



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

ASSOCIATION OF AMERICAN MEDICAL COLLEGES ANNUAL REPORT 1995-96



Change Agent

Advocate

Champion

Integrating Force

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COMMITMENTS

One year ago, the Association of American Medical Colleges unveiled its Strategic Plan, *Taking Charge of the Future*. At that time, we made a pledge to our members that we would work to fulfill specific commitments: to be a champion for medical education; to be an advocate for our missions; to be an agent for change in today's turbulent health care climate; and to be an integrating force that will consolidate our members' individual strengths.

One year later, the Association is delivering on its promises through a multitude of activities, products, and services, many of which are described in these pages. These efforts are the building blocks of our larger commitment: to help academic medicine harness the momentum of its past success, keep faith with its core values, and take charge of the future.



In the year since Association adopted its Strategic Plan, *Taking Charge of the Future*, the fierce pressures on academic medical institutions have not eased. And because the public continues to demand more of our members, our members continue to demand more of us.

But with our Plan came a pledge: to do everything in our power to help the leaders of academic medicine uphold their institutional missions while adapting to the tumultuous changes that are restructuring American medicine. We articulated this pledge as a series of strategic commitments, and these commitments have guided us in our efforts to develop coordinated activities, products, and programs that are helping our institutions deliver what Americans expect: the best physicians and health care in the world.

The AAMC will be the champion of medical education integrated with research and patient care.

American medicine has reached its preeminence because physician education is rooted in the disciplines of the basic medical sciences and anchored to the practical application of scientific knowledge. The AAMC must continue to promote the powerful synergy of education, research, and patient care as the best means to advance medical education and health care in this country.

The AAMC will be an advocate for academic medicine's missions of education, research, and patient care.

Our members and our chair have stressed the overarching importance of the Association's advocacy activities in this time of exceptional change. Because all of our missions depend on public support, we must convey to the public and to elected officials the many benefits that flow to our society from a productive academic medicine community.

The AAMC will be the integrating force for academic medicine. Much of the activity in our health care system is centripetal in nature, pulling organizations apart to meet specific, short-term goals. Academic medicine and its component institutions can reach their full potential only if all of our pieces work together to pursue our multiple and mutual missions.

The AAMC will be an agent for change within academic medicine. That academic medicine is changing is obvious as reports of mergers, restructuring, and reorganization dominate news reports. Our institutions continue to respond to their environment

and the changing needs of society with new programs and new approaches to solving our nation's health care problems. The AAMC is pledged to facilitate the changes that are needed to position our members to master the many challenges ahead.

The final commitment outlined in our Strategic Plan, to be a provider of services and information to the leaders and institutions of academic medicine, is embodied in the day-to-day products and services managed by our accomplished staff. We understand that change is best undertaken from a base of knowledge that analyzes the data and understands the options available, and the AAMC's national databases, forums for information exchange, and analytical reports bolster the ability of academic medicine's leaders to make appropriate decisions for their institutions.

Although we are only beginning the journey mapped out by our Strategic Plan, the key programs and initiatives described in this Annual Report form mileposts that stretch far into a hopeful future. It is an exciting beginning, and a measure of our determination to meet the high expectations of our members and the American people.

A handwritten signature in black ink, reading "Jordan J. Cohen".

Jordan J. Cohen, M.D.
AAMC President

CHAIR'S MESSAGE

This is a remarkable period in the history of academic medicine. The country's financial woes, and managed care's radical surgery on the health care system, threaten individual medical centers as well as the entire fabric of academic medicine. Some analogize this to the downsizing other American industries face, but the very reasons that academic medicine at its best carries a noble mission suggests some special consideration.

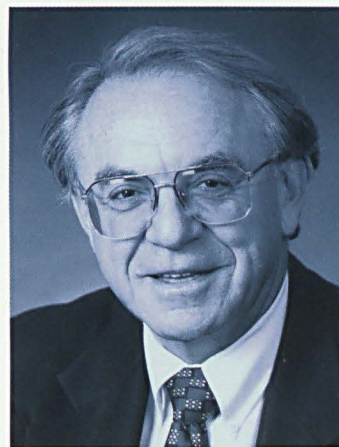
Probably every U.S. citizen has been affected by disease, directly or through the experience of family or friends. Since many acute illnesses are treatable and short-lived, our citizens' greater preoccupation is with chronic illness that carries potential for serious morbidity and perhaps mortality. The threat of Alzheimer's, the pervasive effects of cancer, the often unseen erosion of the body in diabetes, the roller-coaster emotions stimulated by psychiatric illness, and the effects of countless other terrorizing illnesses leave those affected feeling chronically distressed and impotent.

The character of Americans, however, is to wrestle with monsters. They created the most advanced system of medical care and medical research in the world. Academic medicine is at the center, partnered with allies from industry, government, foundations, and citizens' associations.

The vast majority of American physicians hold dear the Hippocratic tradition—to help, bring relief, and be a dutiful and effective servant to individuals suffering pain and disease. Yet the forces I noted earlier may threaten the hopes of tens of millions of people for answers to disease, and they may impose the risk that American medicine and academic medicine may be dulled into mediocrity, continuing to dispense today's medical treatments, but being less effective at finding tomorrow's.

To counter this, the AAMC has increased its advocacy efforts—indeed, it made a commitment one year ago “to be an advocate for academic medicine's missions of education, research, and patient care.” But the AAMC cannot do it alone; these efforts must be coordinated with its allies, and be as imaginative and effective as possible. A cadre of faculty, fellows, residents, medical students, and staff at academic medical centers move the field of urology, or cardiology, or gastrointestinal surgery, steadily forward with new and better techniques for alleviating distress and finding ways of delaying, modifying, or eliminating disease. Rationing each medical specialty at academic medical centers could convert the cadre to one able only to provide current service without any pioneering efforts.

The AAMC is using its energies to contend with these challenges while simultaneously addressing the equally important issues of increasing minority participation, moving toward a greater concentration of primary care,

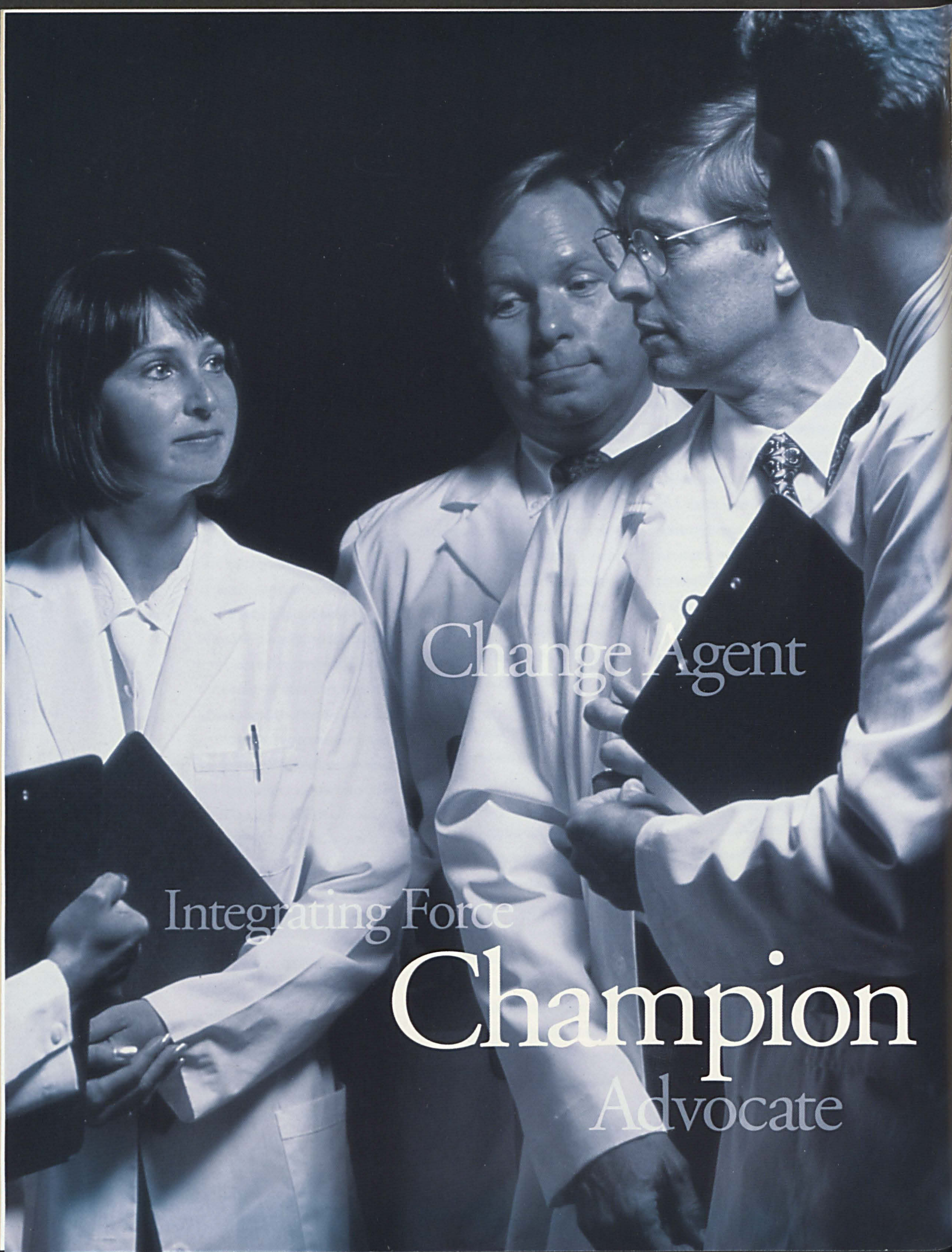


advocating the needs of the poor as well as the newcomers to this country for adequate health care, and many more.

The high nature of our goals and ideals should be matched by an organizational effort of comparable quality. The American people want a powerful medical research effort and a strong academic medical and medical care enterprise. We call upon our members, friends, and colleagues to embrace a dedicated and broad-based effort to educate the public and the government, to find new techniques for adapting to the challenges, and to continue the efforts of American medicine in the loftiest way possible.

A handwritten signature in dark ink, appearing to read "Herbert Pardes" followed by a flourish.

Herbert Pardes, M.D.
AAMC Chairman



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Advocate

The AAMC is committed to being a champion of medical education and its integration with research and patient care. We will work to stimulate changes in medical education that will better align educational content and goals with evolving societal needs, practice patterns, and scientific developments. We will also strive to foster the environment of integrated education, research, and patient care that is essential to high-quality medical education. At the same time, we will strengthen the standards of undergraduate, graduate, and continuing medical education.

A WELLSPRING OF CREATIVE IDEAS

Since its inception two years ago, the **Advisory Panel on the Mission and Organization of Medical Schools** (APMOMS) has established itself as a prolific and creative source of ideas for change. Comprising 30 leaders from a cross-section of academic medicine, and organized into six Working Groups, APMOMS has emerged as a think tank that wrestles with some of the knottiest problems facing all segments of the Association membership. Through its deliberations and consequent products, APMOMS has challenged leaders and staff in academic medicine to define and shape new health care developments, describe and evaluate the community's role, develop a vision for its future, and secure a route to get there.

EDUCATIONAL PARADIGMS FOR THE NEXT CENTURY

Today, medical students must prepare for practice in an environment that is being rapidly transformed by a changing health care marketplace. Helping medical schools design their medical student education programs so that they prepare students for the challenges of this environment is the goal of the Association's **Medical School Objectives Project** (MSOP).

MSOP aims to help schools by delineating and promoting the development of a consensus on the attributes—that is, the attitudes, values, knowledge, and skills—that physicians should possess to practice in the next

century. The project does not envision a "national curriculum," but is intended to provide schools with a set of reasoned outcome objectives that they can use in designing a curriculum that takes advantage of their particular resources. In addition, the project will help schools determine how well students have met the intended objectives of the curriculum.

SUPPORT FOR GRADUATE MEDICAL EDUCATION AND RELATED ACTIVITIES

Medicare's, and in some instances Medicaid's, special payments to teaching hospitals to help them meet the costs associated with training physicians have become more important than ever. This year the nation's medical schools and teaching hospitals continued to face an increasingly competitive delivery system and a diminished willingness by the larger health care community to support education and research. Ensuring adequate **federal support for the education and infrastructure requirements** of our institutions is a primary AAMC goal.

Through a host of innovative programs, research efforts, special conferences, and collaborative ventures, the AAMC sought to provide its member institutions with the knowledge and tools they need to adapt effectively to the new market-driven health care delivery system. Dovetailing with these efforts is a large-scale, comprehensive advocacy campaign through which the AAMC has urged every concerned member of Congress to adhere to three fundamental principles. The first is "shared responsibility," which holds that academic medicine's education and research efforts are societal goals, and should be paid for by a broad-based fund contributed to by all entities that pay for hospital and health-related services on behalf of their enrollees. Second, teaching hospitals should bear only their fair share of any reductions in the Medicare program. And third, changes in Medicare should be implemented gradually and evaluated often to monitor their impact on the entire health care system. The AAMC repeatedly advanced these principles to members of Congress over the past year, in public testimony and private meetings.

