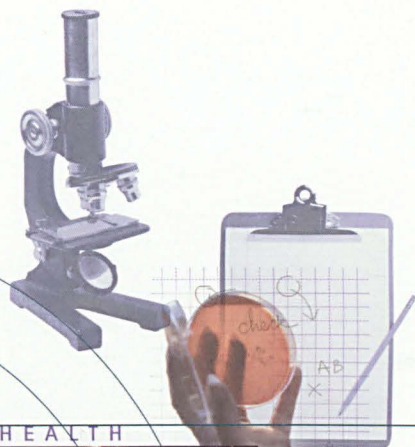




ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES



Leadership

FOR OUR NATION'S HEALTH

LEADERSHIP FOR OUR NATION'S HEALTH

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for our
Nation's Health



1996-1997 Annual Report



1996-1997 ANNUAL REPORT



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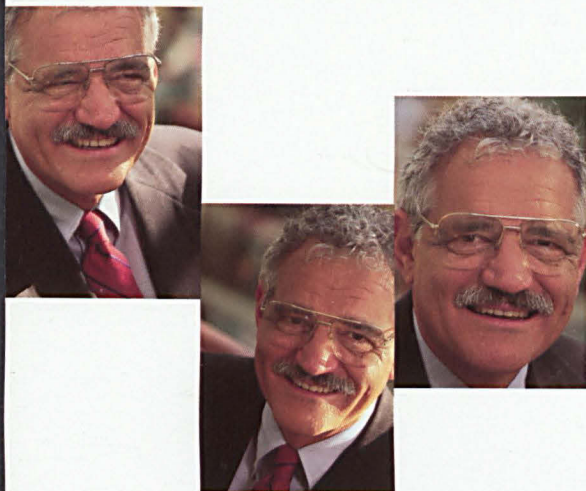
Leadership for Our Nation's Health

As the science and delivery of health care becomes more complex, medical schools and teaching hospitals are driven by ever stronger mandates to generate the finest doctors, research, and patient care in the world. But their most important mandate of all, perhaps, is to prepare the next generation of leaders who will carry out these missions, and guide their institutions into the uncharted next century of medicine.

Much of the preparation of these future leaders is being done quietly, with little fanfare, through mentoring relationships that take many forms. Behind the scenes at the medical center, a researcher helps a young college student conduct experiments as part of a summer science program. A department head debates changing government health care policy with residents between rounds. A dean takes time from his busy administrative duties to counsel students on their career goals.

Through these and other unheralded efforts, the people of our nation's medical schools and teaching hospitals are forging the values and knowledge on which the next generation of leaders will depend. The Association of American Medical Colleges is committed to supporting these efforts in every way possible. ◻

President's Message



Dux *Medicinae Academicae*: "Leadership for Academic Medicine." This promise is emblazoned on the seal of the Association of American Medical Colleges.

When developing our graphic identity program a decade ago, we debated over two inscriptions for the seal—*Vox Medicinae Academicae* or *Dux Medicinae Academicae*. Was AAMC merely the national voice of our nation's medical schools and teaching hospitals, or do our members hold us to a higher standard of service, looking to us to provide leadership, guidance, and direction for all of academic medicine? In choosing *Dux* over *Vox*, the AAMC committed itself to a strong role in shaping public policy on issues of medical education, biomedical research, and patient care.

In the past year, through a number of activities, the AAMC has worked to position itself and its members as leaders on important policy issues, and to muster the considerable strength and power of academic medicine in pursuit of responsible public policy. The Health Professionals for Diversity Coalition monitors and supports minority participation in the healing professions in the wake of new, determined threats to our institutions' highly successful affirmative action initiatives; the PATH Advocacy Coalition is unwavering in its challenges to the fairness of the HHS Office of Inspector General audits of teaching hospitals; the new Forum on the Future of Academic Medicine positions members for appropriate responses to the rapidly transforming

health care system; and our initiative to probe public opinion about academic medicine, its institutions, and its missions, is now coming to fruition in a national communications plan to spread our message among opinion leaders.

