Medicine, learn of their successful matches in surgery programs.

Report of the Treasurer

Strong financial performance was demonstrated in Fiscal Year 1994-95 with the realization of a modest operating surplus coupled with a significant increase in investment market value.

Highlights

- The Association ended the fiscal year with an approximate \$828,000 surplus of unrestricted operating revenue over expenses and transfers.
- As of June 30, 1995, the Association's total unrestricted fund balances, or "equity capital," was approximately \$35,616,000, roughly a \$2.2 million increase over last year's balances.
- The recent improvement in the financial markets helped push the market value of the Association's investments to an all-time high of \$42,551,000, an increase of \$6.6 million over the prior year.

Operating Results

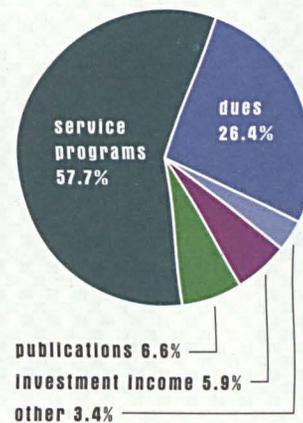
Total unrestricted revenue increased this year by approximately \$1.8 million, or almost 5.4 percent, to \$35,672,000.

The rise in income is due to the continuing increase in medical school applicants, a significant escalation in publication sales, and higher investment income.

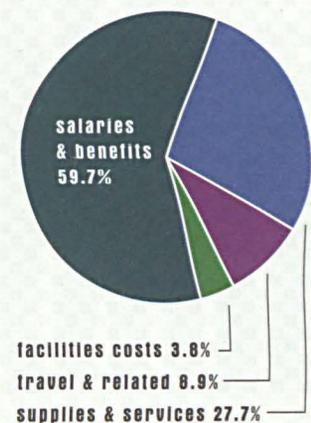
Unrestricted expenses totaled \$28,599,000—an increase of \$2.9 million, or 11.3 percent over the amount expended a year earlier. The relatively high expenditure increase in fiscal year 1994-95 reflects a staffing increase in support of new programs.

The accompanying balance sheet and statement of revenue, expenses, and changes in fund balances were extracted from the Association's audited financial statements.

**Unrestricted Current Fund
Revenue for the Fiscal Year
ended June 30, 1995.**



**Unrestricted Current Fund
Expenses for the Fiscal Year
ended June 30, 1995.**



Balance Sheet

June 30, 1995

Assets

Current Funds:

Cash and cash equivalents	\$8,166,966
U.S. government contracts receivable	515,994
Accounts receivable	
—net of allowance for doubtful accounts	762,549
Investments (book value)	38,394,263
Supplies, deposits, and prepaid expenses	797,630
Notes receivable	<u>1,276,694</u>

Total current funds \$49,914,096

Plant funds:

Investment in plant:	
Land	\$10,812,117
Building	18,874,825
Furniture and equipment	<u>8,367,203</u>
	38,054,145

Less accumulated depreciation (6,618,352)

Total net investment in plant **31,435,793**

Due from current funds 12,132,231

Deferred financing costs 560,743

Total plant funds \$44,128,767

Liabilities and Fund Balances

Current Funds:

Accounts payable and accrued expenses	\$1,928,377
Custodial funds	147,302
Due to plant funds	12,132,231
Deferred revenue	7,802,924
Deferred compensation	<u>1,647,405</u>

Total liabilities 23,658,239

Fund balances:

Unrestricted	16,941,385
Designated	8,784,197
Restricted	<u>530,275</u>

Total current fund balances 26,255,857

Total current funds \$49,914,096

Plant funds:

Accrued interest expense	\$1,628,108
Bonds payable, net	<u>32,609,842</u>

Total liabilities 34,237,950

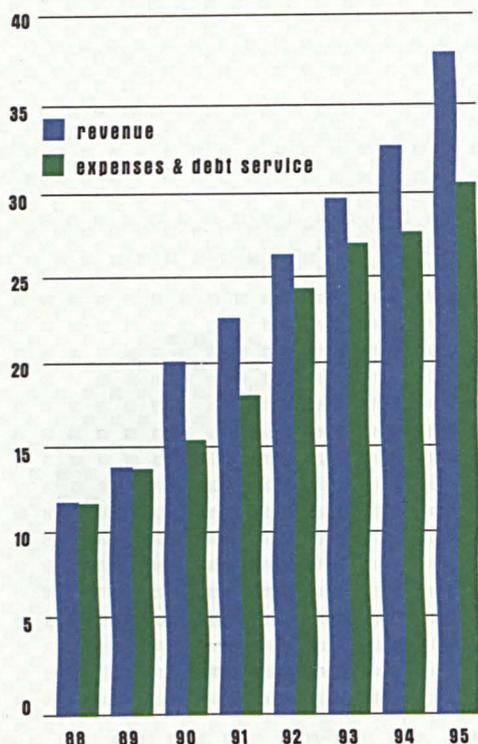
Fund balances:

Investment in plant	(613,306)
Unexpended - unrestricted	<u>10,504,123</u>

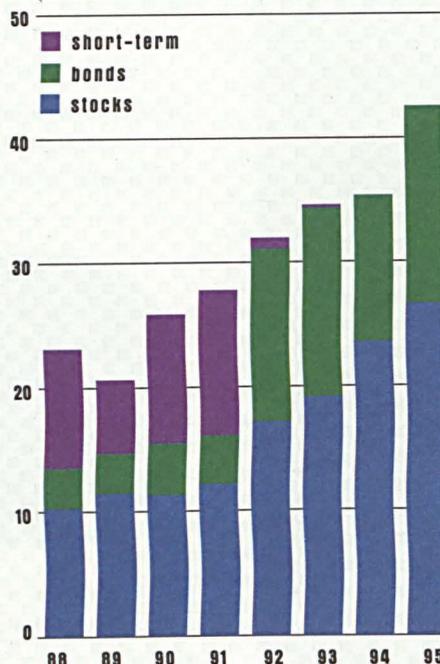
Total plant fund balances 9,890,817

Total plant funds 44,128,767

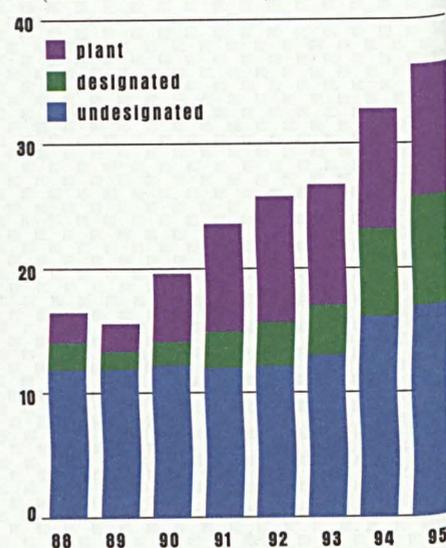
Revenue, Expenses, and Debt Service as of June 30, 1995 (millions of dollars)



Investments—Market Value as of June 30, 1995 (thousands of dollars)



Unrestricted Expendable Fund Balances as of June 30, 1995 (thousands of dollars)



Document from the collections of the AAMC. Not to be reproduced without permission.

Statement of Revenue, Expenses, and Changes in Fund Balances

For the year ended June 30, 1995

	Current Funds					
	Unrestricted Undesignated	Unrestricted Designated	Restricted	Total Current Funds	Plant Funds	Total Funds
Revenue:						
Dues	\$9,122,607	\$ —	\$ —	\$9,122,607	\$ —	\$9,122,607
Service programs	19,922,527	—	—	19,922,527	—	19,922,527
Journal, <i>Academic Medicine</i>	270,328	—	—	270,328	—	270,328
Other publications	2,021,462	—	—	2,021,462	—	2,021,462
Investment income	2,030,700	—	72,139	2,102,839	—	2,102,839
Private grants, net of refunds	3,737	—	667,929	671,666	—	671,666
Government contracts and grants	37,634	—	833,130	870,764	—	870,764
Meetings and workshops	742,404	1,139,987	—	1,882,391	—	1,607,014
Other	380,382	500	—	380,882	2,393	383,275
Total revenues	34,531,781	1,140,487	1,573,198	37,245,466	2,393	37,247,859
Expenses:						
Division administration and programs:						
Institutional Planning and Development	2,895,241	982,242	164,055	4,041,538	—	4,041,538
Governmental Relations	1,065,285	21,628	—	1,086,913	—	1,086,913
Biomedical Research	899,602	—	—	899,602	—	899,602
Medical Education	728,282	—	87	728,369	—	728,369
Student Affairs and Education Services	4,742,251	753,945	—	5,496,196	—	5,496,196
Community and Minority Programs	447,183	—	1,189,826	1,637,009	—	1,637,009
Health Care Affairs	1,097,186	196,998	—	1,294,184	—	1,294,184
Communications	492,796	—	—	492,796	—	492,796
Educational Research and Assessment	422,126	—	—	422,126	—	422,126
Publications	1,340,997	118,475	—	1,459,472	—	1,459,472
Groups	514,841	148,463	—	663,304	—	663,304
Liaison committees	303,484	—	—	303,484	—	303,484
Special studies	759,885	1,498,275	—	2,258,610	—	2,258,610
Special programs and meetings	167,788	—	—	167,788	—	167,788
	15,876,947	3,720,026	1,353,968	20,950,941	—	20,950,941
Administration and general:						
Office of the President	995,314	656,740	3,124	1,655,178	—	1,655,178
Office of the Executive Vice President	39,667	—	—	39,667	—	39,667
Governing boards	478,001	—	—	478,001	—	478,001
Administrative services	1,570,870	—	(15,450)	1,555,420	18,721	1,574,141
Information services	2,478,766	59,525	83,911	2,622,202	0	2,622,202
General expenses	2,260,236	98,428	—	2,358,664	4,748,738	7,107,402
Annual meeting	364,207	—	—	364,207	—	364,207
	8,187,061	814,693	71,585	9,073,339	4,767,459	13,840,798
Total expenses	24,064,008	4,534,719	1,425,553	30,024,280	4,767,459	34,791,739
Excess (deficiency) of revenue over expenses	10,467,773	(3,394,232)	147,645	7,221,186	(4,765,066)	2,456,120
Mandatory transfer for principal and interest	(3,003,962)	—	—	(3,003,962)	3,003,962	—
Council designated transfers	(6,700,000)	5,150,000	150,000	(1,400,000)	1,400,000	—
Net increase (decrease) in fund balances	763,811	1,755,768	297,645	2,817,224	(361,104)	2,456,120
Recovery of unrealized loss on investments	63,879	—	—	63,879	—	63,879
Fund balances, beginning of year	16,113,695	7,028,429	232,630	23,374,754	10,251,921	33,626,675
Fund balances, end of year	\$16,941,385	\$8,784,197	\$530,275	\$26,255,857	\$9,890,817	\$36,146,674