UNTANGLING THE COMPLEXITIES OF MEDICAL SCHOOL FINANCING

The **Task Force on Medical School Financing** prepared a report this year on its two-year study of how the current economic environment is affecting the financial health and stability of the nation's medical schools. The report documents the diversity of financial structures exhibited by medical schools, the trends in revenue growth, and the current threats to clinical revenues that support academic programs. It also features an analysis of the costs of medical student education.

The Task Force also explored how some schools have adapted to fiscal constraints by reducing costs, improving the competitiveness of their associated academic-clinical enterprises, and merging and collaborating with other institutions and programs, among other solutions. However, it concluded that despite these and other measures, medical schools will need new sources of funding, and increased support from traditional sources, to compensate for reductions in clinical revenue.

BRIDGING ACCREDITATION STANDARDS AND EDUCATION QUALITY

This year the Association launched an innovative new project that examines the influence of accreditation standards and assessment on the condition of undergraduate medical education. The **Medical Education Standards and Assessment (MESA)** project will

describe how the accreditation process that has guided medical education for more than a century has influenced educational outcomes, and will recommend ways to focus quality assessment and improvement more sharply on validated accreditation criteria and procedures. Working with accreditation colleagues at the American Medical Association (AMA), the AAMC will construct a frame of reference from accreditation standards, processes, and findings, and will examine the collateral influence of national reports and initiatives intended as mandates and catalysts of change. The MESA project also will compile the perspectives of a variety of professional and public stakeholders in the outcomes of medical education. Study results will be combined with the findings and recommendations of the Medical School Objectives Project to set the stage and scenarios that will advance medical education in the 21st century.

MANAGING FRONT-LINE ISSUES

To ensure that academic medicine speaks in an effective and unified voice about its most pressing concerns, AAMC staff work in cross-divisional **strategic issues management teams** to convey effectively the AAMC's positions and policies to constituents, legislators,

media, and other key publics. This year witnessed a panoply of major issues to which this team management approach proved crucial.

- Teaching physicians and Medicare billing became a priority concern for AAMC members with the release of new guidelines by the Health Care Financing Administration and the initiation of a series of audits of teaching physician billing practices by the DHHS Office of the Inspector General. The Association worked with federal officials to clarify the new guidelines and kept its constituents informed by convening national conferences, publishing comprehensive resource materials, and holding institutional workshops. Staff continue to sustain open lines of communication among medical school deans and hospital CEOs, legislators, the media, and member institutions' governmental and public relations staffs.
- The size and composition of the physician workforce catapulted to national attention this year with the release of reports from both the Pew Health Professions Commission and the Institute of Medicine. This year, the Association's Advisory Panel on Strategic Positioning for Health Care

Reform prepared a seminal report, *Physician Workforce and Academic Infrastructure: Policies and Positions*, which succinctly lays out the AAMC's policy recommendations and positions on these issues. The AAMC articulated its workforce views vigorously and repeatedly in the media, before legislators, and within the academic medicine community.

- Academic medical centers evaluate the use of many newly developed devices in the course of their patient care and clinical research activities. Under appropriate circumstances, payment is requested from Medicare when the use of such investigational devices is required in the care of Medicare beneficiaries. This routine practice hit the headlines this year with a February congressional hearing prompted by a *qui tam* suit brought against a major teaching institution, and with the subsequent review of 132 hospitals by DHHS. AAMC staff collaborated to keep Association members fully informed, coordinated media attention on the issue, and provided support information and follow-up to Congress.
- The AAMC is committed to the continued vitality of the Department of Veterans' Affairs and its medical education and research activities. As the VA underwent reorganization of its health system this year, the Association was actively involved, conveying its concerns and recommendations to the VA leadership and Congress through testimony, task force participation, and legislative action.

A BOOST FOR BIOMEDICAL AND BEHAVIORAL RESEARCH

The AAMC works year-round to ensure adequate funding and public support for biomedical and behavioral research. Much of the year's activities took place through the **Ad Hoc Group for Medical Research Funding**, a diverse coalition representing more than 200 scientific and professional societies, research institutions, and voluntary health organizations. Its single goal is to increase the federal investment in biomedical and behavioral research by increasing the appropriations for the NIH.

The Ad Hoc Group met with leaders of the NIH and its constituent institutes and centers to collect information for developing a proposed NIH budget that reflects the scientific opportunities available to address the nation's most pressing health needs. As a founding member of the coalition, the AAMC provides both organizational and financial support to the group, and was a major participant again this year in its many educational activities designed to inform policy makers about the NIH's critical importance to the nation's health.

The AAMC is committed to being an advocate for academic medicine's missions of education, research, and patient care.

We will be the voice of academic medicine, expressing its views, policies, and core values to lawmakers, opinion leaders, and the public, and we will lead the advocacy effort for academic medicine at the national level.

PROTECTING DIVERSITY IN THE HEALTH PROFESSIONS

The efforts of medical schools and other health professions schools to attain racial and ethnic diversity within the ranks of physicians are now threatened by the most serious judicial and political challenges in more than 25 years. This past summer, the AAMC brought together some 40 major health and education organizations to form a single, strong voice of advocacy and public education about the importance of preserving affirmative action. The bipartisan **Health Professionals for Diversity** coalition aims to ensure that the nation's health professions schools continue to have the freedom to consider race, ethnicity, and gender among the many important factors in selecting those students who will best meet the country's health care needs in the years ahead.

The AAMC asserted its commitment to diversity within its own walls this year by designing and implementing a program in which each employee received diversity training, and each division developed its own plan for strengthening diversity within the Association.

A PLACE IN THE PUBLIC CONSCIOUSNESS

In one of the most talked-about presentations of last year's AAMC Annual Meeting, political columnist George Will remarked that "The public doesn't know what academic medicine is." Because the shape of academic

medicine's future relies in large part on the understanding of its missions by the general public, the AAMC launched a nationwide research effort to gauge accurately what the public *does* know about academic medicine—the first step in a national communications campaign for academic medicine.

In focus groups, members of the public probed a variety of concepts, including their understanding of the term "academic medical center," their appreciation for medical research, their awareness of academic medical centers as the backbone of the nation's health care system, and their support for public funding for academic medicine. The results of this research effort will be used to develop a national campaign that strives to increase the public's understanding of, and appreciation for, academic medicine's contribution to quality health care in America.

AFFIRMING ACADEMIC MEDICINE'S ECONOMIC IMPACT

The AAMC's public opinion research has consistently demonstrated that, across the country, Americans do not recognize the substantial contributions academic medical centers make to the economic health of the regions in which they are located, nor do they appreciate the

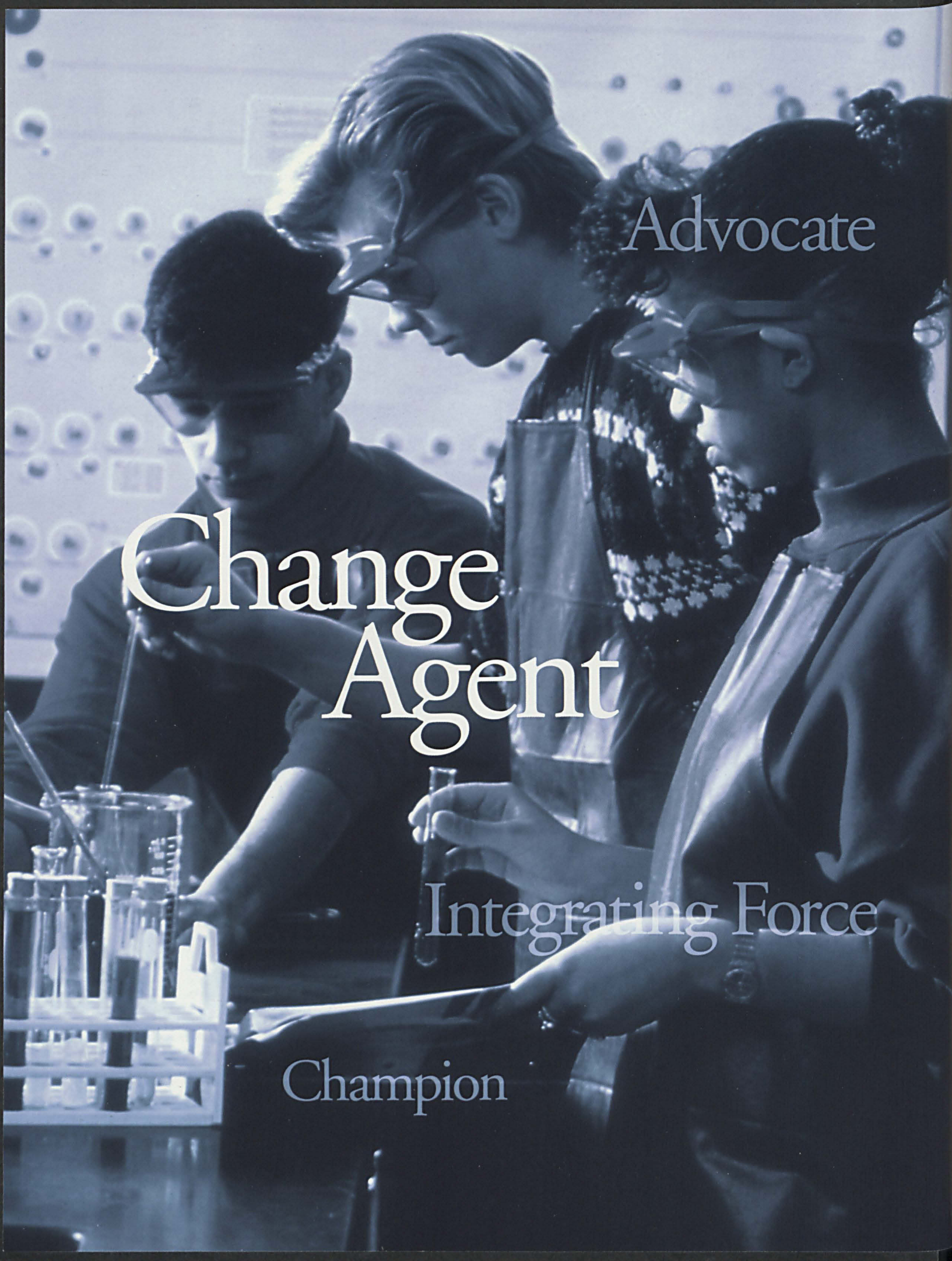


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The AAMC is committed to being an agent for change within academic medicine.

We will anticipate changes affecting

academic medicine and provide timely alerts

to members, we will develop new programs to

meet members' changing needs, and we will

help our members make the changes they

deem necessary to meet the needs and

expectations of their communities.

adverse economic impact on surrounding communities should these institutions cease to exist. To address this information gap, the AAMC commissioned Tripp-Umbach & Associates to measure the aggregate **economic impact of academic medicine** on the nation. The results show that:

- AAMC members, in the aggregate, contribute about \$185 billion annually to the economies of 46 states and the District of Columbia.
- State governments benefit from more than \$8.6 billion in tax revenues that can be traced to the presence and operations of academic medical institutions.
- More than 3.8 million Americans depend on the operations of medical schools and teaching hospitals for their livelihood.
- Research conducted at these institutions can be linked directly to the formation and growth of related business enterprises in their states.

FAST ANSWERS TO CRITICAL QUESTIONS

Medical schools and teaching hospitals need the most current information about the marketplace and the successful strategies being employed by their peers—and they need it fast. But collecting such information has typically involved time-consuming studies, the findings of which are often outdated as soon as they are available.

The Association answered this challenge with **AAMC ACCESS**, an electronic information collection and dissemination system in which more than 150 member institutions participate. Through an electronic-mail surveying system, the AAMC poses topical questions—for example, on tenure and faculty compensation policies—then collects detailed responses and publishes findings on the World Wide Web. Besides supplying timely intelligence for participants, ACCESS continues to build a supporting database for Association research and other efforts, offering information across a range of institutions that will serve as a starting point for more focused studies.

TAPPING THE RESOURCE OF WOMEN AS LEADERS

Despite steady growth in the presence of women in medical education as both students and faculty, male medical school professors still outnumber women professors by 10 to 1. In a new attempt to improve gender balance in academic medicine, the AAMC has set

in motion the **Increasing Women's Leadership in Academic Medicine** initiative.