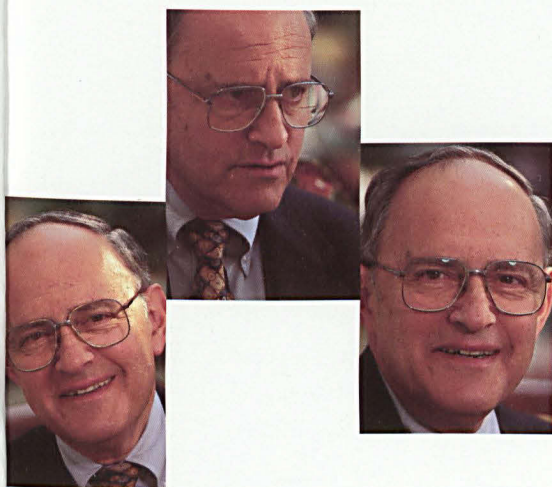
In this era of increasing complexity, leadership also means greater communication and collaboration with others. The Association has notably expanded the network of organizations with which it is engaged in meaningful discussions and projects, among them the Pharmaceutical Research and Manufacturers of America, the American Association of Health Plans, the University HealthSystem Consortium, and the Medical Group Management Association. A groundbreaking data-sharing agreement also was negotiated with the American Medical Association this year.

Knowledge is power, as Francis Bacon proclaimed, and the AAMC continues its efforts to provide to its members the information essential for informed decision making. In addition to its standard publications, special reports, and topic-oriented professional development seminars, the Association continues to expand its electronic offerings. The AAMC Web site has been greatly expanded, and much of the information is being tailored for private networks serving defined groups of constituents.

Today, our medical schools and teaching hospitals are nurturing students who will pioneer new treatments, advance scientific knowledge, care for and cure the stricken, and improve the systems by which health care is delivered to our citizens. Our community does, indeed, demonstrate the leadership that is necessary to improve our nation's health.

Jordan J. Cohen, M.D.
AAMC President

Chair's Message



Of the medical college's prime responsibility—furthering knowledge in the interests of health—a prime component is the education and training of young people beginning their careers as physicians.

This responsibility includes developing the content of medical knowledge through research, and teaching that content. It also includes conveying the more nebulous substance of how to be a physician. Thus, both the science and art of medicine are improved and carried forward, generation upon generation.

When apprenticeship was the primary mode of medical training, content was limited and relatively static. Typically, the teacher could convey or confirm the "science" while practicing the "art." More recently however, the growth, complexity, and rate of change of this content have demanded increasing attention. Curriculum innovations are addressing the science aspect of teaching, but the opportunity for mentoring the art of medicine has begun to suffer, as time-honored patterns of contact between student and teaching physician have become disarrayed.

It is the exigencies of the market, more than the flourishing of molecular biology, that have most seriously assaulted the many moments where students could observe their mentors in the hands-on activities of figuring out what is in the best interest of the patient, in terms both biomedical and human. In the research laboratory, progress depends in part upon reflection and the

exercise of imagination, both of which are richly nurtured during periods of seeming leisure from the routine tasks at hand. Likewise at the bedside, in the clinic, and at the practitioner's office, the patient is better served and the student better educated during comparable periods of reflection and imagination. If we allow the compulsions of "productivity" and "efficiency"—despite their necessity—to relegate these precious moments to the requirements of mounting bureaucracy, the character of the physician will change, and not for the better.

The responsibility of the medical profession is too important to allow that to happen. Therefore, the corresponding responsibility of the medical college must be perceived not only as the conservation, growth, and promulgation of factual knowledge and its reasoning, but also the education and development of humane physicians well trained to benefit society through the art of medicine, as well as its science.

Mitchell T. Rabkin, M.D.
AAMC Chairman





AYANNA JENKINS

SOPHOMORE, TOUGALOO COLLEGE, JACKSON, MISS.

Ayanna Jenkins, 19, has just completed the first summer of the two-year Minority Biomedical Research Support program at the University of Mississippi, where she conducted molecular research alongside Mona T. Norcum, Ph.D. But Dr. Norcum is not her first mentor: "Growing up, my pediatrician, a black woman, showed me by her example that I could be something better than what I saw around me," she says. Ayanna has since set a course for medical school, and a career as a pediatrician.

Role models, she believes, "can break stereotypical thinking," not only about who can be a scientist or doctor, but about the jobs those individuals do. After working closely with a skilled research scientist, she says, "I have a new understanding and trust of research that I hope will make me a better clinician."