Sponsored Programs

Private Foundation Support

Baxter Foundation

- Support for the annual AAMC Award for Distinguished Research in Biomedical Science.

Robert Wood Johnson Foundation

- A four-year award for the preparation and publication of information on minorities in medical education (\$42,887).
- A two-year award to provide technical assistance and direction for the Minority Medical Education Program (\$773,273).
- A one-year award for the support of technical assistance and direction of *Project 3000 by 2000* (\$267,782).
- A four-month award for the support of a seminar to assist academic medical centers enhance generalist education (\$10,000).

Henry J. Kaiser Family Foundation

- A three-year award to develop a minority physician database (\$490,000).

Macy Foundation

- A three-year award to strengthen minority activities at the AAMC (\$361,162).

Federally Sponsored Programs

U.S. Department of Health and Human Services

- A one-year contract to perform an analysis of career plans, specialty choices, and related information for postgraduate physicians (\$139,275).

- A one-year contract to investigate the effect that economic factors have on students' specialty choice (\$114,255).
- A three-year contract to collaborate with DHHS on the 1993-95 Secretary's Award for Innovations in Health Promotion and Disease Prevention programs (\$130,411).
- A one-year contract to provide an assessment of residency training for minority M.D. and D.O. medical graduates (\$93,294).
- A three-year contract to obtain data on the number of residents by state, specialty and post-graduate, graduate and resident year for total residents, U.S. medical graduates, and international medical graduates (\$234,873).

National Institutes of Health

- A five-year contract for the continued maintenance and development of the Faculty Roster database system (\$1,650,626).

Agency for Health Care Policy and Research

- A two-year continuation grant in support of a professional development institute for minority researchers in health services research (\$532,866).

National Institute of Mental Health

- A six-year grant to develop partnerships between high schools, colleges, and medical schools to encourage minority enrollment in medical schools (\$767,471).

Corporate Grants

Warner Lambert Foundation

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

Merck and Co. and the Merck Company Foundation

- Support for the AAMC Group on Institutional Advancement's Awards for Excellence in Medical Education Public Affairs Competition.

1994-95

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 AAMC operations.

Flexner Award Committee

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

Chair

Joseph S. Gonnella, M.D.
Jefferson Medical College

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

James J. Corrigan, Jr., M.D.
Tulane University School of Medicine

Thomas C. King, M.D.
New York, NY

Richard M. Nowak, M.D.
Henry Ford Hospital

Stephen J. Ryan, M.D.
University of Southern California School of
Medicine

Raymond G. Schultze, M.D.
UCLA Medical Center

Outstanding Community Service Award Committee

Selects member institution or organization with longstanding, major institutional commitment to addressing community needs.

Chair

Ronald D. Franks, M.D.
University of Minnesota, Duluth, School of
Medicine

James F. Arens, M.D.
The University of Texas Medical Branch
Hospitals at Galveston

Harry E. Mayhew, M.D.
Medical College of Ohio

David W. Nierenberg, M.D.
Dartmouth-Hitchcock Medical Center

James N. Thompson, M.D.
Bowman Gray School of Medicine of Wake
Forest University

Terry R. White
The MetroHealth System, Cleveland

Baxter Award Committee

Chooses recipient for Baxter Award for Distinguished Research in the Biomedical Sciences.

Chair

Gerald S. Levey, M.D.
University of California, Los Angeles, School of
Medicine

John S. Abramson, M.D.
Bowman Gray School of Medicine of Wake
Forest University

Giles G. Bole, M.D.
University of Michigan Medical School

Allen W. Cowley, Ph.D.
Medical College of Wisconsin

Robert E. Kalina, M.D.
University of Washington School of Medicine

Darrell G. Kirch, M.D.
Medical College of Georgia

AAMC Appointees to the Alpha Omega Alpha Distinguished Teacher Award Committee

Selects recipients for two teaching awards.

Basic Sciences

Joe W. Grisham, M.D.
University of North Carolina at Chapel Hill
School of Medicine

Arthur P. Grollman, M.D.
State University of New York at Stony Brook
School of Medicine

M. Ian Phillips, Ph.D.
University of Florida College of Medicine

Clinical Sciences

Lynn Epstein, M.D.
Brown University School of Medicine

Paul L. McCarthy, M.D.
Yale University School of Medicine

Joel G. Sacks, M.D.
Butterworth Hospital

David E. Rogers Award Selection Committee

Co-sponsored by the AAMC and the Robert Wood Johnson Foundation. The committee chooses a recipient in recognition of his or her major contribution to improving the health and health care of the American people.

Chair

Jeremiah A. Barondess, M.D.**
New York Academy of Medicine

Joseph E. Bloom, M.D.*
Oregon Health Sciences University School of Medicine

N. Lynn Eckhart, M.D.*
University of Massachusetts Medical Center

June E. Osborn, M.D.**
University of Michigan School of Public Health

Richard A. Pierson*
University Hospital of Arkansas

Levi Watkins, Jr., M.D.**
The Johns Hopkins University School of Medicine

* AAMC Appointments

** RWJ Appointments

Nominating Committee

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

Chair

Stuart Bondurant, M.D.
New York Academy of Medicine

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

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

Richard D. Krugman, M.D.
University of Colorado School of Medicine

Charles M. O'Brien, Jr.,
The Western Pennsylvania Hospital

Resolutions Committee

Receives and acts on resolutions for presentation to the Assembly.

Chair

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

Frank A. Butler
University of Kentucky Medical Center

Nicholas L. Gideonse, M.D.
Oregon Health Sciences University Hospital

Robert Kelley, Ph.D.
University of New Mexico Medical School

Tony Guest Kim
University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School

Audit Committee

Reviews and approves the AAMC's audited financial reports.

Chair

R. Edward Howell
University of Iowa Hospitals and Clinics

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

Harold Pincus, M.D.
American Psychiatric Association

Investment Committee

Provides direction for and reviews the performance of the Association's investments.

Chair

John D. Forsyth
University of Michigan Hospitals

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

Jordan J. Cohen*
AAMC

Nelson Ford
Georgetown University School of Medicine

Paul J. Friedman, M.D.
University of California, San Diego, School of Medicine

Allen R. Myers, M.D.
Temple University School of Medicine

* *ex officio*

AAMC Advisory Panel on Biomedical Research

Advises AAMC governance on research policy positions, advocacy, and cohesion.

Chair

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

William R. Brinkley, Ph.D.
Baylor College of Medicine

Gerald D. Fischbach, M.D.
Harvard Medical School

Susan Gerbi, Ph.D.
Brown University School of Medicine

Karen A. Holbrook, Ph.D.
University of Florida College of Medicine

Robert P. Kelch, M.D.
University of Iowa College of Medicine

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

Gerald Levey, M.D.
University of California, Los Angeles, School of Medicine

Betty Sue Masters, Ph.D., D.Sc.
University of Texas Medical School at San Antonio

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

Robert R. Rich, M.D.
Baylor College of Medicine

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

Women in Medicine Coordinating Committee

Works to advance the status and develop the potential of women in academic medicine.

Pamela Charney, M.D.
Bronx Municipal Hospital Center

Laurel Harken, M.D.
University of Colorado School of Medicine

Sharon Hostler, M.D.
University of Virginia Health Sciences Center

Elise N. Luna
Baylor College of Medicine

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

Deborah E. Powell, M.D.
University of Kentucky College of Medicine

Sally Rosen, M.D.
Temple University School of Medicine

Peggy Ross, M.D.
University of British Columbia Faculty of Medicine

Academic Medicine Editorial Board

Provides guidance for the Association's monthly scholarly journal.