An AAMC committee of medical school deans, teaching hospital leaders, faculty, and trainees published a report this year presenting evidence that women do not achieve leadership positions in academic medicine for a host of complex reasons including isolation, cultural stereotypes, discrimination, sexism, family responsibilities, and a paucity of mentors. The committee also noted that fostering women's leadership is a pragmatic move for medical centers. For example, women make the majority of health decisions for their families, and they frequently prefer women physicians.

The committee's report advances recommendations for developing and mentoring women in academic medicine, improving pathways to leadership, and fostering readiness to change. The AAMC will further assist academic medical institutions with reports on best practices and a study of success factors involved in women becoming department chairs.

FRESH APPROACHES TO TENURE

Tenure policy is among the myriad issues forced onto the agendas of medical schools and faculty by changes in the health care system. The AAMC's landmark conference, **Tenure, Compensation, and Career Pathways: Reexamining the Faculty Employment Relationship in Academic Medicine**, established an important forum for academic medicine leaders to examine this sensitive issue. Although the gathering was not intended to write a "prescription" for change, attendees came away with a clear understanding that new expectations are emerging among faculty and administrators. For example, more attention will be paid to faculty's individual career pathways, they will be held more accountable for specific performance expectations through review systems, and financial reward systems linked to performance are emerging, thereby limiting long-term salary guarantees.

OPTIMIZING PERFORMANCE: A FOCUS ON THE CLINICAL FACULTY

At present, adequate national standards do not exist for evaluating the clinical activity of individual physicians in academic settings. Such information, if

available, might help schools develop appropriate policies relative to the size and mix of a medical school's clinical faculty, relate physician performance expectations and compensation, and assess the impact of a changing reimbursement system.

To this end, the AAMC and the Medical Group Management Association (MGMA) embarked this year on a project to develop a **national database on the clinical activities of medical school faculty physicians**.

The data collected will give medical school deans and other executives an important management tool to identify areas in need of change, and to help academic practices improve their operations, enhance their efficiency, and identify industry trends.

TIMELY RECONNAISSANCE

To strengthen its core research capability, the AAMC this year developed a **sentinel network** of some 15 institutions that will regularly take the pulse of change, and feed back timely information enabling other institutions to make the best decisions amid today's turbulent health care climate. These academic medical centers, which represent the rich diversity of the AAMC membership and of the communities in which they reside, will provide detailed data on an ongoing basis and will play a key role in many of the AAMC's research projects. The chief role of sentinel network members is to provide early warnings, benchmarking standards, and guidance for best practices.

A LIFELINE OF CLINICAL DATA

The AAMC this year acquired another powerful resource for its research activities: the **Clinical-Administrative Data Service (CADS)**. This service provides information on clinical practice patterns to help academic medical centers improve their quality of care and increase their cost-effectiveness. CADS develops comparative data for peer institutions by analyzing a large database comprising uniform sets of discharge data for all inpatients at participating hospitals. From these data, CADS produces benchmarks by which clinical outcomes and efficiency can be measured and targeted for improvement.

Using a refined process for efficient and secure dissemination of information via the World Wide Web, CADS permits clinical investigators, quality improvement staff, and administrators to conduct comparative analyses in real time. This extraordinary database allows the AAMC to offer previously unavailable data on a subscription basis to its member institutions.

TAKING THE LONGEST VIEW

To help reform the core values of academic medicine in light of the historic transformations occurring in health care, the AAMC has established a **Forum on the Future of Academic Medicine**. Funded by a grant from the Robert Wood Johnson Foundation, the Forum comprises 20 individuals drawn both from academic medicine and from key sectors of our society. These individuals have been asked to examine in depth how academic medicine can strengthen its traditional role as the provenance of quality health care. The Forum's deliberations are being widely disseminated and are expected to fuel new policies and programs for the Association and for other organizations.

TRAILBLAZING ON THE INTERNET

The AAMC continues to expand its role as the **key source of electronic information** about all aspects of academic medicine. The AAMC Web site, found at <<http://www.aamc.org>>, was launched this year to offer Internet users a wide range of current information in the areas of medical education, biomedical research, the nation's health care, relevant policy issues, and current AAMC activities. On average, the AAMC Web site attracts some 30,000 accesses each week, and that number continues to grow. The Association is committed to making the AAMC Web site the single most important electronic resource of relevant information for academic medical

institutions, for government and policy makers, for the media, and for the public at large.

AAMC STAT—an acronym for "short, topical, and timely"—is the Association's new electronic newsletter containing news briefs from the academic medicine community and the Association itself. Internet users may register to receive the newsletter via e-mail each week free of charge; it is also available on the AAMC's Web site at <<http://www.aamc.org/events/aamcstat/aamcnews.htm>>. As of November, AAMC STAT had registered more than 6,000 readers.

A UNIFIED VOICE FOR BASIC SCIENCE

This year the AAMC formalized a new constituency group, with the commanding acronym **GREAT**. Membership in the GREAT (Graduate Research, Education, and Training) group comprises academic administrators and faculty leaders responsible for the cultivation and coordination of Ph.D.,

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**We will promote cohesion, collaboration, and
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**Association's constituency to strengthen
academic medicine on the national scene.**

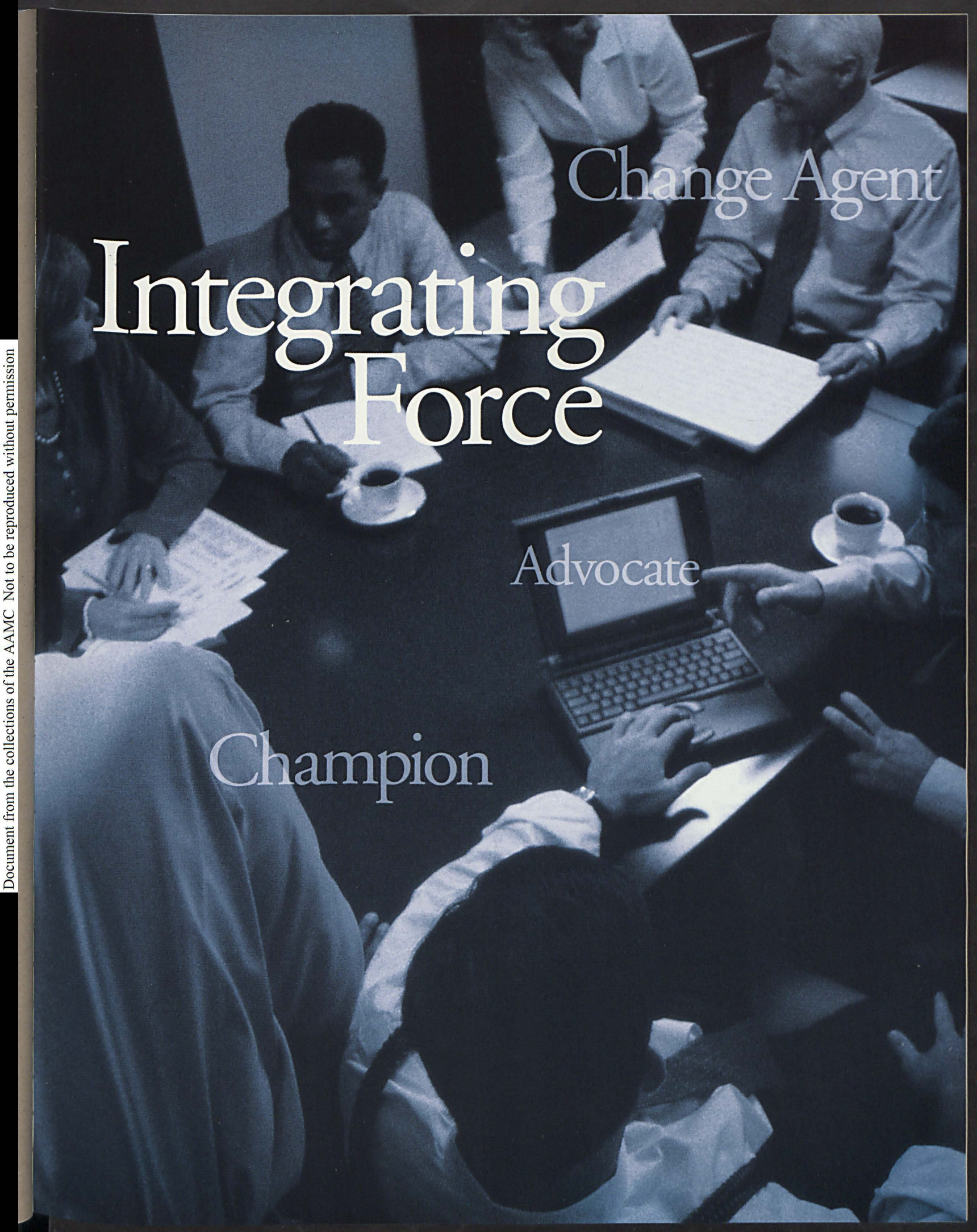
M.D./Ph.D., and postdoctoral research training programs in accredited U.S. and Canadian medical schools. The group is dedicated to promoting high quality education and research activities of biomedical graduate and postdoctoral programs.

Understanding that better data are needed in order to gauge medical schools' contribution to the Ph.D. workforce, AAMC staff initiated several projects with the National Research Council to study the number and types of medical school Ph.D. graduates, both as a discrete group and as a component of Ph.D. production in the life sciences as a whole. In addition, the AAMC has undertaken its own survey to ascertain the number of Ph.D. students enrolled in medical schools' programs, their sources of support, the annual number of graduates, and certain of their demographic characteristics.

A BRIDGE TO THE FUTURE

The **AAMC Annual Meeting**, held each year in late October or early November, continues to be the largest regular gathering of the wide range of professionals working and learning within academic medicine. With opportunities for professional development, networking, and entertainment, this year's meeting brought together more than 3,000 medical school and teaching hospital professionals.

With an eye toward the pressing issues this community faces, the Association's Councils, Groups, staff, and others worked diligently all year to design a program to meet the diverse professional development needs of the AAMC membership. The 1996 meeting, titled "Building a Bridge to the Future," featured national policy makers, educators, scientists, and other recognized authorities who led plenary sessions, focus groups, panel discussions, and workshops.



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OFFICES AND DIVISIONS

"The AAMC will be a provider of services and information to the leaders and institutions of academic medicine."

—*Taking Charge of the Future*



The Office of Administrative Services underpins all of the AAMC's operations, overseeing accounting, budget preparation and control, financial reporting, investments, facilities management, printing operations, human resources, and membership and publications order fulfillment.

- Increases in **AAMC staff** in strategically targeted areas created new challenges for Human Resources and financial management. Orders for **AAMC publications** hit an all-time high, surpassing 148,000 and producing revenue of almost \$2.4 million.
- The Office took on additional facility management responsibilities with the Association's investment in a **new building** at 2501 M St. Together with the Office of the President, Administrative Services staff helped in the financing and the building design, and executed the relocation of the entire operations—and more than 100 staff—of the Section for Student Services and the Section for the Medical College Admission Test.
- The Office was key in the implementation of the Association-wide **Diversity Initiative**, organizing several “all-hands” meetings and coordinating required two-day diversity training seminars for all AAMC staff, conducted by outside consultants Simmons Associates.
- New **laser check-printing software and payroll/human resources software** were integrated into the office, reducing staff time spent on those tasks and decreasing the chance of errors in data entry.
- This year, Human Resources began utilizing the AAMC Web site to **recruit staff nationwide**. “JobLine” began as a recorded telephone message, but quickly evolved into a regularly updated Web site. The Office also receives a rapidly escalating number of resumes and other employment material via the Internet.

The Office of Governmental Relations fosters an informed, proactive constituency to meet the legislative challenges that face academic medicine. In representing AAMC members, the Office monitors legislative activity, communicates background information and data to constituents, drafts testimony and other federal correspondence on behalf of academic medicine, and advises on strategies for advocacy.

■ Efforts to balance the federal budget continued to dominate much of the legislative agenda for the second session of the 104th Congress. Although the White House and various factions on Capitol Hill significantly differed in their approaches to deficit reduction, all sides agreed on the need to rein in the growth of entitlement programs—including Medicare and Medicaid—and to reduce discretionary spending, including support for many of the Public Health Service programs. Assisted by the AAMC, **medical schools and teaching hospitals successfully made the case** for sustaining Medicare support for direct graduate medical education (DME) funding and indirect medical education (IME) payments to teaching hospitals, for increasing medical research funding through the NIH and the Veterans' Health Administration, and for increasing funding for health professions education.