Ayanna herself has served as a mentor, helping to develop a community dance program for children in a low-income neighborhood. This is also the setting in which she envisions practicing medicine. "A lot of people who can't afford health care push it to the back burner, but these are the people who really need it. In an underserved community, I could have a much greater impact."



MONA T. NORCUM, PH.D.

ASSOCIATE PROFESSOR OF BIOCHEMISTRY,
THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

Mona Norcum has mentored high school and college students for more than seven years. "I wish these sorts of programs had been around when I was young," she says. "At that time, girls weren't really encouraged in the sciences; I discovered my own interest almost by accident."

Consequently, Dr. Norcum is an enthusiastic supporter of educational partnerships among local K-12 schools, undergraduate colleges, and medical schools, such as the pairing of the University Medical Center with historically black Tougaloo College. Programs like these create leaders, she says, and the sciences need more leaders from underrepresented and non-traditional backgrounds. "We know that care is related to culture, so everyone must be represented in medicine and research. The way to do this is to get youngsters into the pipeline early."

Working with gifted students like Ayanna Jenkins brings unexpected benefits to mentors, too. "We lead them to the tools, but the rest is up to them. Each student brings a unique talent and perspective into our lab, and as we watch them learn, it reminds us of why we do what we do."



Medicine for a Diverse Nation

By the middle of the next century, the minority will become the majority—more than half of America's citizens will be members of traditional minority groups. Tragically, however, the gap between minority representation in the U.S. population and its representation in medical education is growing, not shrinking. The past year has seen enrollment of blacks and Hispanics at schools in Texas and California plummet in the wake of the *Hopwood* decision and the UC Board of Regents resolution that gave rise to Proposition 209, all of which disallow the use of affirmative action in higher education admissions decisions.

At such a time, it is critical that America's medical schools renew their commitment to educating physicians who can fully represent the communities they serve. As a steward of medicine's future, the AAMC has a duty to lead its members by making the case for diversity in public and legislative forums, and by helping dismantle the barriers that have long prevented women and underrepresented minorities from taking their places as equal participants in the healing professions.

In a number of different ways, the Association is working toward this goal of a health professions workforce that looks like America—for example, by helping medical schools form educational partnerships with K-12 and undergraduate schools, by conducting professional development programs for women and minority faculty, by helping admissions committees determine the predictors of academic success beyond GPAs and MCAT scores, and by conducting an aggressive public advocacy and information campaign in support of affirmative action's goals.

The Association's own research continues to document the benefits of expanded minority representation in the health professions. According to the latest AAMC data, underrepresented minority graduates are four times more likely than other graduates to plan to practice in socioeconomically deprived areas. Clearly, hope for the health of every American lies in a diverse physician workforce that understands and can serve the needs of all our citizens. And this outcome hinges on the unstinting commitment of the AAMC and its members to pursue initiatives that will help to reverse the effects of years of discrimination. ◻





ROBERT D'ALESSANDRI, M.D.

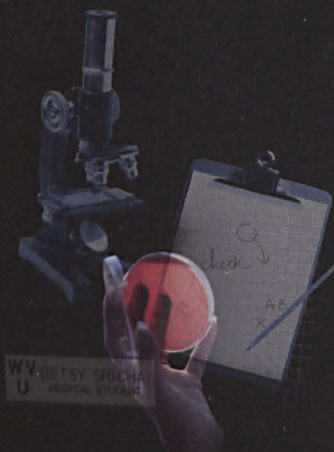
DEAN AND VICE PRESIDENT FOR HEALTH SCIENCES,
WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE

"Once, our goal was simply to produce the best possible physician we could," says Robert D'Alessandri, about WVU's evolving mission.

"Now, we are pursuing a broader mandate: nothing less than improving the health and quality of life of the citizens of West Virginia."

This strong focus on community service has come to permeate almost every aspect of life at WVU, where students soak up primary care realities in rural clinics, faculty lead science enrichment programs for K-12 students and teachers, and telemedicine allows remote communities access to highly specialized consults. Even biomedical research programs are geared toward health outcomes and preventive medicine. "We want the very process of teaching to address our state's health care needs," he says.