Chair

Daniel D. Federman, M.D.
Harvard Medical School

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

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

Stuart Bondurant, M.D.
New York Academy of Medicine

Thomas W. Chapman
The George Washington University Hospital

Rita Charon, M.D.
Columbia Presbyterian Medical Center

N. Lynn Eckhart, M.D.
University of Massachusetts Medical School

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

Nancy E. Gary, M.D.
Educational Commission for Foreign Medical Graduates

James R. Gavin, III, M.D., Ph.D.
Howard Hughes Medical Institute

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

Richard D. Krugman, M.D.
University of Colorado School of Medicine

Thomas A. Massaro, M.D., Ph.D.
University of Virginia School of Medicine

Emilie H. Osborn, M.D.
University of California, San Francisco, School of Medicine

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

Kelley M. Skeff, M.D., Ph.D.
Stanford University Medical Center

David B. Swanson, Ph.D.
National Board of Medical Examiners

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

John E. Wennberg, M.D.
Dartmouth Medical School

VA/Medical Deans Liaison Committee

Facilitates communication and cooperation between the Veterans Administration and academic medicine.

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

Lester R. Bryant, M.D., Sc.D.
University of Missouri—Columbia School of Medicine

Aram V. Chobanian, M.D.
Boston University School of Medicine

John J. Hutton, M.D.
University of Cincinnati College of Medicine

Daniel H. Winship, M.D.
Loyola University of Chicago Stritch School of Medicine

MCAT Validity Studies Advisory Group

Provides oversight for implementation of and research on the updated Medical College Admissions Test.

Chair

Robert F. Sabalis, Ph.D.
University of South Carolina School of Medicine

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

Clarice Fooks
University of Cincinnati College of Medicine

Debra Gillers
State University of New York at Stony Brook School of Medicine Health Sciences Center

Robert Lee, Ph.D.
Emory University 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.
Medical College of Ohio

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

Marliss Strange
Oregon Health Sciences University School of
Medicine

Management Education Programs Planning Committee

Designs and implements seminars to assist
constituents in developing managerial skills.

Chair

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

Carol A. Aschenbrener, M.D.
University of Nebraska College of Medicine

Gerard N. Burrow, M.D.
Yale University School of Medicine

David J. Fine
Tulane University Hospital and Clinic

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

Layton McCurdy, M.D.
Medical University of South Carolina College of
Medicine

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

Ad Hoc Committee on Physician Payment Reform

Advises the AAMC on issues in the develop-
ment and implementation of Medicare physi-
cian fee reform.

Chair

Gerald S. Moss, M.D.
University of Illinois College of Medicine

James E. Cottrell, M.D.
State University of New York Health Science
Center at Brooklyn

John C. Dickinson, M.D.
University of Rochester Highland Hospital

Kay Fulwider, R.N.
American Nurses Association

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

Bruce M. Kelly
Mayo Medical School

Morton I. Rapoport, M.D.
University of Maryland Medical System

Paul H. Rockey, M.D.
Southern Illinois University School of Medicine

John A. Schriver, M.D.
Yale New Haven Hospital

G. Philip Schrodel
University of Michigan Medical School

Randy Teach
Medical Group Management Association

James N. Thompson, M.D.
Bowman Gray School of Medicine at Wake
Forest University

Jeff Wasserman
Rhode Island Hospital

Advisory Panel on Strategic Positioning for Health Care Reform

Identifies and develops the AAMC's role in the
health care reform debate and recommends
strategic positioning for constituents.

Chair

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

Howard Bailit, D.M.D., Ph.D.
Aetna Health Plans

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

Giles G. Bole, M.D.
University of Michigan Medical School

David R. Challoner, M.D.
University of Florida College of Medicine

Thomas W. Chapman
The George Washington University Hospital

Denise Dupras, M.D., Ph.D.
Mayo Clinic

Clifford M. Eldredge
Pennsylvania Hospital

Spencer Foreman, M.D.
Montefiore Medical Center

Peter O. Kohler, M.D.
Oregon Health Sciences University School of
Medicine

Richard D. Krugman, M.D.
University of Colorado School of Medicine

Nicole Lurie, M.D.
University of Minnesota School of Public
Health

James J. Mongan, M.D.
University of Missouri, Kansas City, School of
Medicine

David L. Nahrwold, M.D.
Northwestern University Medical School

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

Harold L. Paz, M.D.
University of Medicine and Dentistry of New
Jersey-Robert Wood Johnson Medical School

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

Lawrence Scherr, M.D.
North Shore University Hospital

Elizabeth M. Short, M.D.
Department of Veterans Affairs

Ralph Snyderman, M.D.
Duke University School of Medicine

Emery A. Wilson, M.D.
University of Kentucky College of Medicine

Joseph A. Zaccagnino
Yale-New Haven Hospital

* *ex officio*

Advisory Committee on the Electronic Residency Application Service (ERAS)

Provides guidance to the AAMC on the contin-
uing evolution of ERAS and develops recom-
mendations regarding policies and procedures
concerned with the use of ERAS by medical
schools, residency programs, and applicants.

Chair

David Longnecker, M.D.
University of Pennsylvania Medical Center

Robert M. Carey, M.D.
University of Virginia School of Medicine

Michael E. Greenberg, M.D.
Mt. Zion Medical Center

John R. Kirkpatrick, M.D.
Washington Hospital Center

Susan Anderson Kline, M.D.
New York Medical College

Harry S. Jonas, M.D.
American Medical Association

Frank Ling, M.D.
University of Tennessee Medical Center

Michael B. Love, M.D.
Temple University Medical Center

Carol MacLaren, Ph.D.
University of Washington School of Medicine

Richard Neill, M.D.
University of Kentucky College of Medicine,
Lexington

Beverley D. Rowley, Ph.D.
Maricopa Medical Center

Leslie J. Sandlow, M.D.
University of Illinois College of Medicine

Christopher Thayer
University of California, Los Angeles School of
Medicine

Marie Trontell, M.D.
University of Medicine and Dentistry of New
Jersey-Robert Wood Johnson Medical School

Norma E. Wagoner, Ph.D.
University of Chicago, Division of Biological
Sciences, Pritzker School of Medicine

Advisory Committee for the Section for Generalist Physician Programs

Provides insight, knowledge, and experience
on issues concerning generalist physicians
which contribute to the development of infor-
mation resources and programmatic initiatives.

Chair

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

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

Edward N. Brandt, Jr., M.D., Ph.D.
University of Oklahoma College of Medicine

N. Lynn Eckhart, M.D.
University of Massachusetts Medical School

Harold J. Fallon, M.D.
University of Alabama School of Medicine

Nancy E. Gary, M.D.
Educational Commission for Foreign Medical
Graduates

David S. Greer, M.D.
Brown University School of Medicine

Richard D. Krugman, M.D.
University of Colorado School of Medicine

James J. Mongan, M.D.
University of Missouri, Kansas City, School of
Medicine

William A. Peck, M.D.
Washington University School of Medicine

Gerald Perkoff, M.D.
University of Missouri-Columbia School of
Medicine

Vivian W. Pinn, M.D.
National Institutes of Health

Paul G. Ramsey, M.D.
University of Washington School of Medicine

Andrew G. Wallace, M.D.
Dartmouth Medical School

MEDLOANS Technical Advisory Committee

Advises the AAMC and other MEDLOANS
organizations on issues relating to the
operation of the MEDLOANS program.

Robert Dame
Rush Medical College of Rush University

Laura Horsley
University of Miami School of Medicine

Michael S. Katz
University of Texas Medical School at San
Antonio

Mary Lu Parks
Eastern Virginia Medical School of the Medical
College of Hampton Roads

Karen C. Pryor
University of Rochester School of Medicine
and Dentistry

Charlene N. Vizcarra
Loma Linda University School of Medicine

Project 3000 by 2000 Executive Implementation Committee

Advocates and promotes the implementation of *Project 3000 by 2000* among leaders in academic medicine, government, private philanthropy, business, and the broader education community.

Chair

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

Billy Ray Ballard, D.D.S., M.D.
University of Texas Medical Branch at
Galveston

Spencer Foreman, M.D.
Montefiore Medical Center

Ruy V. Lourenco, M.D.
University of Medicine and Dentistry of New
Jersey-The New Jersey Medical School

Haile T. Debas, M.D.
University of California, San Francisco, School
of Medicine

Gerald S. Moss, M.D.
University of Illinois College of Medicine

Robert L. Summitt, M.D.
University of Tennessee, Memphis, College of
Medicine

Gerald E. Thomson, M.D.
Columbia University College of Physicians and
Surgeons

Norma E. Wagoner, Ph.D.
University of Chicago Pritzker School of
Medicine

Donald E. Wilson, M.D.
University of Maryland School of Medicine

AAMC Representatives to the Accreditation Council for Graduate Medical Education

Robert M. D'Alessandri, M.D.
West Virginia University School of Medicine

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

John Saultz, M.D.
Oregon Health Sciences University

Raymond G. Schultze, M.D.
UCLA Medical Center

AAMC Members to the Accreditation Council on Continuing Medical Education

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

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

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

AAMC Members of the Liaison Committee on Medical Education

Co-Chair

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

Gail H. Cassell, Ph.D.
University of Alabama School of Medicine

Joseph S. Gonnella, M.D., D.Sc.
Jefferson Medical College of Thomas Jefferson
University

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

William B. Neaves, Ph.D.
University of Texas Southwestern Medical
School

Andrew G. Wallace, M.D.
Dartmouth Medical School

Student Participant

Lawrence J. Ulanski II
University of Michigan Medical School

Committee on Research Integrity

Guides the Association in policy development and oversees new initiatives on issues related to maintaining the integrity of research.