■ Congress continued to appeal to health care leaders for information and guidance in drafting legislation from the national to the local level. In response, the AAMC stepped up efforts to provide **rapid, accurate legislative updates** to members of its constituent group of Government Relations Representatives (GRR) at member institutions. The Office instituted a broadcast faxing service that relayed to GRR members vital, up-to-the-minute reports on important, relevant congressional action, and in September 1996 staff began providing this information electronically. The Office also disseminated information through a host of published materials, including *Washington Highlights*, the AAMC's weekly legislative newsletter; *Legislative & Regulatory Update*, a summary of the year's major activities; the *Government Relations Resource Guide*; the Ad Hoc Group for Medical Research Funding brochure and fact sheets; issue briefs on front-line legislative issues; and dozens of memoranda to constituents.

■ The Office **works with numerous coalitions** to advance congressional support of veterans' health, biomedical and behavioral research, health professions training, and Medicare and Medicaid. The AAMC's advocacy partners this year included Hospitals Allied Lobbying Organizations, the Ad Hoc Group for Medical Research Funding, the National Health Council, the Health Professionals and Nursing Education Coalition, and Friends of the VA.

■ As part of its ongoing commitment to **professional development** for its members, the AAMC and the Association of Academic Health Centers hosted three seminars for GRR members this year in conjunction with the American Association of Universities and the National Association of State Universities and Land Grant Colleges. The September 1996 meeting included members of the AAMC Group on Institutional Advancement.

1995-96 TESTIMONY

Testimony to the Physician Payment Review Commission. Presented by Jordan J. Cohen, M.D., president, AAMC, December 13, 1995.

"FY 1997 Appropriations For The Department of Health and Human Services." Presented by I. Dodd Wilson, M.D., dean, University of Arkansas College of Medicine, before the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, House Committee on Appropriations, March 7, 1996.

"Reform of the Eligibility Standards of the Veterans Health Administration." Submitted to the Senate Committee on Veterans' Affairs, March 20, 1996.

Invited Participant to FDA Science Board Meeting on Financial Disclosure by Clinical Investigators. Represented by David A. Blake, Ph.D., senior vice president for biomedical research-designate, AAMC, March 29, 1996.

"Physician Supply." Submitted to the House Ways and Means Subcommittee on Health, April 16, 1996.

"FY 1997 Appropriations for the Department of Health and Human Services." Submitted to the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Senate Committee on Appropriations, May 6, 1996.

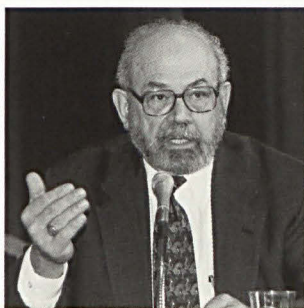
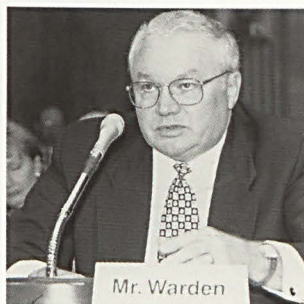
"Academic Health Centers in the Era of Managed Care." Presented by Jordan J. Cohen, M.D., president, AAMC, to the Senate Committee on Labor and Human Resources, May 7, 1996.

"Teaching Hospitals and Other Issues Related to Graduate Medical Education." Presented by Timothy M. Goldfarb, director, Healthcare Systems, Oregon Health Sciences University, before the House Ways and Means Subcommittee on Health, June 11, 1996.

"Future of the Veterans Health Administration." Presented by Daniel H. Winship, M.D., dean, Stritch School of Medicine, Loyola University of Chicago, before the Subcommittee on Hospitals and Health Care, House Committee on Veterans' Affairs, June 27, 1996.

"H.R. 3390: The Pet Safety and Protection Act of 1996" and "H.R. 3393: The Family Pet Protection Act of 1996." Submitted to the Subcommittee on Livestock, Dairy and Poultry, House Committee on Agriculture, August 1, 1996.

Pictured top to bottom: AAMC President Jordan J. Cohen, M.D.; Gail L. Warden, president and CEO of Henry Ford Health Systems; I. Dodd Wilson, M.D., dean, University of Arkansas College of Medicine; Timothy M. Goldfarb, director, Healthcare Systems, Oregon Health Sciences University; Daniel H. Winship, M.D., dean, Stritch School of Medicine, Loyola University of Chicago



The Office of Communications leads the Association's national efforts to advance public understanding of academic medicine, and works closely with constituents and staff to inform our key publics and achieve communications of the highest standard.

- As part of the national communications plan, the Office intensified its efforts to aggressively **manage issues of concern to academic medicine.** Some of the hot topics for this year included teaching physicians and Medicare billing, the nation's physician workforce, and threats to affirmative action. To facilitate stronger, more consistent delivery of academic medicine's messages, Communications staff initiated more effective, interactive contact with public relations officers at member institutions via conference calls and electronic mail. New tools, such as the "Issue Focus" backgrounders and tailored information kits for the media and other key publics showcased academic medicine's leading concerns. These efforts furthered the Office's burgeoning media relations program which resulted in more 1,000 national, regional, and local press inquiries in 1996.
- The **AAMC Reporter**, the Association's flagship news publication, covers major programs and initiatives as well as the broader issues that affect the academic medical community. This year, the monthly newsletter featured in-depth

stories on the coverage of women's health issues in the curriculum, the impact of information technology on academic medical institutions, enrichment programs for minority students in K-12, and medical students' increasing interest in community service. The Office also published the first special edition of the *Reporter*, dedicated solely to the 1995 AAMC Annual Meeting.

- The AAMC's longstanding role as a sponsor of the bimonthly publication **Academic Physician and Scientist** took a new direction this year when venerable publishers Lippincott-Raven purchased the magazine with the intent of greatly enhancing both the editorial and visual quality of the publication. This change is expected to strengthen the AAMC's ability to reach medical school faculty with information and news of specific interest to them.
- The AAMC's award-winning directory, **Medical School Admissions Requirements**, underwent a complete redesign this year. The new, higher impact format was well received by student affairs officers and was an important first step in expanding the directory's

market to include commercial bookstores. Two of AAMC's staple publications—the **Directory of American Medical Education** and the **Curriculum Directory**—were produced with an eye toward a potential electronic format.

- To better capture the natural synergy between the Association's editorial staff and its creative designers, the Association's **graphics unit** joined the Office of Communications. In its three-year existence, the graphics team has improved the visual quality of many AAMC publications, and this year produced more technical papers, monographs, brochures, newsletters, and conference programs than ever before.
- To achieve greater consistency, name recognition, and visual corporate identity for the Association, the Office developed and implemented an AAMC-wide **graphic identity program.**
- Members of the **Group on Institutional Advancement (GIA)**, staffed by the Office, were treated to several thought-provoking speakers and professional development programs this year, including a special joint meeting with members of the Government Relations Representatives. GIA members played a major role in the development of the AAMC's national communications plan.

The Office of Information Resources is dedicated to building an environment and culture within the Association that will optimize new and existing technologies to make information more accessible. Staff supply the instrumental technical support needed to manage information in ways that expand and create new services for members and staff, and that ensure the most efficient operating procedures.

■ The Office was restructured this year into five functional groups which work interactively to maximize the benefits of the AAMC's technology resources and to help AAMC constituents and staff use information in ways never before possible.

■ Through its Outreach and Liaison Activities team, the Office implemented a new program to **support constituents in their use and management of information resources**. Staff played a larger role at AAMC-sponsored professional development activities, including the Annual Meeting, where they created a "technology laboratory" to showcase state-of-the-art software projects, coordinated an electronic messaging system with Internet access available to every attendee, and organized a focus session on telemedicine and its impact on medical education. The Office substantially broadened contacts with other organizations with related missions in order to collaborate on activities that will benefit AAMC members.

■ The Office's Applications Resources team provided **support for a variety of ongoing business services and information processing activities** including the Faculty Roster System, the Writing Sample Project, and the Curriculum Database Project. The staff also was deeply involved in developing new information exchange projects such as AAMC ACCESS and AMCAS-E, the electronic version of the medical school application form.

■ The Information Management and Research Resources team is committed to a secure, constituent-focused approach to **collecting and sharing information**. Working closely with every AAMC division, the Office helped to expand the Association's capabilities for collecting and disseminating information for the benefit of academic medicine leaders. The Office maintains a collection of Internet-based services called AAMCInfo, which embraces the AAMC Web site; numerous listserves for targeted groups; the weekly electronic newsletter, AAMC STAT;

and electronic mail and FTP services that expedite the transfer of information.

■ The Office's vision of a **networked approach to information exchange** is fast becoming a reality, thanks to the expertise of its Technology Resources team. Staff are constantly exploring new communications opportunities, enhancing or replacing traditional methods to make way for the latest in technological advances. The Office manages an array of computing and networking technologies—including telecommunications facilities—that permit continuous expansion of the Association's networking capabilities and help build a technology infrastructure that will support a consistent, high-quality information exchange system.

■ **Helping AAMC staff use technology resources effectively and efficiently** is the mammoth task of the Office's Client Resources team. To expeditiously solve the day-to-day challenges confronting an association which steadily pushes new boundaries, the Office set up an internal "911" number, called AAMC Answers, which allows immediate response to staff questions and problems. Staff also set up new desktop workstations, identified and installed new software tools, and carried out a broad-based education and training program for AAMC staff.

The Center for the Assessment and Management of Change in Academic Medicine (CAMCAM) provides data and shares strategies that enable medical schools and teaching hospitals to manage effectively within, and respond quickly to, a health care system in transformation. CAMCAM was established in 1995 as the premier study center for monitoring the changing health care delivery system, analyzing the impact of these changes on the nation's academic medical institutions, and identifying creative approaches that these institutions are taking to respond to the challenges. It is also committed to building an electronic information infrastructure by linking existing free-standing internal and external databases and acquiring new databases and information products that give an increasingly comprehensive picture of academic medical centers.

■ To provide the essential and timely information health care leaders need to make informed institutional decisions, CAMCAM began publishing **"Works in Progress"**: periodic documents that report on the Center's research findings as they become available. Feedback is being solicited to inform and guide the research while analyses are in progress.

■ The **Commonwealth Fund** awarded \$260,000 to help CAMCAM meet its key objectives, including the ongoing development of a "sentinel network" of academic medical centers (AMCs) and new efforts to link and evaluate existing AAMC databases.

■ In fulfilling its commitment to present information quickly and easily, the Center employed conventional communications tools as well as the Internet to provide **real-time access to data and analyses**. The CAMCAM home page on the World Wide Web, <<http://www.aamc.org/~camcam>>, contains reports about the latest activities the Center is undertaking to monitor change. Another source of up-to-the-minute information cultivated this year is the Clinical-Administrative Data Service (CADS) home page on the Web at <<http://www.cads.rhigroup.com>>, where subscribers can access much more clinical information than is available from claims-based data and governmental sources.

■ Using information derived from its sentinel network of leading AMCs, the Center employed **case studies and analyses of large data sets** to collect information in a timely and organized manner. CAMCAM examined broad information sources to monitor the impact of the changing environment on AMCs' core missions. These included analyses of AAMC and national clinical data to examine trends in inpatient services, indigent care, and quality of care provided by AMCs, and analyses of national research data to examine trends in federal funding to AMCs. In August 1996, the CAMCAM Web site reported specific examples of the types of hospital inpatient care that AMCs provide. Subsequent analyses of the CADS data will compare quality measures among teaching and non-teaching hospitals, and will evaluate trends in the care of indigent patients, paying particular attention to preventable causes of hospitalization.

The Division of Biomedical Research helps the nation's medical schools strengthen research funding, maintain integrity in research, address medical scientist workforce issues, and promote quality graduate and postdoctoral education.

- The GREAT (Graduate Research, Education, and Training) group, staffed by the Division, achieved full group status this year, and hosted the third annual **GREAT Conference**, the only national forum that brings together academic administrators and faculty leaders responsible for Ph.D., M.D./Ph.D., and postdoctoral programs in accredited U.S. and Canadian medical schools.
- This division provides the principal staffing for the **Council of Academic Societies (CAS)**, and staff continued to improve communication with and among these members. This year's CAS Spring Meeting focused on the momentous restructuring taking place at the nation's medical schools and its effect on academic departments.
- Division staff prepared data analysis for the **National Research Council's Committee on Trends in Early Research Careers**, which seeks a better understanding of the experiences of young life scientists, and of the changing roles of young and international scientists involved in research in this country.
- Staff participated in data collection and analysis to support the **NIH Director's Panel on Clinical Research**, helping to formulate the panel's series of recommendations for encouraging young physicians to pursue clinical research training and careers, and for expanding the role of the 75 NIH General Clinical Research Centers.
- The **Committee on Research Integrity**, organized and staffed by the Division, focused on ethical concerns resulting from academic medical institutions' collaborations with industry and government and from the development of universal codes of conduct for biomedical and behavioral scientists. The Committee also contributed to AAMC testimony presented at a Food and Drug Administration hearing on conflict of interest in clinical trials, and offered

commentary on a report issued by the U.S. Commission on Research Integrity.