To meet the challenges ahead, Dr. D'Alessandri believes, everyone within the WVU orbit—students, residents, teachers, researchers, and allied health workers—must be taught the team model of health care. "Teamwork is the most important skill health professionals will take into the next century," he says, and offers Betsy Srichai as an exemplar: "In addition to being a compassionate listener and caregiver, she is a musician, playing in the concert band as an MIT undergrad. She understands what it means to be part of the collaborative effort to make beautiful music. That skill truly benefits her patients."



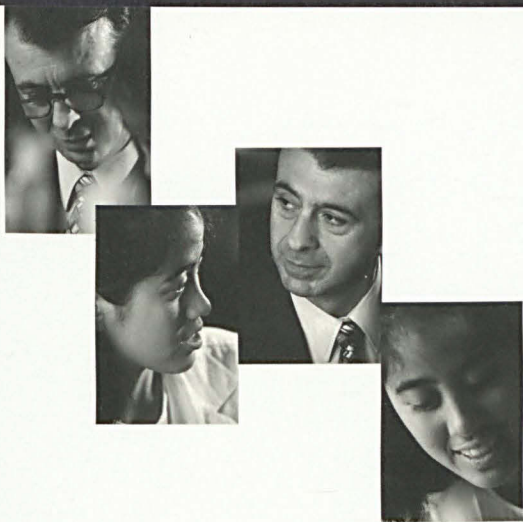
BETSY SRICHA I

FOURTH-YEAR MEDICAL STUDENT, WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE

It only took two weeks of a neurology rotation to convince Betsy Srichai that this exciting specialty was for her. But she remained determined to practice generalist medicine. The solution? She plans to apply to WVU's combined internal medicine/neurology residency program. "I hope to be able to practice in both areas," she says.

Betsy is keenly aware of the need for primary care physicians in predominantly rural West Virginia; in addition to being a native, she has received a tremendous amount of exposure to generalist medicine at WVU, including a required third-year rotation in a rural clinic. "The community physicians in the clinics are so excited about working with students," she says. "And they have so much to teach us about how doctors can fit tightly within a community."

She credits her dean, Dr. D'Alessandri, as the inspiration behind WVU's humanistic, patient-driven approach to teaching medicine: "Everything we learn here reflects his own commitment to the health of the citizens of our state," she says, such as the school's burgeoning telemedicine program, the third- and fourth-year rural rotations, and a curriculum that includes problem-based learning and seminars in ethics and the realities of managed care. "He is very positive about our state, and is always looking forward."



Preparing the Right Doctors for the Future

The "Marcus Welby" model of medical practice has all but disappeared, supplanted by a delivery environment where doctors are often pressed by cost-conscious directives, and where growing stores of information must be shared and managed through increasingly sophisticated technology.

The nation's medical schools are rising to the challenge, however, restructuring their curricula and teaching methods to prepare students and residents to be compassionate, yet highly effective caregivers for the next century. Higher value is being placed on teaching medical ethics, on enhancing the physician-patient relationship, and on encouraging students to pursue generalist careers. As they forge medical education's future, medical schools are constantly seeking the most up-to-date information about what works best, and what should be left behind.

The Association is committed to providing its members with precisely the information they need to make the difficult decisions they face. Through such innovative programs as the multifaceted Medical School Objectives Project and the National Curriculum Database, the AAMC is creating a framework for schools to test new approaches to teaching. In addition, it is working to bolster the overall quality of medical education in the United States through its sponsorship of the Liaison Committee for Medical Education, and through its groundbreaking Medical Education Standards and Assessment Project.

Reaching beyond curriculum and accreditation issues, the AAMC helps students and residents cope with life outside the halls of academic medicine through initiatives such as hands-on debt management workshops and its evolving Medical Student Career Planning and Counseling Initiative.

Health care consumers are understandably reluctant to surrender the ideal of the competent, attentive physician they remember from their youth—and they need not. The Association has pledged to help medical schools nurture and promote these qualities within their students, fostering a succession of physicians with the skills, compassion, insight, and flexibility to serve the American public far into the next century. ◻





ANTOINE GEISSBUHLER, M.D.

ASSISTANT PROFESSOR OF BIOMEDICAL INFORMATICS,
VANDERBILT UNIVERSITY MEDICAL CENTER

“Medical informatics is a tool we can use to care for patients, much like a stethoscope,” says Antoine Geissbuhler. “It is not an end of itself.”