Chair

Paul J. Friedman, M.D.
University of California, San Diego, School of
Medicine

David A. Blake, Ph.D.
The Johns Hopkins University School of
Medicine

Rita Charon, M.D.
Columbia Presbyterian Medical Center

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

C. Kristina Gunsalus, J.D.
University of Illinois, Champaign

Annette Johnson, J.D.
New York University Medical Center

Nathan G. Kase, M.D.
Mount Sinai School of Medicine of the City
University of New York

Allen H. Neims, M.D., Ph.D.
University of Florida College of Medicine

Lois M. Nora, M.D., J.D.
University of Kentucky College of Medicine

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

Elliot J. Sussman, M.D.
Lehigh Valley Hospital, Allentown

Task Force on Medical School Financing

Reviews existing data collection efforts and proposes new initiatives by which the Association can address specific issues related to medical school financing.

Chair

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

Stuart Bondurant, M.D.
New York Academy of Medicine

Robert M. Carey, M.D.
University of Virginia School of Medicine

Robert M. D'Alessandri, M.D.
West Virginia University School of Medicine

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

Lee F. Fetter
Washington University School of Medicine

Gregory F. Handlir
University of Maryland School of Medicine

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

Richard D. Krugman, M.D.
University of Colorado School of Medicine

F. Stephen Larned, M.D.
Maine Medical Center

William Mattern, M.D.
University of North Carolina at Chapel Hill
School of Medicine

Paul E. Metts
Shands Hospital at the University of Florida

Gerald S. Moss, M.D.
University of Illinois at Chicago College of
Medicine

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

Advisory Panel on the Mission and Organization of Medical Schools

Examines the ways in which changes in the practice, science, and social expectations of medicine intersect with the missions and organization of medical schools.

Chair

Andrew G. Wallace, M.D.
Dartmouth Medical School

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

Carol A. Aschenbrenner, M.D.
University of Nebraska College of Medicine

Diana Beattie, Ph.D.
West Virginia University School of Medicine

B. Lyn Behrens
Loma Linda University School of Medicine

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

Stuart Bondurant, M.D.*
New York Academy of Medicine

Edward M. Copeland III, M.D.
University of Florida College of Medicine

Robert M. Daugherty, Jr., M.D., Ph.D.
University of Nevada School of Medicine

Catherine D. DeAngelis, M.D.
The Johns Hopkins University School of
Medicine

Alan M. Fogelman, M.D.
University of California, Los Angeles, School
of Medicine

John D. Forsyth
University of Michigan Hospitals

William J. Fortuner III, M.D.
Charlotte Hungerford Hospital

Bruce L. Gewertz, M.D.
University of Chicago, Pritzker School of
Medicine

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

John J. Hutton, Jr., M.D.
University of Cincinnati College of Medicine

Thomas A. Inui, Sc.M., M.D.
Harvard Medical School

William N. Kelley, M.D.
University of Pennsylvania Medical Center

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

William J. Lennarz, Ph.D.
State University of New York at Stony Brook
School of Medicine

Laurence J. Marton, M.D.
University of Wisconsin Medical School

Layton McCurdy, M.D.
University of South Carolina School of
Medicine

Arthur J. Prange, Jr., M.D.
University of North Carolina at Chapel Hill
School of Medicine

Henry J. Ralston III, M.D.
University of California, San Francisco, School
of Medicine

Anthony P. Tartaglia, M.D.
Albany Medical College

Winston R. Wallin
Medtronic, Minneapolis

Farah M. Walters
University Hospitals of Cleveland

Bruce Weinstein, M.D.
Brookline, MA.

W. T. Williams, Jr., M.D.
Carolinas Medical Center

Donald E. Wilson, M.D.
University of Maryland School of Medicine

* *ex officio*

Working Groups of the Advisory Panel

Working Group on Preserving Medical Schools' Academic Mission in a Competitive Marketplace

Chair

Alan M. Fogelman, M.D.
University of California, Los Angeles School of
Medicine

B. Lyn Behrens
Loma Linda University School of Medicine

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

Edward M. Copeland III, M.D.
University of Florida College of Medicine

Catherine D. DeAngelis, M.D.
The Johns Hopkins University School of
Medicine

John D. Forsyth
University of Michigan Hospitals

Bruce L. Gewertz, M.D.
University of Chicago, Pritzker School of
Medicine

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

John J. Hutton, Jr., M.D.
University of Cincinnati College of Medicine

William N. Kelley, M.D.
University of Pennsylvania Medical Center

Laurence J. Marton, M.D.
University of Wisconsin Medical School

Layton McCurdy, M.D.
University of South Carolina School of
Medicine

Anthony P. Tartaglia, M.D.
Albany Medical College

Andrew G. Wallace, M.D.*
Dartmouth Medical School

Winston R. Wallin
Medtronic, Minneapolis

Farah M. Walters
University Hospitals of Cleveland

* *ex officio*

Working Group on Nurturing the Development of Primary Care

Chair

Robert M. Daugherty, Jr., M.D., Ph.D.
University of Nevada School of Medicine

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

Alan M. Fogelman, M.D.
University of California, Los Angeles, School of
Medicine

John D. Forsyth
University of Michigan Hospitals

John J. Hutton, Jr., M.D.
University of Cincinnati College of Medicine

Thomas S. Inui, Sc. M., M.D.
Harvard Medical School

Andrew G. Wallace, M.D.*
Dartmouth Medical School

Farah M. Walters
University Hospitals of Cleveland

W. T. Williams, Jr., M.D.
Carolinas Medical Center

* *ex officio*

Working Group on Capturing the Promise of Biomedical Research

Chair

Henry J. Ralston III, M.D.
University of California, San Francisco, School
of Medicine

Diana S. Beattie, Ph.D.
West Virginia University School of Medicine

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

Stuart Bondurant, M.D.
New York Academy of Medicine

William N. Kelley, M.D.
University of Pennsylvania Medical Center

William J. Lennarz, Ph.D.
State University of New York at Stony Brook
School of Medicine

Laurence J. Marton, M.D.
University of Wisconsin Medical School

Arthur J. Prange, Jr., M.D.
University of North Carolina at Chapel Hill
School of Medicine

Andrew G. Wallace, M.D.*
Dartmouth Medical School

* *ex officio*

Working Group on Tapping the Power of Information

Chair

Bruce L. Gewertz, M.D.
University of Chicago-Pritzker School of
Medicine

B. Lyn Behrens
Loma Linda University School of Medicine

William J. Fortuner III, M.D.
Charlotte Hungerford Hospital

Andrew G. Wallace, M.D.*
Dartmouth Medical School

W. T. Williams, Jr., M.D.
Carolinas Medical Center

Donald E. Wilson, M.D.
University of Maryland School of Medicine

* *ex officio*

Working Group on Adapting To Resource Constraints

Chair

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

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

Carol A. Aschenbrenner, M.D.
University of Nebraska College of Medicine

Catherine D. DeAngelis, M.D.
The Johns Hopkins University School of
Medicine

William J. Fortuner III, M.D.
Charlotte Hungerford Hospital

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

Anthony P. Tartaglia, M.D.
Albany Medical College

Andrew G. Wallace, M.D.*
Dartmouth Medical School

Bruce Weinstein, M.D.
Brookline, Mass.

* *ex officio*

Working Group on Fulfilling the Social Contract

Chair

Layton McCurdy, M.D.
University of South Carolina School of
Medicine

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

Stuart Bondurant, M.D.
New York Academy of Medicine

Edward M. Copeland III, M.D.
University of Florida College of Medicine

Robert M. Daugherty, Jr., M.D., Ph.D.
University of Nevada School of Medicine

Thomas S. Inui, Sc.M., M.D.
Harvard Medical School

Andrew G. Wallace, M.D.*
Dartmouth Medical School

Bruce Weinstein, M.D.
Brookline, Mass.

Donald E. Wilson, M.D.
University of Maryland School of Medicine

* *ex officio*

AAMC/APM Study Group on the Future of Graduate Medical Education

The Study Group, jointly formed by the AAMC and the Association of Professors of Medicine (APM), is charged with developing materials that will support constituent institutions trying to downsize and change the configuration of their internal medicine residency training programs.