- Working with personnel from the NIH, the Division hosted two terms of the **NIH Mini-Med School**. The fall semester of this popular event took place on Capitol Hill, where four scientific luminaries from the NIH presented a series of afternoon lectures designed to educate members of Congress and their staff and families about the latest in biomedical research. Ballou Senior High School, located in a predominantly minority Washington, D.C., neighborhood, provided the stage for the spring semester of the NIH Mini-Med School. The series gave local students, parents, and teachers a chance to listen to and talk with internationally renowned scientists and physicians.

The Division of Community and Minority Programs serves two broad purposes. The first is to increase the representation of minorities in all parts of the medical education pipeline—faculty, administration, housestaff, and medical students—as well as to address the pre-college educational disadvantages that act as a brake on too many young people's ambitions to achieve a career in medicine. The second is to integrate public health concepts into medical education, including enhancing the role of prevention and health services research.

- The AAMC's *Project 3000 by 2000*, designed to achieve parity for underrepresented minorities among medical school matriculants by the year 2000, completed its fifth year of successful programming. Its aim is to enlarge the pool of qualified minority applicants through enduring partnerships between medical schools and regional institutions responsible for K-12 and college education. Related efforts also are underway to attract and retain more underrepresented minorities in medical school faculties and to increase their numbers in leadership roles in academic medicine. Numerous resource materials help meet the program's objectives, including the *Project 3000 by 2000 Technical Assistance Manual: Guidelines for Action* and *NNHeSPa News*, a quarterly newsletter for participants in the National Network for Health Science Partnerships.

- The recent challenges to affirmative action underscore the need to understand how minority physicians

contribute positively to the nation's health. But little relevant data was available until the AAMC began to compile the first **Minority Physician Database**. With a 1992 grant from the Henry J. Kaiser Foundation, Division staff have gathered data on gender, race, national origin, specialty, training, and practice characteristics of minority physicians, collecting more than 60,000 records. A subsequent AAMC report will offer the most complete picture of this group ever available.

- The **Expanded Minority Admissions Exercise (EMAE)**, designed for use by medical school admissions committees, provides a rationale for using non-cognitive factors in the recruitment of minority students, and helps committees quantify these factors when assessing minority students' qualifications. After developing the exercise over the past three years, Division staff began holding interactive workshops at medical schools across the country this year.

- The Division has continued its full program of **faculty career development workshops** for junior underrepresented minority faculty in academic medicine. Working with sister health professions schools and professional organizations, the Division coordinated two conferences with the Health Resources and Services Administration: one to develop minority faculty participation in health professions organizations and the other to vitalize Hispanic/Latino participation in the health professions. The Division also managed programming for the second cohort of Health Services Research Institute Fellows, funded by the Agency for Health Care Policy and Research, and supported the AAMC Group on Student Affairs Minority Affairs Section.

- The Division continued to serve as the National Program Office for **The Robert Wood Johnson Minority Medical Education Program**, which identifies promising minority students for educational and practical experiences to improve their competitiveness in the medical school application process.

- The Division is also responsible for the AAMC's monthly peer-reviewed journal, **Academic Medicine**. In this its 71st year, the journal published articles on the dramatic changes in health care delivery and the challenges that confront academic medical institutions.

The Division of Health Care Affairs supports an array of activities and services that promote the unique roles of teaching hospitals, health systems, and medical schools, and responds to these institutions' exceptional needs through educational and advocacy programs, data collection, ad hoc surveys, special reports, individualized presentations on timely issues, and constituency working groups.

■ As illustrated throughout this Annual Report, the Division's **multiple, cross-cutting activities** involve almost every AAMC organizational area. Prime examples are this year's collaborations with other divisions to educate members on all aspects of the Medicare Final Rule on Teaching Physician Requirements, the Office of the Inspector General's (OIG) audits of teaching physicians, and the OIG's investigations into Medicare billing by hospitals for medical investigational devices.

■ The **Advisory Panel on Strategic Positioning for Health Care Reform**, staffed by the Division, continued to cultivate positions and support related to health care reform legislation. The Panel spearheaded new services, programs, and activities that help AAMC members adapt to the new delivery structures resulting from state and private market initiatives.

■ The Division devoted considerable attention to **Medicare and Medicaid payment policy**, working on testimony and letters

delivered to the President, Congress, and various government agencies, including the Physician Payment Review Commission and the Prospective Payment Assessment Commission.

■ The Division pursued **collaborative research efforts** with organizations such as the Medical Group Management Association (MGMA), for a joint study on the clinical activities of physicians, and the Association of Professors of Medicine's (APM) joint Study Group on the Future of Graduate Medical Education. In addition, the Division worked with the University HealthSystem Consortium (UHC) on a study to understand better the critical role of clinical faculty in ensuring the future success of the academic institution. In conjunction with the Center for the Health Professions at the University of California, San Francisco, the Division helped a visiting scholar complete the first phase of an in-depth study of GME consortia. Staff also worked with Health Policy Alternatives, Inc., on a study of financing and administrative options for a shared-responsibility fund for academic medicine.

■ In addition to staffing the **Council of Teaching Hospitals and Health Systems** (COTH), the Division supports the **Group on Faculty Practice** (GFP) and the **Group on Resident Affairs** (GRA). The GFP, which serves the interests of practice plan leadership, this year monitored the regulatory issues related to the Medicare teaching physician requirements, produced related reports, and organized educational programs. The GRA, formerly the Section for Resident Education, offers residency program administrators professional development opportunities and forums for exchanging information and ideas related to graduate medical education.

■ The Division **disseminated information throughout the academic medicine community** through such vehicles as the *COTH Report* and *Academic Clinical Practice*, and published annotated bibliographies on teaching hospital costs and on medical education in ambulatory care settings. Staff also manage the array of COTH surveys, including the *Survey of Hospitals' Financial and General Operating Data*, the new *Quarterly Hospital Survey*, the *Survey of Housestaff Stipends, Benefits, and Funding*, and the *Executive Salary Survey*. Twice a year the activities and constituencies described above are summarized in the *COTH Selected Activities Report*.

The Division of Institutional Planning and Development provides specially tailored forums, services, programs, and data analyses for medical school deans, faculty, and administrative leadership.

■ Responding to medical school leaders who are looking for more opportunities to share information, solutions, and creative thinking, division staff worked with the Council of Deans (COD) to develop the **Dean's Roundtable**. These informal monthly meetings bring 20 to 30 deans together to discuss selected topics such as education in the managed care environment, clinical faculty practice, organization and productivity, and clinical research.

■ The Division also supports the **Advisory Panel on the Mission and Organization of Medical Schools** (APMOMS). This year the panel initiated a project that led to the publication of a ground-breaking monograph exploring potential organizational models for academic medical centers in the new competitive marketplace. APMOMS also developed a set of case studies that illustrate how several academic medical centers are working successfully to preserve their academic missions while adapting to a new environment. The cases were published in the November 1996 issue of *Academic Medicine*, the first in a series of six APMOMS Working Group papers to be published in the

journal. Notable APMOMS recommendations implemented this year include a process for the AAMC to provide medical schools with data reports that allow them to compare departments within and between schools by variables such as faculty size and research dollars.

■ The Division continued to spearhead the AAMC's efforts to boost the number of **women in academic medicine** by providing consistently acclaimed professional development conferences for senior and junior women faculty, career guidance and support, special publications, and data collection and analyses. In staffing the organization of Women Liaison Officers, the Division provided support for women academic representatives at medical schools across the country. In addition to managing the new "Increasing Women's Leadership in Academic Medicine" initiative, staff also produce a quarterly newsletter, *Women In Medicine Update*, and an annual compendium documenting women's progress in academic medicine, *Woman in Academic Medicine Statistics*.

■ A host of AAMC programs and initiatives rely on the Division to

provide **institutional and technical expertise**. Among the many notable contributions by staff is ongoing assistance with the creation, refinement, and implementation of ERAS—the Electronic Residency Application Service.

■ Through its Section for Professional Education Programs, the Division offered a full range of **conceptual workshops and seminars** designed to help medical school deans and their senior management staff improve their effectiveness as institutional leaders. The Section provided Association-wide support for more than 50 governance, professional development, and special conferences this year, including the AAMC Annual Meeting.

■ The Division houses the Association's main sources of **data related to medical schools**, notably the Faculty Roster System and the Institutional Profile System. Among the regular publications that flow from these data collections and analyses are the *Institutional Goals Ranking Report* and the annual *Faculty Salary Survey*.

■ Staff also supported the work of the **Task Force on Medical School Financing** and the professional development activities of the **Group on Institutional Planning** and the **Group on Business Affairs**.

The Division of Medical Education is the focal point within the AAMC for improving the quality of medical education and training. With the exception of the Association's sponsorship of the Liaison Committee on Medical Education, the Division has primary responsibility for all of the AAMC's programmatic and liaison activities related to the structure, content, and conduct of medical education programs across the continuum of undergraduate, graduate, and continuing medical education.

■ The Division dedicated much of its resources and energy to curriculum reform strategies, working to provide detailed information that was previously unavailable. Its **National Curriculum Database Project**,

now underway, will allow each medical school to construct its own database for managing curriculum, and ultimately will forge a national database at the AAMC that, over time, will enable medical education trend analysis throughout U.S. and Canadian medical schools.

■ The **Information Technology and Medical Education Project** is the AAMC's premier initiative to monitor and introduce new technologies in medical student education.

Components of the project include the Medical Education Software Resources Initiative, which reviews and catalogues new software offerings; the Medical School Infrastructure Survey, which assesses each medical school's capacity for using new technologies; the Medical Student Informatics Curriculum, a set of model informatics course units

that can be integrated into a curriculum; and faculty workshops that demonstrate new technologies in teaching.

■ The Division continued to enhance medical schools' knowledge and use of ambulatory care educational experiences, and guided them in the planning and implementation of such programs. As part of this year's **Ambulatory Care-based Medical Student Education Project**,

Division staff collected information on the ambulatory care experiences medical schools currently offer, and analyzed relevant literature to construct a typology for medical schools to use.

■ This year, the AAMC acquired the **National Study of Graduate Education in Internal Medicine** (NaSGIM) from the University of Chicago. Now under the Division's management, the survey will generate information on the design, content, and conduct of internal medicine residency programs, including subspecialty programs. It will also help the AAMC in its quest

to assess the impact of changes in health care delivery—particularly managed care—on the quality of graduate medical education.

■ Another aid to the AAMC in monitoring change is the **Institutional Education Program Profile**. Developed by the Division in collaboration with the AAMC's Center for the Assessment and Management of Change in Academic Medicine (CAMCAM), this initiative aims to build a profiling system that will determine how changes in the nation's health care delivery system are influencing the educational programs conducted by medical schools and teaching hospitals. Staff will collect information on the size and scope of various educational programs conducted by academic medical centers participating in CAMCAM's sentinel network.

■ The Division supported the professional development activities of the AAMC's **Group on Educational Affairs**, which serves the largest number of AAMC constituents, and administered the Association's sponsorship of the **Accreditation Council for Graduate Medical Education** and the **Accreditation Council for Continuing Medical Education**.

The AAMC's new Division of Medical School Standards and Assessment leads the Association's efforts in developing accreditation standards and assessing the results of their application on the condition of undergraduate medical education. Restructured from the former Division of Educational Research and Assessment, it continues to serve as the AAMC Secretariat for the Liaison Committee on Medical Education (LCME).

- The Division collaborates with the American Medical Association (AMA) Secretariat in administration of **LCME activities**, including accreditation and site visits to medical schools in the United States and Canada. This year, half a dozen new accreditation standards were shepherded through endorsement by the Association's Executive Council and the AMA's Council on Medical Education. And as detailed elsewhere in this report, the Division's seminal MESA project will examine the validity of the accreditation process and its influence on education quality.
- Among the Division's **international activities** was a joint undertaking with AMA counterparts that guided the Mexican Association of Faculties and Schools of Medicine in establishing an accreditation process. Division staff also met with educators from Saudi Arabia to discuss medical education and assessment, and consulted with government officials from the Republic of Georgia about the development of laws regulating medical licensure and accreditation.
- The Division's prolific **data collection, analysis, and reporting activities** generated articles in *Academic Medicine* on emerging trends and relationships affecting the nation's medical schools and students. The annual medical student and LCME questionnaires served as rich sources of data on topics such as the research career interests of graduating medical students, specialty career decisions, the determinants of generalist career choice, and factors accounting for rising educational debt. The Section

for Educational Research, now a component of the Division of Medical Education, administered the annual questionnaires to entering and graduating medical students and provided key analytic work for the Division's publications. Much of the information depicted in these articles was presented in the Section's annual flagship publication, *Trends—U.S. Medical School Applicants, Matriculants, and Graduates*. Information gleaned from these student surveys provides current and comprehensive data on medical students' specialty aspirations, their expectations and perceptions of medical education, and their motivations for pursuing medical careers.