Co-Chair

Robert Glickman, M.D.
Beth Israel Hospital

Co-Chair

R. Edward Howell
University of Iowa Hospitals and Clinics

William Arnold, M.D.
Lutheran General Hospital

Ira C. Clark
Jackson Memorial Hospital

Richard J. Glasscock, M.D.
University of Kentucky College of Medicine

William R. Hazzard, M.D.
Bowman Gray School of Medicine of Wake
Forest University

Robert G. Newnman, M.D.
Beth Israel Medical Center

Wilbur B. Pittinger
Hospital of the University of Pennsylvania

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

Philip D. Zieve, M.D.
Bayview Medical Center

Professional Development

Through its groups, the Association supports professional 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

Gregory F. Handlir
University of Maryland School of Medicine

Chair-elect

Byron Backlar, J.D.
Oregon Health Sciences University School of
Medicine

Immediate Past Chair

Lee Fetter
Washington University School of Medicine

Executive Secretary

Jack Krakower, Ph.D.
AAMC

Anne D. Ferris
University of Michigan Medical School

Brenda Melohn
University of Mississippi School of Medicine

Gary Nelson
Loma Linda University University School of
Medicine

Becky Rogers
University of Kansas School of Medicine

Thomas W. Schmitt
Harvard Medical School

Philip Schrodel
University of Michigan Medical School

Group on Business Affairs Professional Development Committee

Chair

Anne D. Ferris
University of Michigan Medical School

Seth Allcorn, Ph.D.
Loyola University of Chicago Stritch School of
Medicine

Valerie Anderson
Emory University School of Medicine

Jaclyne Witte Boyden
University of California, San Francisco, School
of Medicine

Stephen M. Cohen
Yale University School of Medicine

Jeffrey Mossoff
University of Southern California School of
Medicine

David R. Perry
University of North Carolina at Chapel Hill
School of Medicine

Mary Lee Rice
University of Alabama School of Medicine

Thomas W. Schmitt
Harvard Medical School

Group on Faculty Practice Steering Committee

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

Chair

William C. Park, Jr.
Bowman Gray School of Medicine of Wake Forest University

Chair-elect

Bernard Lane, M.D.
State University of New York at Stony Brook School of Medicine Health Sciences Center

Immediate Past Chair

Martin S. Litwin, M.D.
Tulane University School of Medicine

Executive Secretary

Robert D'Antuono
AAMC

Steven H. Burkett

University of Tennessee, Memphis, College of Medicine

David M. Masters

UMDNJ-The Robert Wood Johnson Medical School

William E. Carter

University of Virginia School of Medicine

David A. Ontjes, M.D.

University of North Carolina at Chapel Hill School of Medicine

Charles W. Smith, M.D.

University of Arkansas College of Medicine

Henry M. Tufo, M.D.

University of Vermont College of Medicine

Group on Faculty Practice Data Base Committee

This committee is charged with advising staff of the development and refinement of new surveys and data collection efforts of the AAMC.

Chair

Michael Berman, M.D.
University of Maryland School of Medicine

Robert D'Allesandri, M.D.

West Virginia University School of Medicine

George E. Andersson

Washington University School of Medicine

William E. Carter, Jr.

University of Virginia School of Medicine

Paul A. Hoffstein

The Johns Hopkins University School of Medicine

Patricia Reardon

Tulane University School of Medicine

Stephen E. Selby

The University of Texas Southwestern Medical Center at Dallas

Allen Weingold, M.D.

The George Washington University School of Medicine and Health Sciences

AHC/AAMC Government Relations Representatives Steering Committee

The Steering Committee plans and coordinates the educational activities of the group and serves as a contact network for information and advocacy on various legislative issues.

Chair

Bruce Kelly
Mayo Medical School

Chair-elect

Daniel Nickelson
Cleveland Clinic Foundation

Gilda Vantresca Ecroyd

New York University School of Medicine

Eugenia C. Stoner

University of Pittsburgh Medical Center

Scott Sudduth

University of Texas System

Lisa Tofil

Northwestern Memorial Hospital

Paul Vick

Duke University School of Medicine

Valerie Williams

University of Oklahoma College of Medicine

Ellery Woodworth

The Johns Hopkins 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

Ann L. Schwind
Harvard Medical School

Chair-elect

Alan Lyles, Sc.D.
The Johns Hopkins University School of Medicine

Immediate Past Chair

Mary Ann Newman
The University of Texas M.D. Anderson Cancer Center

Executive Secretary

Janet Froom
AAMC

Horace I. Bomar III

University of Michigan Medical School

Donna Giseen

Medical College of Wisconsin

Richard E. Laverty

University of Vermont College of Medicine

Jules I. Levine, Ph.D.

University of Virginia School of Medicine

Georgianne C. Meade

University of California, San Francisco, School of Medicine

Peter G. Robinson

University of Rochester Medical Center

Group on Educational Affairs Steering Committee

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

Chair

Wayne K. Davis, Ph.D.
University of Michigan Medical School

Chair-elect

Georges Bordage, M.D., Ph.D.
University of Illinois College of Medicine

Immediate Past Chair

William D. Mattern, M.D.
University of North Carolina at Chapel Hill School of Medicine

Executive Secretary

M. Brownell Anderson
AAMC

Fred L. Ficklin, Ed.D.

Indiana University School of Medicine

Tony Guest Kim

University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School

Stanley M. Kirson, M.D.

Miami Valley Hospital

Joe F. O'Donnell, M.D.

Dartmouth Medical School

Emil R. Petrusa, Ph.D.

Duke University Medical Center

James M. Shumway, Ph.D.

West Virginia University School of Medicine

LuAnn Wilkerson, Ed.D.

University of California, Los Angeles, School of Medicine

Research in Medical Education Planning Committee

The function of the committee is to plan and execute the annual Research in Medical Education (RIME) Conference. The Conference, held during the AAMC Annual Meeting, provides an annual forum for interested medical school faculty to critically analyze and discuss the results of studies and research in medical education. Committee members determine policies for submission of papers, symposia, and abstracts; review all submissions; select papers using external reviewers' comments; and plan all aspects of the RIME Conference. RIME Planning Committee members work with accepted paper authors in preparing their papers for publication in the annual conference proceedings, published as a supplement to *Academic Medicine*.

Chair

Emil R. Petrusa, Ph.D.
Duke University Medical Center

Co-Chairs-elect

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

Ruth-Marie E. Fincher, M.D.,
Medical College of Georgia

Immediate Past Chair

Geoff Norman, Ph.D.
McMaster University School of Medicine

Executive Secretary

M. Brownell Anderson
AAMC

Ian R. Hart, M.D.

Ottawa City Hospital

John J. Norcini, Ph.D.

American Board of Internal Medicine

David E. Steward, M.D.

Southern Illinois University School of Medicine

Group on Institutional Advancement

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

Chair

James H. Brucker, Ph.D.
Milton S. Hershey Medical Center

Chair-elect

Janet Norton
University of California, San Francisco, School of Medicine

Vice Chair, Public Relations

Ellen Soo Hoo
Northwestern University Medical School

Vice Chair, Alumni and Development

Anke Nolting, Ph.D.
Columbia University College of Physicians and Surgeons

Immediate Past Chair

Nancy W. Grover
The Western Pennsylvania Hospital

Executive Secretary/Treasurer

Kathleen S. Turner
AAMC

Pamela Chamberlain

University of Texas Southwestern Medical School

Richard N. Katschke

Medical College of Wisconsin

Margaret McDonald, Ph.D.

University of Pittsburgh Medical Center

Ann Roeman

University of South Dakota School of Medicine

H.I. Stroth

University of Kentucky College of Medicine

Group on Student Affairs Steering Committee

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

Chair

Carol F. MacLaren, Ph.D.
University of Washington School of Medicine

Chair-elect

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

Vice Chair

Robert F. Sabalis, Ph.D.
University of South Carolina School of Medicine

Executive Secretary

Frances R. Hall
AAMC

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

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

Jay S. Layman
University of South Florida College of Medicine

Gwen S. Naguwa, M.D.
University of Hawaii John A. Burns School of Medicine

Sally Olexia, Ph.D.
Kalamazoo College

Karen C. Pryor
University of Rochester School of Medicine and Dentistry

Thomas C. Taylor
University of Iowa College of Medicine

Stacy Tessler
Brown University School of Medicine

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

Maxine L. Whitehead
Yale University School of Medicine

Group on Student Affairs Committee on Student Financial Assistance

Chair

Karen Pryor
University of Rochester School of Medicine and Dentistry

Mary B. W. Fenton
Northeastern Ohio Universities College of Medicine

Jeffrey E. Hanson
Northwestern University Medical School

Betty Hazelbaker
University of Texas Medical School at Galveston

Leon Johnson, Jr., Ed.D.
National Medical Fellowships, Inc., N.Y.

Michael S. Katz
University of Texas Medical School at San Antonio

Nancy Kull
University of California, San Francisco, School of Medicine

Carol MacLaren, Ph.D.
University of Washington School of Medicine

Jacqueline McMillan
Wright State University School of Medicine

Scott Rushing
University of Tennessee, Memphis, College of Medicine

Anthony M. Sozzo
New York Medical College

Group on Student Affairs Committee on Admissions

Chair

Thomas C. Taylor
University of Iowa College of Medicine

Joseph Dogariu, Ph.D.
Wayne State University School of Medicine

T. J. Jackson, Ph.D.
University of South Alabama College of Medicine

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

M. Robert Peters
Wauwatosa, Wisc.

Robert Sabalis, Ph.D.
University of South Carolina School of Medicine

Gregory Strayhorn, M.D., Ph.D.
University of North Carolina at Chapel Hill School of Medicine

David Trabilsy
The Johns Hopkins University School of Medicine

Linda W. Williams
University of Arkansas College of Medicine

Group on Student Affairs Committee on Student Affairs

Chair

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

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

Robert Gates
Winston-Salem, N.C.

Deborah German, M.D.
Vanderbilt University School of Medicine

Timothy Hansen, Ph.D.
Finch University of Health Sciences/Chicago Medical School

Brenda D. Lee
University of Rochester School of Medicine and Dentistry

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

Maria Savoia, M.D.
University of California, San Diego School of Medicine

Group on Student Affairs Minority Affairs Section Coordinating Committee

Chair

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

Vice Chair

Gregory Strayhorn, M.D., Ph.D.
University of North Carolina at Chapel Hill School of Medicine

Lily May Johnson
AAMC

Leon Anderson, Jr., D.M.D.
University of Mississippi School of Medicine

Harold R. Bardo, Ph.D.
Southern Illinois School of Medicine

Edward Christian, Ph.D.
Jefferson Medical College

Charles Garcia
University of Washington School of Medicine

Marion K. Kelly
Mayo Medical School

Carol MacLaren, Ph.D.
University of Washington School of Medicine

Jacqueline McMillan
Wright State University School of Medicine

Theodore Miller, M.D.
Charles R. Drew University of Medicine and Science

Colleen Romain
Tufts University School of Medicine

Jane Thomas, Ph.D.
Wayne State University School of Medicine
Zelda West
University of Maryland School of Medicine

Steering Committee of the Section on Resident Education

Representatives from members of the COTH, medical schools, and select academic societies with institutional responsibility for graduate medical education.

Chair

Stanley M. Kirson, M.D.
Miami Valley Hospital

Chair-elect

James Klinenberg, M.D.
Cedars-Sinai Medical Center

Executive Secretary

Robert D'Antuono
AAMC

Roseanne C. Berger, M.D.
State University of New York at Buffalo School of Medicine and Biomedical Sciences

Doris Farquhar
Yale University School of Medicine

Mary C. Frankel
University of Maryland School of Medicine

Christina Gutierrez, M.D.
University of Pennsylvania/Children's Hospital of Pennsylvania

Richard B. Hornick, M.D.
Orlando Regional Medical Center

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

Gary D. Smith, Ed.D.
Texas A&M University College of Medicine

Ethel Weinberg, M.D.
Baystate Medical Center

AAMC Staff

As an outgrowth of the strategic plan, some changes were made in the designations and organization of the Association's staff structure to facilitate interdivisional collaboration on advocacy, data, and service activities. In addition, several divisions underwent name changes that identify more accurately the scope of program activities centered in each. The former Division of Minority Health, Education, and Prevention has become the Division of Community and Minority Programs; the Division of Education Policy has been renamed the Division of Medical Education; and the Division of Clinical Services is now the Division of Health Care Affairs.



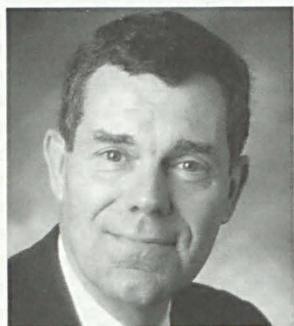
AAMC Executive staff, from left to right: Donald G. Kassebaum, M.D.; Robert L. Beran, Ph.D.; Kathleen S. Turner; Richard M. Knapp, Ph.D.; Jordan J. Cohen, M.D.; Joseph A. Keyes, Jr., J.D.; Thomas F. Moberg, Ph.D.; Herbert W. Nickens, M.D.; Robert M. Dickler; and Edwin L. Crocker. Not pictured: Michael Whitcomb, M.D., Paul F. Griner, M.D.

Center for the Assessment and Management of Change in Academic Medicine



Paul F. Griner, M.D., a recognized authority on medical decision-making and health service delivery, officially joined the Association in October as head of the newly formed Center for the Assessment and Management of Change in Academic Medicine. The former general director and CEO of Strong Memorial Hospital in Rochester, N.Y., and Samuel E. Durand Professor of Medicine at the University of Rochester, is a recognized leader in the development of hospital programs that improve the quality and efficiency of patient care. Additionally, Dr. Griner is the founding chair of the Academic Medical Center Consortium, has served as both the chair of the Board of Regents and president of the American College of Physicians, and is active in the Institute of Medicine of the National Academy of Sciences.

Division of Medical Education



In March, **Michael Whitcomb, M.D.**, was appointed senior vice president for Medical Education. Before joining the AAMC, Dr. Whitcomb was director of the Graduate Medical Education Division of the American Medical Association. He is a former Robert Wood Johnson Fellow of the Institute of Medicine and a founding member of the federal Council on Graduate of Medical Education. In his 30-year career in academic medicine, he has served on the faculty of seven medical schools, and as dean of the schools of medicine at the University of Missouri-Columbia

and the University of Washington. Dr. Whitcomb has advised the U.S. Public Health Service Bureau of the Health Professions' Council of Graduate Medical Education, and the Office of the Assistant Secretary for Health.

Distinguished Scholar-in-Residence



Former Stanford Dean **David Korn, M.D.**, joined the AAMC this past summer as its Distinguished Scholar-in-Residence. During his year-long tenure at the Association, Dr. Korn will continue his work as chair of the Task Force on Medical School Financing and member of the Advisory Panel on the Mission and Organization of Medical Schools. In addition, he will engage himself in several projects related to the changes and challenges now confronting academic medical centers. Dr. Korn plans to serve as a resource on science policy to the AAMC's Biomedical Research staff, drawing on seven years at the NIH and 17 years as a principal investigator at Stanford. His first priority is to work with the Task Force on Medical School Financing to develop a discussion draft that summarizes their efforts and recommendations. Dr. Korn also plans to remain active in issues relating to medical center organization, health care reimbursement, and the VA.

In Memoriam



A sad note for the Association this year was the untimely loss of VP for Biomedical Research **John W. Diggs, Ph.D.**, who died of cancer May 15. Dr. Diggs is remembered by colleagues throughout the academic and research communities as a champion for medical research and a role model to young investigators.

Office of the President

President, Jordan J. Cohen, M.D.
Executive Vice President, Richard M. Knapp, Ph.D.
Senior Vice President and General Counsel,
Joseph A. Keyes, Jr., J.D.
Vice President, Kathleen S. Turner
Special Assistant, Rosemary Choate
Executive Assistant, Norma E. Nichols
Annual Meeting Registration Assistant, Charlene D. West
Scholar-in-Residence, David Korn, M.D.
Administrative Assistant, Sandra D. Gordon
Administrative Assistant, Cynthia Withers

Office of Governmental Relations

Executive Vice President, Richard M. Knapp, PhD
Associate Vice President, David B. Moore
Senior Legislative Analyst, Mary Elizabeth Bresch White
Legislative Analyst, Colleen A. McCabe
Legislative Analyst, Stephen J. Northrup
Legislative Analyst, Jeffrey D. Sanders
Executive Assistant, Christine R. Enos
Administrative Assistant, Lisa M. Greenhill
Administrative Assistant, Juanita Griffin

Office of Administrative Services

Vice President, Edwin L. Crocker
Assistant Vice President, Michele Fantt, J.D.
Assistant Vice President, Jeanne L. McCarroll
Manager, Accounting, Cathy Brooks
Accounting Clerk, Tina M. Williams
Accounting Assistant, Ava J. Howard
Accounts Payable Assistant, Anna Thomas
Accounts Payable Assistant, Carter A. White
Accounts Receivable Assistant, Richard B. Helmer
Accounts Receivable Clerk, Alydia D. Golson
Manager, Publication Order Fulfillment, Marjorie L. Walker

Membership and Publication Orders Assistant,
Kristen M. Donaldson
Membership and Publication Orders Assistant, Ida M. Gaskins
Membership and Publication Orders Assistant,
Danielle J. Gregory
Membership and Publication Orders Assistant, Vivian McClaine
Membership and Publication Orders Assistant,
Kuntu M. Satterwhite
Director of Business Services, Mark S. Wood
Printing and Graphics Manager, Kevin J. Field
Graphic Supervisor, Donna M. Costantino
Graphic Assistant, Joseph M. Pisarchick
Printing Supervisor, Marvin E. Brimage
Senior Printing Assistant, John Zupko
Printing Assistant, Clinton Cook, Jr.
Printing Assistant, Aldolphus Wright, III
Building Services Supervisor, John A. Blount
Building Services Assistant, Luther J. Jackson, Jr.
Mailroom Supervisor, Malcolm K. Phillips
Mailroom Clerk, Edward E. Givens
Mailroom Clerk, Kevin D. Jackson
Mailroom Clerk, Cleggett H. Johnson
Benefits Manager, Dorothy A. Harrington
Staffing Specialist, Anita L. Ross
Receptionist, Angela N. Butler
Receptionist, Kelly E. Farrall
Receptionist, Linda A. Hazi
Administrative Assistant, Grace C. McEuen
Administrative Assistant, Jessifer Q. Stewart

Office of Communications

Director of Media Relations, M. Patricia Shea
Coordinator, Special Directories, Cynthia T. Bennett
Senior Writer/Editor, Martha J. Frase-Blunt
Staff Writer, Susan C. Sanderson
Editorial Assistant, Kimberly S. Varner
Administrative Assistant, Betty Lou Atkins
Administrative Assistant, Sandra M. Dunmore