The Division of Student Affairs and Education Services works to meet the needs of today's medical students and residents throughout their journey from the medical school application process through residency program selection. The Division also supports the efforts of medical school offices of student affairs, admissions, financial aid, and the registrar.

■ The Division enhanced its **financial aid services for medical students and residents** in several ways this year. MEDLOANS, the leading comprehensive and affordable loan program for medical students, celebrated its 10th anniversary with a host of new benefits and services for borrowers and financial aid officers. For example, borrowers now enjoy expanded access to private alternative loans and indebtedness counseling, and financial aid officers have new ways to electronically process loan applications. The Division also launched a program to provide financial services to help residents and their training programs access loan information.

■ **ERAS, the Association's Electronic Residency Application Service**, completed its pilot year, in which it electronically processed applications from more than 2,000 new physicians seeking positions in obstetric and gynecology residency programs. In the coming year, ob-gyn residency programs participating in ERAS will nearly double, from 57 percent to 94 percent; ERAS also will process applications for all U.S. Army

residencies next year. A total of 300 residency programs will receive applications, transcripts, letters of recommendation and Dean's Letters over the Internet in 1996-97. In the following year five more specialty areas—family medicine, radiology, transitional year, emergency medicine, and orthopaedic surgery—will begin using ERAS.

■ The Division led the Association's efforts to help medical schools accommodate students with disabilities, and provided guidance for institutions' policies and procedures relevant to the **Americans With Disabilities Act (ADA)**. Staff published a new handbook, *The Disabled Student in Medical School: An Overview of Legal Requirements*, sponsored a national educational workshop on the ADA for medical school administrators, and in cooperation with the Association of Academic Physiatrists, launched an electronic discussion list in which a panel of disability experts respond to questions from medical school faculty and staff.

■ The Division launched **AMCAS-E**, a software program for use by applicants to U.S. medical schools participating in the American Medical College Application Service (AMCAS). AMCAS allows applicants to complete a single, uniform application that can be sent to multiple medical schools, and AMCAS-E streamlines this process further by enabling them to use a personal computer to complete and submit application information on diskette rather than paper. Between 70 and 80 percent of the 1998 entering class are expected to apply electronically.

■ As part of its work with the **Medical College Admission Test (MCAT)** Program, and with the cooperation of a small group of medical schools, the Division is currently conducting an MCAT Validity Studies Program. Last year the MCAT was administered to more than 80,000 people worldwide.

■ The Division also manages the **National Resident Matching Program (NRMP)**. This year, 2,081 U.S. medical school seniors matched to first-year residency positions in family practice, the largest number in NRMP history.

■ The Division supported the **Group on Student Affairs (GSA)** and its various projects in student affairs, admissions, financial aid, and registrar activities.

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 40 affiliated health systems and 74 Department of Veterans' Affairs medical centers, represented by their CEOs on the Council of Teaching Hospitals and Health Systems;
- 88 academic and professional societies, each represented by two delegates to the Council of Academic Societies, representing approximately 87,000 faculty members;
- 125 students serving in the Organization of Student Representatives, representing 67,000 medical students;
- 48 residents appointed by academic societies serving in the Organization of Resident Representatives, 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:

- Graduate Research, Education, and Training Group*
- Group on Business Affairs*
- Group on Educational Affairs*
- Group on Faculty Practice*
- Group on Institutional Advancement*
- Group on Institutional Planning*
- Group on Resident Affairs*
- 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 and Health Systems (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 COTH, 88 members of the CAS, and 12 members each from the OSR and 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 year the AAMC's governance heard from:

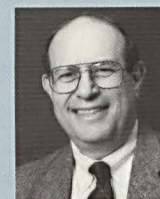
- The Honorable Gary Condit (D-Calif.), United States House of Representatives
- Judith Feder, Ph.D., Professor of Public Policy, Georgetown University
- The Honorable Willis D. Gradison, President, Health Insurance Association of America
- William Hoagland, Majority Staff Director, Senate Budget Committee
- Gail Wilensky, Ph.D., Senior Fellow, Project Hope Chair, Physician Payment Review Commission



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



Chair-Elect
Mitchell T. Rabkin, M.D.*
Beth Israel Hospital



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



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



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

* Executive Council Member

**COUNCIL OF DEANS
ADMINISTRATIVE BOARD**

This year, the Council of Deans (COD) Administrative Board addressed the issue of how the Board, the Council as a whole, and the AAMC could better meet the needs of the medical school deans. To this end they identified six areas of emphasis: enhancing the COD's cohesiveness and effectiveness, supporting deans' ability to adapt to changes in the clinical enterprise, enriching the COD's engagement with AAMC advocacy efforts, focusing the Council and the AAMC increasingly on medical students, expanding the role of the AAMC in supporting research at member institutions, and advancing the AAMC's capabilities in analyzing professional workforce issues.

The Board also piloted a successful program of one-day meetings examining areas of specific interest for deans. Four such "Deans Roundtables," were scheduled in 1996, and more are planned for 1997. In addition, the COD and COTH sponsored joint sessions at their annual Spring Meetings and at the AAMC 1996 Annual Meeting to help leaders in the academic community communicate more effectively and focus collaboratively on issues of common concern.



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

Chair-elect
Michael E. Johns, M.D.*+
Johns Hopkins University
School of Medicine

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

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

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

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

Haile T. Debas, M.D.*++
University of California, San
Francisco School 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, M.D.*
University of Cincinnati
College of Medicine

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

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

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

* Executive Council
Member

+ Resigned effective
6/30/96

++ Elected 4/28/96

Resigned effective
5/14/96

**COUNCIL OF TEACHING HOSPITALS AND
HEALTH SYSTEMS ADMINISTRATIVE BOARD**

The Council of Teaching Hospitals and Health Systems (COTH) comprises the organizations that deliver comprehensive health care services in an environment that supports clinical research and medical education. This past year, the Council changed its name and structure to include both hospitals and systems, and approved three new categories of membership: individual teaching hospital membership, common teaching hospital/health system membership, and multiple teaching hospital/health system membership.

This year the Administrative Board has focused its attention on the delivery and financing of health care, organizational restructuring and new partnerships, and the role of hospitals and medical schools in graduate medical education (GME). 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.

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 GME.



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

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

Immediate Past Chair
R. Edward Howell*
University of Iowa
Hospitals and Clinics

Theresa Bischoff
New York University
Medical Center

John D. Forsyth*
University of Michigan
Hospitals

J. Richard Gaintner, M.D.
Pathway Health Network

Irma E. Goertzen
Magee-Womens Hospital

Timothy M. Goldfarb
Oregon Health Sciences
University Hospital

William I. Jenkins*
Sinai Samaritan Health
Center

Kevin E. Lofton
University of Alabama
Hospitals

Ralph W. Muller
University of Chicago
Hospitals

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

Frank A. Riddick, Jr., M.D.*
Alton Ochsner Medical
Foundation

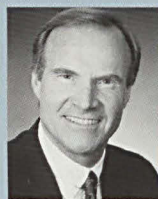
David S. Weiner
Children's Hospital, Boston

Timothy B. Williams
Veterans Affairs Medical
Center, Seattle

* Executive Council
Member

**COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD**

The Council of Academic Societies (CAS) represents the clinical and basic sciences faculty leadership of U.S. medical schools through representation from 88 CAS member professional organizations. The Council's Administrative Board is especially attentive to issues affecting basic and clinical research, graduate and undergraduate medical education, and faculty development. The Council has focused this year on its own optimal organization, and on mechanisms by which faculty can influence maintenance of academic standards in an era of fiscal change.



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

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

Immediate Past Chair
Paul J. Friedman, M.D.*
University of California,
San Diego 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

Arthur P. Grollman, M.D.
SUNY-Stony Brook School
of Medicine

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

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

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 D. Rowley, Ph.D.
Maricopa Medical Center

George F. Sheldon, M.D.
University of North
Carolina at Chapel Hill
School of Medicine

* Executive Council
Member

**ORGANIZATION OF RESIDENT
REPRESENTATIVES ADMINISTRATIVE BOARD**

The Organization of Resident Representatives (ORR) is comprised of representatives from eligible CAS member specialty organizations, and provides a channel for residents to express their views on health care and medical education within the Association's governance. During this its fifth year, the ORR underwent an in-depth organizational evaluation. The Administrative Board continues to strengthen professional development among its members, particularly with regard to teaching skills development. In addition, the ORR created an electronic discussion list for membership to facilitate internal group communication, and developed a page on the AAMC Web site for external outreach.



Chair
Nicholas L. Gideonse,
M.D.*
Cottage Grove Hospital
Medical Clinics

Chair-elect
Cheryl Rucker Whitaker,
M.D.*
University of California,
San Francisco School of
Medicine

Immediate Past Chair
Denise Dupras, M.D., Ph.D.
Mayo Graduate School of
Medicine

John R. Biglow, M.D.
Massachusetts General
Hospital

Mary Anne Bullard, M.D.
University of Michigan
Medical Center

Chris Hanson, M.D.
Le Bonheur Children's
Hospital

David R. Jones, M.D.
University of North
Carolina at Chapel Hill
School of Medicine

Randolph L. Roig, M.D.
Neuro Medical Center

Theodore Wells, M.D.
SUNY-Buffalo School of
Medicine

* Executive Council
Member

**ORGANIZATION OF STUDENT
REPRESENTATIVES ADMINISTRATIVE BOARD**

The Organization of Student Representatives (OSR) Administrative Board was guided this year by five major themes identified by OSR representatives: career counseling, legislative advocacy, the medical school community, medical education, and student life/wellness issues. The Board made medical student career counseling and specialty selection top priorities, and initiated projects seeking to improve the counseling systems currently available.

The OSR worked with the Group on Student Affairs Minority Affairs Section on a joint project addressing minority and majority student relations. Members also drafted guidelines to help medical students deal with acts of harassment or threats against themselves or the medical school community.



Chair
Tony Kim*
UMDNJ-Robert Wood
Johnson Medical School

Chair-elect
Devdutta Sangvai*
Medical College of Ohio

Immediate Past Chair
Stacy Tessler Lindau, M.D.
Brown University School
of Medicine

Kathleen M. Almond
University of Chicago
Pritzker School of Medicine

Dan Delgado
University of California, Los
Angeles School of
Medicine

Kevin Dennis
Meharry Medical College

Shamiram Feinglass
Emory University

Camille Huszco
Albany Medical College

P. Nelson Le
Boston University School of
Medicine

Barbara Summers
University of Tennessee,
Memphis, College of
Medicine

John E. Torres, M.D.
University of New Mexico
School of Medicine

Mark Weinberg, M.D.
Duke University School of
Medicine

* Executive Council
Member

REPORT OF THE TREASURER

The favorable economic forces that propelled the U.S. economy during Fiscal Year 1995-96 led to an outstanding growth period for the Association's financial base.

HIGHLIGHTS

- With investment income contributing \$7.1 million, the Association's unrestricted net assets grew approximately \$8.2 million. This is compared with a \$2.2 million increase in Fiscal Year 1994-95.
- As of June 30, 1996, total unrestricted net assets, the Association's "reserve," climbed to \$43.5 million.
- The Association's total assets at the close of the Fiscal Year 1995-96 reached \$105.6 million, or \$23.7 million more than the June 30, 1995 total.
- The strong 1995-96 investment market surge propelled the market value of the Association's investment holdings to a record \$56.7 million, a \$14.1 million increase over the prior year end's value.

OPERATING RESULTS

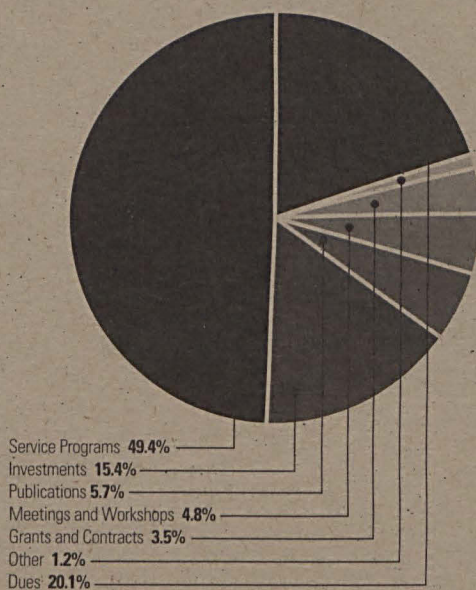
Fiscal Year 1995-96's operating revenue reached \$38.9 million, or roughly \$3.8 million more than the previous fiscal year's income. Again, the applicant pool was primarily responsible for this increase. Operating revenue was approximately \$300,000 above the budget.

Operating expenses in Fiscal Year 1995-96 were \$37.8 million, or roughly \$3.3 million above 1994-95 expenses. This growth reflects a staffing increase associated with the Strategic Plan. Fiscal Year 1995-96 expenses were \$1.2 million below the budget.

The net increase in unrestricted assets from operations was approximately \$1.1 million. This is compared to the roughly \$600,000 surplus in 1994-95. The accompanying financial statements were extracted from the Association's audited financial statements.

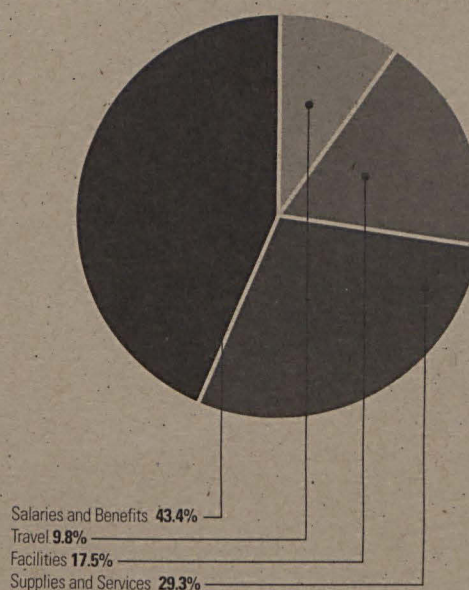
REVENUE

for the fiscal year ended June 30, 1996



EXPENSES

for the fiscal year ended June 30, 1996



CONSOLIDATED STATEMENT OF FINANCIAL POSITION June 30, 1996

Assets

Cash and cash equivalents	\$4,136,792
U.S. government contracts receivable	344,813
Accounts receivable, net of allowance for doubtful accounts of \$374,225	1,817,266
Investments, at cost	50,708,900
Supplies, deposits, and prepaid expenses	657,633
Notes receivable	1,335,544
Land, building, and equipment (net)	45,663,149
Deferred financing cost, net of accumulated amortization of \$150,229	937,275
Total Assets	\$105,601,372

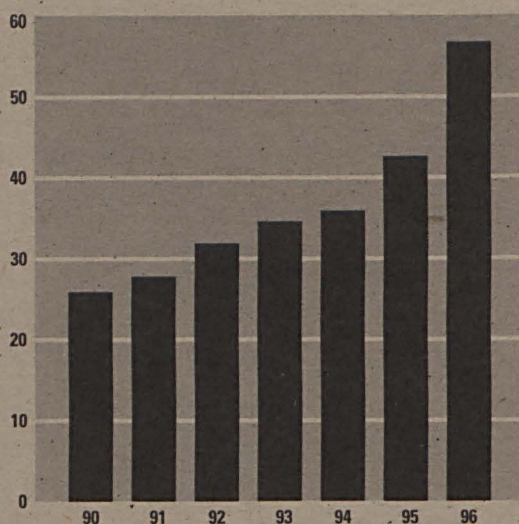
Liabilities and Net Assets

Accounts payable and accrued expenses	\$2,817,710
Deferred revenue	5,788,923
Deferred compensation	1,498,124
Accrued interest payable	1,734,587
Bonds payable, net	48,496,269
Total Liabilities	\$60,335,613
Unrestricted net assets	43,774,133
Temporarily restricted net assets	1,166,626
Permanently restricted net assets	325,000
Total Net Assets	\$45,265,759
Total Liabilities and Net Assets	\$105,601,372

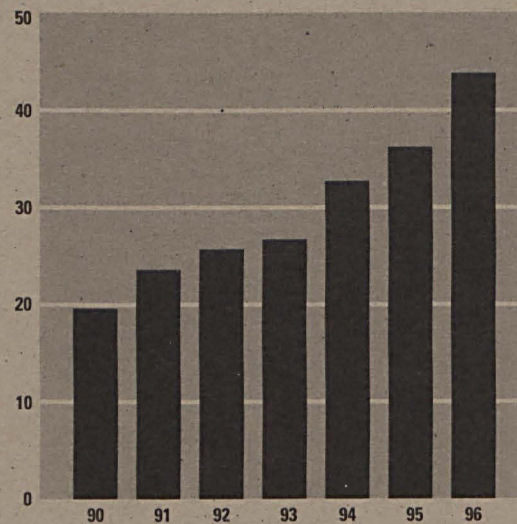
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INVESTMENTS AT MARKET

As of June 30, 1996. In millions of dollars.

**UNRESTRICTED EXPENDABLE NET ASSETS**

As of June 30, 1996. In millions of dollars. (Book Value)



REPORT OF THE TREASURER

CONSOLIDATED STATEMENT OF ACTIVITIES Year ended June 30, 1996

Operating Revenue and Support

Dues	\$9,229,223
Service Programs	22,692,602
Publications	2,603,742
Meetings and workshops	2,198,271
Government grants and contracts	750,850
Other	563,858
Total revenue	\$38,038,546
Net assets released from restrictions	\$836,879
Total operating revenue and support	\$38,875,425

Operating Expenses

Programs:	
Institutional planning and development	\$3,520,478
Health care affairs	1,946,806
Biomedical research	1,163,775
Medical education	2,443,180
Medical school standards and assessment	804,862
Student affairs and education services	11,775,530
Community and minority programs	2,349,019
Center for the assessment and management of change in academic medicine	667,333
Governmental relations	1,706,254
Communications	1,487,530
Publications	1,544,810
Special programs and meetings	3,774,941
Total program expenses	33,184,518
Administration and general support	4,603,453
Total operating expenses	\$37,787,971

Increase in unrestricted net assets from operations **\$1,087,454**

Non-operating Income

Investment income - net	7,070,280
Total non-operating income	\$7,070,280

Increase in unrestricted net assets **\$8,157,734**

REPORT OF THE TREASURER

CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS Year ended June 30, 1996

Unrestricted net assets	
Total operating revenue and support	\$38,038,546
Net assets released from restrictions	836,879
Total operating expenses	(37,787,971)
Total non-operating income	7,070,280
Increase in unrestricted net assets	8,157,734
Temporarily restricted net assets	
Private grants	1,688,449
Investment income from permanently restricted net assets	84,781
Net assets released from restrictions	(836,879)
Increase (decrease) in temporarily restricted net assets	936,351
Permanently restricted net assets	
Gifts	25,000
Increase in permanently restricted net assets	25,000
Increase in net assets	9,119,085
Net assets at beginning of year	36,146,674
Net assets at end of year	\$45,265,759

SPONSORED PROGRAMS

PRIVATE FOUNDATION SUPPORT

Baxter Foundation:

- Support for the annual AAMC Award for Distinguished Research in Biomedical Science (\$2,821).

The Commonwealth Fund:

- A one-year award to provide support for improving information on the ability of academic health centers to achieve their missions (\$33,750).

Henry J. Kaiser Family Foundation:

- A three-year award to develop a minority physician database (\$490,000).
- An 18-month award in support of Phase II of the Minority Physician Database (\$175,000).

Robert Wood Johnson Foundation:

- A five-year award in support of the David E. Rogers Award (\$134,972).
- A two-year award in support of long-range planning for academic medicine (\$206,759).
- A four-year award for the preparation and publication of information on minorities in medical education (\$42,887).
- A one-year award in support of technical assistance and direction for the Minority Medical Education Program (\$363,866).
- A one-year award for the support of technical assistance and direction of *Project 3000 by 2000* (\$267,782).
- A one-year award for the continued support of technical assistance and direction for *Project 3000 by 2000* (\$258,243).

Charles E. Culpeper Foundation:

- A one-year award in support of the Medical School Objectives Project (\$25,000).

Howard Hughes Medical Institute:

- A three-year award in support of program assessment services in connection with the Institute's graduate science education activities (\$344,981).

The Pew Charitable Trusts:

- A two-year award to study the practice patterns of minority physicians (\$135,000).

FEDERALLY SPONSORED PROGRAMS

U.S. Department of Health and Human Services:

- A five-year contract for the continued maintenance and development of the Faculty Roster database system (\$1,650,626).
- A six-year grant to develop partnerships between high schools, colleges, and medical schools to encourage minority enrollment in medical schools (\$767,471).
- A three-year contract to collaborate with DHHS on the 1993-96 Secretary's Award for Innovations in Health Promotion and Disease Prevention Programs (\$130,411).
- A two-year continuation grant in support of a professional development institute for minority researchers in health services research (\$532,866).

- 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).
- A six-month contract to manage the preparation for a second conference on research in medical education (\$24,890).
- Multiple purchase orders for the planning and sponsoring of the Faculty Development in Primary Care National Conference (\$49,980).
- A six-month purchase order to analyze the outcome of Primary Care Day 1995 (\$4,000).
- Multiple purchase orders to plan, convene, and produce proceedings on a conference on minority faculty in the health professions (\$75,000).
- Multiple purchase orders to plan, convene, and produce proceedings on a conference on Hispanics in the Health Professions (\$88,000).

CORPORATE GRANTS

Warner Lambert Foundation:

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

FLEXNER AWARD COMMITTEE

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

Chair

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

Dennis Brimhall
University Hospital, Denver

Aaron Lazare, M.D.
University of Massachusetts Medical School

Philip L. Liu, M.D.
UMDNJ—The New Jersey Medical School

Ruy V. Lourenco, M.D.
UMDNJ—The New Jersey Medical School

Michael H. Ross, Ph.D.
University of Florida

BAXTER AWARD SELECTION COMMITTEE

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

Chair

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

Morton Arnsdorf, M.D.
University of Chicago

Bernadine Healy, M.D.
Ohio State University College of Medicine

John Rowe, M.D.
Mount Sinai Hospital

Barbara Hansen, Ph.D.
American Society for Clinical Nutrition

Arthur Grollman, M.D.
SUNY-Stony Brook School of Medicine

OUTSTANDING COMMUNITY SERVICE AWARD COMMITTEE

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

Chair

James Dalen, M.D.
University of Arizona College of Medicine

Kim Goldenbert, M.D.
Wright State University School of Medicine

Jan R. Jennings
Children's Memorial Hospital (Chicago)

Len B. Preslar, Jr.
North Carolina Baptist Hospitals

John W. Saultz, M.D.
Oregon Health Sciences University

David P. Sklar, M.D.
University of New Mexico School of Medicine

AAMC APPOINTEES TO THE ALPHA OMEGA ALPHA DISTINGUISHED TEACHER AWARD COMMITTEES

Selects recipients for two teaching awards.

Basic Sciences

Vernon S. Bishop, Ph.D.
University of Texas Medical School at San Antonio

Brenda Russell, Ph.D.
University of Illinois College of Medicine

Clinical Sciences

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

George F. Shelton, M.D.
University of North Carolina at Chapel Hill School of Medicine

Stephen I. Wasserman, M.D.
University of California, San Diego School of Medicine

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

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

Dona Harris, Ph.D.
Michigan State University College of Human Medicine

Michael Halseth
University of Virginia Medical Center

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

Robert Heyssel, M.D.
Johns Hopkins Health System

John Oates, M.D.
Vanderbilt University School of Medicine

NOMINATING COMMITTEE

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

Chair

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

R. Edward Howell
University of Iowa Hospitals and Clinics

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

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

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

RESOLUTIONS COMMITTEE

Receives and acts on resolutions for presentation to the Assembly.

Chair

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

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

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

Devdutta Sangvai
Medical College of Ohio

AUDIT COMMITTEE

Reviews and approves the AAMC's audited financial reports.

Chair

Frank A. Butler
University of Kentucky Hospital

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

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

AAMC Staff

Jordan J. Cohen, M.D.

Richard Knapp, Ph.D.

Kathleen Turner

Edwin L. Crocker

Joseph Keyes, Jr., J.D.

Jeanne L. McCarroll

INVESTMENT COMMITTEE

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

Chair

John D. Forsyth
ISAD Health Services Corporation

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

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

Nelson Ford
Georgetown University Hospital

Paul J. Friedman, M.D.
University of California, San Diego Medical Center

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

Edwin L. Crocker**
Association of American Medical Colleges

*Ex Officio

** (staff)

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 Brinkley, Ph.D.
Baylor College of Medicine

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

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

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

Ernst Knobil, Ph.D.
University of Texas Medical School at Houston

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

Bettie 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

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

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

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

Robert L. Zerbe, M.D.
Parke-Davis

WOMEN IN MEDICINE COORDINATING COMMITTEE

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

Pamela Charney, M.D.
Albert Einstein College of Medicine

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

Lorraine J. Gudas, Ph.D.
Cornell University Medical College

Elise N. Luna
Baylor College of Medicine

Yvonne Lefebvre, Ph.D.
Loeb Medical Research Institute, Ottawa Civic Hospital and Faculty of Medicine, University of Ottawa

Page S. Morahan, Ph.D.
Allegheny University of the Health Sciences, MCP & Hahnemann School of Medicine

Jayne A. Thorson, Ph.D.
University of Michigan Medical School

Merle Waxman
Yale University School 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 Anderson, M.D.
University of Missouri-Columbia School of Medicine

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

Stuart Bondurant, M.D.
University of North Carolina at Chapel Hill School of Medicine

Thomas W. Chapman
George Washington University Hospital

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

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

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

Nancy 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 Reichgott, M.D., Ph.D.
Albert Einstein College of Medicine

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

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

V&A/MEDICAL DEANS LIAISON COMMITTEE

Facilitates communication and cooperation between the Department of Veterans Affairs and academic medicine.