Office of Information Resources

Vice President, Thomas F. Moberg, Ph.D.
Assistant Vice President and Director of Information
Management and Research Resources, Charles D. Killian
Director of Technology Resources, Sandra K. Lehman
Director, Applications Resources, Maryn P. Goodson
Director, Client Resources, Christopher T. David
Client Resources Associate, Luis A. Baez
Client Resources Associate, Mary Ellen Jones
Client Resources Associate/Help Desk Coordinator, Sandra Kurtz
Client Resources Assistant, Renate L. Coffin
Manager of Network Resources, Paula McGraw
Network Resources Associate, Howard J. Hartman
Manager of Systems Resources, Robert C. Yearwood
Coordinator of Data Collection Applications and Information
Analyst, Laurie A. Ambers
Coordinator of Production Applications and Information Analyst,
Stephen S. Hammond
Coordinator of Client Education, Marianna Weidner
Coordinator of Client Resources, Donna M. Kissling
Archivist/Staff Associate, Deborah L. Martin
Research Associate, Kathryn A. Caldwell
Research Associate, Wendy L. Colquitt, Ph.D.
Research Associate, Judith B. Frost
Research Associate, Robert A. Haynes, Ph.D.
Research Associate, Mario F. Rivera
Research Assistant, Michael C. Zeh
Information Analyst, John W. Chesley, III
Information Analyst, Dale A. Hall
Information Analyst, Michele L. Kahtava
Information Analyst, Mary June Moody
Information Analyst, Penny T. Rife
Information Analyst, Byron E. Welch
Senior Technology Resources Assistant, William Porter
Technology Resources Assistant, Russell M. Hart
Technology Resources Assistant, Haywood P. Marshall
Technology Resources Assistant, Janet McCracken
Technology Resources Assistant, Antonia A. Monteforte
Database Engineer, Donald W. Abbott
Telecommunication Specialist, Basil N. Pegus
Consultant, Rod E. Pratt

Librarian, Mary A. Hyde
Part-time Computer Operator, Gary Burkett
Part-time Computer Operator, Glorice Monroe
Administrative Assistant, Cynthia R. Burrus-Shaw
Administrative Assistant, Delores Veney
Administrative Assistant, Cynthia A. Woodard

Division of Biomedical Research

Associate Vice President, Douglas E. Kelly, Ph.D.
Senior Staff Associate, Anthony J. Mazzaschi
Senior Staff Associate, Allan C. Shipp
Staff Associate, Stanley W. Ammons, Jr.
Staff Associate, Jennifer A. Sutton
Administrative Assistant, Dana S. Conley
Administrative Assistant, Dyuanna Peterson Mebane
Administrative Assistant, Cynthia R. Taylor

Division of Community and Minority Programs

Vice President, Herbert W. Nickens, M.D.
Senior Staff Associate, Lois M. Bergeisen
Senior Staff Associate, Timothy P. Ready, Ph.D.
Staff Associate, Elizabeth R. Castro-Andrews
Staff Associate, Lily May Johnson
Staff Assistant, Kevin A. Harris
Research Associate, Tina B.G. Ang
Research Associate, Emilia Rodriguez-Stein, Ph.D.
Research Assistant, Aynalem G. Yohannes
Part-time Assistant, Sherri Norris
Administrative Assistant, Lolita E. Curry
Administrative Assistant, Vivian J. Harriday
Administrative Assistant, Willa M. Owens

Section for the Journal Academic Medicine

Assistant Vice President, Addeane S. Caellegh
Deputy Editor, Albert G. Bradford, Jr.
Staff Editor, Philip F. Diamond
Assistant Editor, Lisa R. Dittrich
Administrative Assistant, Todd P. Bentsen
Administrative Assistant, Erin O. Stevens

Division of Educational Research and Assessment

Vice President, Donald G. Kassebaum, M.D.

Section for Accreditation

Staff Associate, Susan E. Seguin

Section for Educational Research

Senior Research Associate, Philip L. Szenas

Research Associate, Danielle R. Masters

Administrative Assistant, E. Racheal Allen

Division of Health Care Affairs

Senior Vice President, Robert M. Dickler

Associate Vice President, Linda E. Fishman

Assistant Vice President, G. Robert D'Antuono

Senior Staff Associate, Ivy S. Baer

Staff Associate, Ingrid Philibert

Research Associate, Kevin G. Serrin

Research Assistant, Janie S. Bigelow

Research Assistant, Wendy S. Lepore

Special Assistant, Melissa H. Wubbold

Administrative Assistant, Vanessa D. Smith Blount

Administrative Assistant, Natalie R. Robertson

Division of Institutional Planning and Development

Senior Vice President and General Counsel,

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

Associate Vice President, Janet W. Bickel

Senior Staff Associate, Leslie D. Goode

Administrative Assistant, Rubye Crawford Trawick

Administrative Assistant, Lynn C. Milas

Administrative Assistant, Renee M. Quinnie

Section for Institutional and Faculty Policy Studies

Associate Vice President, Robert F. Jones, Ph.D.

Staff Associate, Janet D. Froom

Section for Operational Studies

Senior Associate Vice President, H. Paul Jolly, Jr., Ph.D.

Assistant Vice President, Jack Y. Krakower, Ph.D.

Director, Faculty Roster, Brooke E. Whiting, Ph.D.

Research Associate, Aarolyn B. Galbraith

Research Associate, Janice L. Ganem

Research Associate, Elizabeth A. Sherman

Research Associate, William C. Smith

Research Associate, Donna J. Williams

Research Assistant, Keiko A.S. Ellis

Research Assistant, Dorothea M. Hudley

Research Assistant, David P. Johnson

Research Assistant, Gregory E. Lawson

Research Assistant, Dawn M. Walley

Administrative Assistant, Le'Etta D. Robinson

Administrative Assistant, Karen L. Scullen

Section for Professional Education Programs

Director of Professional Education Programs, Marcie A. Foster

Assistant Director, Irene Nicolaidis

Meetings Coordinator, Heather D. Brinton

Meetings Coordinator, Mary A. Conneely

Meetings Coordinator, Heather B. Stephens

Meetings Registrar, Boneshia R. Perry

Meetings Registration Assistant, Linda N. Jones

Administrative Assistant, Elizabeth D. Beam

Administrative Assistant, Condi M. Foster

Division of Medical Education

Senior Vice President, Michael E. Whitcomb, MD

Associate Vice President, David F. Altman, M.D.

Administrative Assistant, Juliana R. Burgess

Section for Educational Programs

Associate Vice President, M. Brownell Anderson

Staff Assistant, Debra S. Dabney

Staff Assistant, Belinda A. McGill

Section for Generalist Physician Programs

Associate Vice President, David F. Altman, M.D.

Staff Associate, Karyn N. Bhak

Research Assistant, Toni O. Tildon

Section for Graduate Medical Education

Associate Vice President, David F. Altman, M.D.

Staff Associate, Alexis L. Ruffin

Division of Student Affairs and Education Services

Vice President, Robert L. Beran, Ph.D.

Staff Associate, Paul J. Garrard

Staff Associate, Frances F. Nugent

Administrative Assistant, Mila R. Cook

Administrative Assistant, Ranjit Sandhu

Section for the Medical College Admission Test

Assistant Vice President, John F. Olson, Ph.D.

Manager, MCAT Administration, John L. Hackett

Staff Assistant, Donna M. Ashford

Senior Research Associate, Judith A. Koenig

Research Associate, Andrew J. Wiley

Research Assistant, Katherine Flowers

Administrative Assistant, Patricia M. Cooleen

Section for Student Programs

Director, Section for Student Programs, Frances R. Hall

Staff Associate, M. LaVerne Alexander

Staff Associate, Donna Q. Yudkin

ERAS Program Manager, Gwynne Kostin

ERAS Technical Manager, Teresa C. Bay

Administrative Assistant, Beverly A. Haynes

Administrative Assistant, April A. Morrow

Administrative Assistant, Darnell A. Privott

Section for Student Services

Assistant Vice President, Richard R. Randlett

Director of Operations, Robert Colonna

Manager, Applicant and School Relations, Dennis W. Renner

Manager, Input Review & Distribution, Alice Cherian

Manager, Official Transcript Processing, Edward B. Gross

Staff Associate, Kathryn P. Creighton

Staff Associate, W. Elizabeth Nace

Staff Assistant, Susan P. Zwirble

Supervisor, Applicant Relations, Susan E. Libby

Supervisor, Data Entry, John T. Woods

Supervisor, Distribution, Hugh Goodman, Jr.