Chairs

George M. Bernier, Jr., M.D.*
University of Texas Medical School at Galveston

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

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

James J. Young, Ph.D.**
University of Texas Medical School at San Antonio

*Resigned January 1996

**Appointed January 1996

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
SUNY-Stony Brook School of Medicine

Robert Lee, Ph.D.
Emory University School of Medicine

AD HOC COMMITTEE ON PHYSICIAN PAYMENT REFORM

Advises the AAMC on issues in the development and implementation of Medicare physician fee reform.

Chair

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

James E. Cottrell, M.D.
SUNY Health Science Center at Brooklyn

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

Bruce M. Kelly
Mayo Foundation

Morton 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

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

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

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

Thomas Chapman
The George Washington University Hospital

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

Spencer Foreman, M.D.
Montefiore Medical Center

Peter O. Kohler, M.D.
Oregon Health Sciences University

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.
Massachusetts General Hospital

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

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

Harold L. Paz, M.D.
UMDNJ-Robert Wood Johnson Medical School

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

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

Joseph A. Zaccagnino
Yale New Haven Hospital

Ex Officio

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

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

Guest Participants

James Bentley, Ph.D.
American Hospital Association

Marian Osterweis, Ph.D.
Association of Academic Health Centers

Dennis Wentz, M.D.
American Medical Association

COTH DATABASE COMMITTEE

Chair

William D. Petasnick
Froedtert Memorial Lutheran Hospital

Linda Burke
Scott and White Memorial Hospital

Joyce Cashman
University Hospital, Denver

Carl R. Fischer
Medical College of Virginia Hospitals

Frank Gomes
INOVA Health Systems

Marc H. Lory
Presbyterian Hospital in the City of New York

Phyllis Lantos
Montefiore Medical Center

Thomas J. Lewis
Thomas Jefferson University Hospital

Paul E. Metts
Shands Hospital at the University of Florida

Michael Nuccio
Albert Einstein College of Medicine

James P. Reuschel
University of Vermont College of Medicine

Kenneth A. Samet
Washington Hospital Center

William W. Stead, M.D.
Vanderbilt University Hospital

Christine St. Andre
University of Utah Hospital

Dennis Stillman
University of Washington Medical Center

David M. Witter, Jr.
Association of American Medical Colleges

ADVISORY COMMITTEE ON ERAS—THE ELECTRONIC RESIDENCY APPLICATION SERVICE

*Provides guidance to the AAMC on the continuing
evolution of ERAS and develops recommendations
regarding policies and procedures concerned with
the use of ERAS by medical schools, residency
programs, and applicants.*

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University of Pennsylvania School of Medicine

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University of Virginia School of Medicine

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Washington Hospital Center

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

Frank Ling, M.D.
University of Tennessee, Memphis,
College of Medicine

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J. Michael Syptak, M.D.
Hanover Family Physicians

Christopher Thayer
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School of Medicine

Marie Trontell, M.D.
UMDNJ-Robert Wood Johnson Medical School

MEDLOANS TECHNICAL ADVISORY COMMITTEE

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

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Robert Dame
Rush Medical College of Rush University

Laura Horsely
University of Miami School of Medicine

James Iannuzzi
MCP & Hahnemann School of Medicine

Michael S. Katz
UMDNJ—The New Jersey Medical School

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.*

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

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Northwestern University Medical School

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

Student Participant

Kristen G. Dillon
University of California, San Francisco School of Medicine

COMMITTEE ON RESEARCH INTEGRITY

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

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

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West Virginia University School of Medicine

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University of Texas Medical School at Houston

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University of Kentucky College of Medicine

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

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.

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Association of American Medical Colleges

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University of Illinois College of Medicine

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

Ex Officio Member

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

*Dr. Korn was officially at Stanford University School of Medicine when Task Force was appointed.

ADVISORY COMMITTEE FOR STUDENTS' AND RESIDENTS' ETHICAL AND PROFESSIONAL DEVELOPMENT

Will guide the planning of a second AAMC Conference on Students' and Residents' Ethical Professional Development in conjunction with the 1997 Annual Meeting, and of improvements to programs, policies and practices relative to students' and residents' professional development.

Linda L. Blank
American Board of Internal Medicine

Julia E. Connelly, M.D.
University of Virginia School of Medicine

Peter Dans, M.D.
Johns Hopkins University School of Medicine

Thomas F. Garrity, Ph.D.
University of Kentucky College of Medicine

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

Edward M. Hundert, M.D.
Harvard Medical School

Kathryn M. Hunter, Ph.D.
Northwestern University Medical School

Mary Faith Marshall, Ph.D.
Medical University of South Carolina College 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 Medical Center

Diana Beattie, Ph.D.
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Loma Linda University School of Medicine

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University of Florida College of Medicine

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University of Nevada School of Medicine

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

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Bruce L. Gewertz, M.D.
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Harvard Medical School

William N. Kelley, M.D.
University of Pennsylvania School of Medicine

David Korn, M.D.
Association of American Medical Colleges

William J. Lennarz, Ph.D.
SUNY-Stony Brook School of Medicine

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

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

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University of California, San Francisco School of Medicine

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Albany Medical College

Farah M. Walters
University Hospitals of Cleveland and University Hospitals Health Systems

Bruce Weinstein, M.D.
Brookline, Massachusetts

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 OF THE
MISSION AND ORGANIZATION
OF MEDICAL SCHOOLS**

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

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

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Bruce L. Gewertz, M.D.
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Emory University School of Medicine

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University of Cincinnati College of Medicine

William N. Kelley, M.D.
University of Pennsylvania School of Medicine

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

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

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

Andrew G. Wallace, M.D.*
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Hospitals Health Systems

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**Working Group on Sustaining the
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John J. Hutton, M.D.
University of Cincinnati College of Medicine

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Dartmouth Medical School

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West Virginia University School of Medicine

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SUNY-Stony Brook School of Medicine

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Dartmouth Medical School

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Association of American Medical Colleges

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Brookline, Massachusetts

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

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.*

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

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

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Oregon Health Sciences University School of Medicine

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University of Michigan Medical School

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University of Arizona College of Medicine

Immediate Past Chair

Gregory Handlir
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University of California, San Francisco School of Medicine

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Association of American Medical Colleges

Midwestern-Great Plains

James Lakey
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Northeastern

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Brigham and Women's Hospital

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Cleveland Clinic Foundation

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University of Pittsburgh Medical Center

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Janet Froom
Association of American Medical Colleges

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Midwest-Great Plains

Laura Fidler
University of Cincinnati Medical Center

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University of California, San Francisco
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Association of American Medical Colleges

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Advises staff on the development and refinement of new surveys and data collections efforts of the AAMC.

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Term Expiring 1997

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University of Arkansas College of Medicine

Term Expiring 1999

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Venkat K. Rao, M.D.

University of Wisconsin Hospital and Clinics

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University of South Carolina School of Medicine

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NAAHP

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**Committee on Student Financial Assistance
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Jefferson Medical College

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COMMITTEE ON STUDENT
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University of South Carolina School of Medicine

Northeast Region

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University of Rochester School of Medicine and Dentistry

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Organization of Student Representatives

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NAAHP

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Minority Affairs Section

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Organization of Student Representatives

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College of Medicine

GSA National Chair

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National Medical Fellowships

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STEERING COMMITTEE**

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Cedars-Sinai Medical Center

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West Virginia University School of Medicine

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Miami Valley Hospital

Term Expiring 1996

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Roseanne C. Berger, M.D.
SUNY-Buffalo, School of Medicine and Biomedical Sciences

Gary D. Smith, Ed.D.
Scott and White Memorial Hospital and Clinic

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University of Iowa Hospitals and Clinics

Edward Savage, Jr., M.D.
Martin Luther King, Jr./Drew Medical Center

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(Organization of Resident Representatives)
University of Michigan Medical Center

Michael J. Reichgott, M.D., Ph.D.
(Group on Educational Affairs)
Albert Einstein College of Medicine of Yeshiva University

AAMC Staff

Ingrid Philibert
Association of American Medical Colleges

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Linda Savory, M.D.
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Organization of Student Representatives

Tony Guest Kim
UMDNJ-Robert Wood Johnson Medical School

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Medical College of Georgia School of Medicine

Executive Secretary

M. Brownell Anderson
Association of American Medical Colleges

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 reviews' 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.

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University of Pittsburgh School of Medicine

Ruth-Marie E. Fincher, M.D.
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American Board of Internal Medicine

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Karen Mann, Ph.D.
Dalhousie University Faculty of Medicine

Executive Secretary

M. Brownell Anderson
Association of American Medical Colleges

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AAMC Executive Staff, standing, from left: Paul F. Griner, M.D.; Herbert W. Nickens, M.D.; Thomas F. Moberg, Ph.D.; Kathleen S. Turner; Jordan J. Cohen, M.D.; Robert M. Dickler; Donald G. Kassebaum, M.D.; and Robert L. Beran., Ph.D. **Seated, from left:** Edwin L. Crocker; Michael Whitcomb, M.D.; Richard M. Knapp, Ph.D.; Joseph Keyes, Jr., J.D.; Susan K. Neely; and David A. Blake, Ph.D.



OFFICE OF COMMUNICATIONS

Susan K. Neely was appointed in February to head the Association's Office of Communications. In her role as vice president, she leads media relations, public affairs, and constituent communications efforts, including a current national campaign to raise public awareness of the critical issues now facing academic medicine.

Ms. Neely has almost 20 years of professional communications experience, including serving as campaign manager and press secretary to Governor Terry Branstad of Iowa, and as press secretary to Rep. Jim Leach (R-Iowa). Before joining the AAMC she was senior vice president for public affairs at the Health Insurance Association of America (HIAA).



DIVISION OF BIOMEDICAL RESEARCH

David A. Blake, Ph.D., joined the Association in July as senior vice president for Biomedical Research. He leads its efforts to enhance the effectiveness of research activities in the nation's medical schools and teaching hospitals, to bolster the participation of medical school faculty in the leadership and policy development of the association, and to coordinate a comprehensive evaluation of the size and job opportunities of the biomedical-Ph.D. community, among other activities.

AAMC EXECUTIVE STAFF

Dr. Blake came to the AAMC after 22 years as an educator, investigator, and leader at Johns Hopkins University School of Medicine, where he most recently served as executive vice dean and vice dean for Research. He is an extensively published pharmacologist, participating in numerous research panels including the Veterans Administration Clinical Pharmacology and Drug Abuse Study Section, the National Institutes of Health's Human Embryology and Development Study Section, the Scientific Advisory Committee of the Agency for International Development's Program for Applied Research on Fertility Regulation, and the board of directors of Biospherics, Inc.

DISTINGUISHED SCHOLAR IN RESIDENCE

David Korn, M.D., played a leading role on the President's Committee of Advisors on Science and Technology Subcommittee on Academic Medicine this year, producing a report that described the impact of managed care on teaching and research activities at academic medical centers. Dr. Korn, the immediate past vice president and dean of Stanford Medical School, joined the AAMC in 1995, and has been deeply involved in issues relating to genetic privacy and research on human tissue specimens. He has worked closely with the staff of the National Center for Human Genome Research (NCHGR) and the Federation of American Societies for Experimental Biology (FASEB). He was the driving force behind an AAMC and NCHGR co-sponsored invitational conference held in January at the NIH, where representatives of the scientific community, bioethicists, lawyers, and patient advocates exchanged ideas and began to lay a foundation for a discussion of these issues.



SCHOLAR IN RESIDENCE

Gene A. Kallenberg, M.D., chief of Family Practice at The George Washington University School of Medicine and Health Sciences, is working with the Association this year to guide the Ambulatory Care-based Medical Student Education Project, housed in the Association's Division of Medical Education. The project examines ambulatory care education programs at the nation's medical schools, with a goal to develop forward-looking educational models that will benefit programs at member institutions. Dr. Kallenberg is currently visiting ambulatory education sites around the country, gathering information to prepare a typology of ambulatory-based experiences which will form a valuable tool for those involved in planning and evaluating ambulatory curriculum.



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