Supervisor, Input Review, Walter L. Wentz

Supervisor, Records, Yvonne A. Lewis

Supervisor, School Relations, Gwendolyn Hancock-Woods

Supervisor, Verification, Shirley L.H. McBrayer

Senior Applicant Relations Assistant, Arthur L. Castro

Applicant Relations Assistant, Tracy K. Brower

Applicant Relations Assistant, J. David Curtis

Applicant Relations Assistant, Heather A. Heimbuch

Applicant Relations Assistant, Annette L. Johnson

Applicant Relations Assistant, Kelli L. Kanhofer

Applicant Relations Assistant, Robert W. Kucheravy

Senior Distribution Assistant, Carl D. Gilbert

Distribution Assistant, Roderick B. Best

Distribution Assistant, Wayne Corley

Distribution Assistant, Michael E. Jackson

Distribution Assistant, Frances J. Kornegay

Senior Assistant, Input Review, Joni L. Magill

Input Review Assistant, Dodzi A. Corley

Input Review Assistant, John W. Hartsfield

Input Review Assistant, Kimberly Y. Sanford

Senior Records Assistant, Tamara M. Stevenson

Records Assistant, Marcus K. Robinson

Senior School Relations Assistant, Elmo J. Leger, III

School Relations Assistant, Wanda G. Bradley

School Relations Assistant, Melinda B. Brody

School Relations Assistant, Kevin C. Chen

School Relations Assistant, Vonda R. Dickson

School Relations Assistant, Jennifer A. Gruber

School Relations Assistant, John B. Owen

Documentation Assistant, Patricia A. Jones

Senior Data Entry Assistant, Christina D. Searcy

Senior Verification Assistant, Virginia M. Robinson

Senior Verification Assistant, Tracey L. Swann

Data Entry Assistant, Glenda M. Johnson

Data Entry Assistant, Michelle M. Lee

Data Entry Assistant, Gail M. Watson

Data Entry Assistant-Verification, Karla R. Dixon

Verification Assistant, Joseph A. Barnes

Systems Coordinator, Scott A. Brueckner

Administrative Assistant, Nicole Y. Cowden

Administrative Assistant, Denise R. Howard

Administrative Assistant, Mary E. Reed

Center for the Assessment and Management of Change in Academic Medicine

Vice President, Paul F. Griner, M.D.

1994-95 Published Staff Papers

Altman, David F. Getting Physicians Involved in the Reform Debate. (Letter). *Health Affairs* 13 No. 4(Fall 1994):237-238.

Altman, David F. Medical Student Career Choice: Will the Market Provide the Solution to our Health Care Workforce Needs? (Editorial). *American Journal of Medicine* 97 No. 5(November 1994):407-409.

Altman, David and Cohen, Jordan J. Problems and Promises: The Potential Impact of Graduate Medical Education Reform. *The Milbank Quarterly* 72 No. 4(1994):719-723.

Anderson, M. Brownell. (Editor). Reports of New Approaches in Medical Education. *Academic Medicine* 70(1995):425-459.

Bickel, Janet. Women as Leaders in Academic Medicine. IN *An Unfinished Revolution: Women and Health Care in America*. Emily Friedman, Editor. United Hospital Fund of New York: New York, New York, 1994. pp. 225-238.

Bickel, Janet. Special Needs and Affinities of Women Medical Students. IN *The Empathic Practitioner: Empathy, Gender, and Medicine*. (Eds.) More, E.S. and Milligan M.A. Rutgers University Press: New Brunswick, New Jersey, 1994. pp. 237-249.

Bickel, Janet. Adapting Medical Education to Restrictions to Specialty Choice. *Academic Medicine* 69(1994):817-819.

Bickel, Janet. furthermore...A Whole New Life. *Academic Medicine* 69(1994):888-889.

Bickel, Janet. Women in U.S. Academic Medicine: 1994 Status Report. *AWIS Magazine* 24(March/April 1994):6-9.

Bickel, Janet. Scenarios for Success—Enhancing Women Physicians' Professional Advancement. (Commentary). *Western Journal of Medicine* 162 (1995):165-169.

Bickel, Janet. (Letter to the Editor). Recommended Reading. *Academic Medicine* 70(1995):83-84.

Bickel, Janet. (Book Reviews). Women's Health: Missing from U.S. Medicine, by Sue V. Rosser. *Academic Medicine* 70(1995):544-545.

Bickel, Janet and Ruffin, Alexis. Gender-associated Differences in Matriculating and Graduating Medical Students. *Academic Medicine* 70(1995):551-559.

Bickel, Janet and Povar, Gail J. Women: Women as Health Professionals. IN *Encyclopedia of Bioethics*. Warren Thomas Reich, Editor in Chief. Simon & Schuster Macmillan: New York, 1995. pp. 2585-2591.

Caelleigh, Addeane S. (Editorial). Looking Forward, Looking Back. *Academic Medicine* 70(1995):5-6.

Caelleigh, Addeane S. Four Articles on the NRMP Algorithm. *Academic Medicine* 70(1995):469.

Cohen, Jordan J. Academic Medicine—Facing Change. *Journal of the American Medical Association*. 273 No. 3(January 18, 1995):245-246.

Cohen, Jordan J. Generalism in Medical Education: The Next Steps. *Academic Medicine* 70, Supplement (January 1995):S7-S9.

Cohen, Jordan J. Finding the Silver Lining without the Golden Eggs. *Academic Medicine* 70(February 1995):98-103.

Dickler, Robert. Should HMOs Have Access to GME Funding? No. (Comment). *Hospital Health Network* 68(September 5, 1994):8.

Ganem, Janice L., Krakower, Jack Y., and Beran, Robert L. Review of U.S. Medical School Finances, 1992-1993. *Journal of the American Medical Association* 272(September 7, 1994):705-711.

Hall, Frances R. Changes in the Pipeline to Medical School: An Analysis of Applicant Pool Trends. *The Advisor* 14(Winter 1994):25-30.

Haviland, Mark G., Werner, Leonard S., Behrens, B. Lyn, and Killian, Charles D. Preparing for Health Care Reform and an LCME Site Visit: Addressing the Generalist—Non-generalist Imbalance. *Academic Medicine* 70(1995):298-304.

Jones, Robert F. and Sanderson, Susan C. Tenure Policies in U.S. and Canadian Medical Schools. *Academic Medicine* 69(1994):772-778.

Kassebaum, Donald G. and Szenas, Philip L. The Decline and Rise of the Medical School Applicant Pool. *Academic Medicine* 70(1995):334-340.

Kassebaum, Donald G. and Szenas, Philip L. The Longer Road to Medical School Graduation. *Academic Medicine* 69(1994):856-860.

Nickens, Herbert W. The Role of Race/Ethnicity and Social Class in Minority Health Status. *Health Services Research* 30 No 1(April 1995, Part II):151-162.

Nickens, Herbert W. Performance on the NBME Part 1 Examination. (Letter to the Editor). *Journal of the American Medical Association* 273(1995):617.

Peranson, Elliott and Randlett, Richard R. The NRMP Matching Algorithm Revisited: Theory versus Practice. *Academic Medicine* 70(1995):477-484.

Peranson, Elliott and Randlett, Richard R. Comments on Williams' "A Reexamination of the NRMP Matching Algorithm." *Academic Medicine* 70(1995):490-494.

Petersdorf, Robert G. and Turner, Kathleen S. Are Academic Medical Centers in Trouble? IN: The Metropolitan Academic Medical Center: Its Role in an Era of Tight Money and Changing Expectations. Cornell University Medical College Ninth Conference on Health Policy. Rogers, D.E. and Ginzberg, E. (Eds.). Westview Press: Boulder, Colorado, 1995. pp. 27-37.

Petersdorf, Robert G. and Turner, Kathleen S. Medical Education in the 1990s—and Beyond: A View from the United States. IN: Toward a Global Consensus on Quality Medical Education: Serving the Needs of Populations and Individuals. Proceedings of the 1994 World Health Organization/Educational Commission for Foreign Medical Graduates Invitational Consultation. Gastel, Barbara, Wilson, Marjorie P., and Boelen, Charles. (Eds.). *Academic Medicine* 70, Supplement (July 1995):S41-S47.

Randlett, Richard R. Results of the National Resident Matching Program for 1995. *Academic Medicine* 70(1995):547-549.

Ready, Timothy. Health Science Partnerships: Preparing the Workforce for the Twenty-First Century. *On Common Ground* 3(Fall 1994):7-9.

Ready, Timothy. *Project 3000 by 2000: Toward a Unified Solution to the Problem of Minority Underrepresentation in the Health Professions.* *Journal of Dental Education* 59 No. 6 (June 1995):649-654.

Rivo, Marc L., Altman, David, and Foss, Florence. (Eds.) Primary Care and the Education of the Generalist Physician: Coming of Age. *Academic Medicine* 70, Supplement (January 1995):Si-S116.

Rivo, Marc L., Altman, David, and Foss, Florence. Introduction. Primary Care and the Education of the Generalist Physician: Coming of Age. *Academic Medicine* 70, Supplement (January 1995):S3-S4.

Credits

For additional copies of this report, please write or call:

Association of American Medical Colleges
Office of Communications
2450 N Street N.W.
Washington, DC 20037-1126
(202) 828-0542

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

Photo Credits

Creighton University School of Medicine, page 23

Martha Frase-Blunt:
pages 12, 13, 18, 22, 30, 31

Richard Greenhouse:
pages 11, 16, 17, 18, 19, 21, 45

W. Blaine Pennington:
pages 17, 28

M. Patricia Shea:
pages 13, 17

Southern Illinois University:
pages 14, 32

University of Arizona College of Medicine: page 24

Design

Levine & Associates

Printing

The Goetz Printing Company

 printed on recycled paper