This is the message he tries to impart to the residents and faculty who attend his voluntary weekly “clinical informatics sessions,” where they are treated to pizza and interactive discussions of the decision support systems being developed by the Division of Biomedical Informatics. “The systems we have are really built by them,” he says.

Dr. Geissbuhler explains that these systems allow clinicians to make informed choices by integrating their own knowledge of a case with what the computer is constantly learning about the patient, the disease, and the latest clinical findings. “But they don’t work like a Greek oracle, spitting out answers. Rather, they enable a critical dialogue between physician and computer.”

Their real value to patients, he believes, is in helping caregivers think better, and thus freeing them to spend more time on “caring and empathy for patients, which can never be replaced by a machine.” Not coincidentally, it is this humanistic approach to medicine that he most admires in his mentor and department head, Randy Miller. “Not many informaticians still see patients, as he has done for 25 years,” says Dr. Geissbuhler. “He can relate everything he does back to people he has treated—he calls his practice ‘reality therapy’.”



RANDOLPH A. MILLER, M.D.

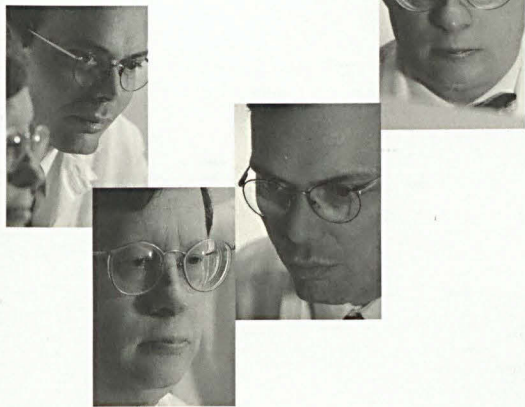
PROFESSOR AND CHAIR OF BIOMEDICAL INFORMATICS AND ASSOCIATE DIRECTOR OF THE INFORMATICS CENTER, VANDERBILT UNIVERSITY MEDICAL CENTER

"To deliver compassionate care in the era of managed care, we need to manage what we do through better knowledge, not through speculative cost-cutting. Only computers allow us to do this."

General internist and informatics pioneer Randy Miller has long understood the potency of knowledge in the hands of dedicated, computer-literate physicians. As a medical student in the early '70s, he was among a handful of innovators prototyping a computer-assisted medical diagnosis system. "For decades, such exploration into delivering better health care using computers was being done by a few dedicated individuals, convinced they were right," says Dr. Miller. "In the last five years or so, institutions have begun to realize they *were* right."

The field of informatics is now mushrooming, having entered a new phase of respect and maturity, he says. "And the newest members of the academic medicine community, the students, are leading the march, bringing with them literacy and a keen interest in electronic information."

Teachers like Antoine Geissbuhler are ably positioned to mentor this next generation, believes Dr. Miller. A gifted programmer, Dr. Geissbuhler developed Vanderbilt's standard-setting WizOrder clinician order entry and decision support system, now used by every resident and physician in the medical center. "But it took more than technical expertise," says Dr. Miller. "His friendly, collegial approach enabled him to bring together the key stakeholders and to unearth all the pockets of knowledge in the institution needed to create such a complex and widely accepted system."



Harnessing Information to Improve Health

One of the most important resources in a modern physician's "black bag" may well be a computer. As technology evolves at lightning speed, doctors and medical schools are mastering an astonishing array of tools to facilitate diagnosis, plan treatment, and enhance care. Options unheard of a decade ago are now part of daily life for many medical educators. Students can use computer simulations to practice their surgical skills, professors can lecture to classes hundreds of miles away in "real time," and administrators can use sophisticated models to plan for their institution well into the next century.

But ultimately, all this technological innovation must feed specific objectives: to provide the best-trained doctors, to pursue the most comprehensive research, and to deliver the highest quality of patient care. The AAMC is committed to helping its members seize the power of information to keep academic medicine's promises to the nation.

Through specialized tools and services, the Association puts a limitless number of information resources at its members' fingertips: data can be quickly accessed, and even customized, through programs such as the Clinical-Administrative Data Service; AAMC-sponsored listserves and Web resources allow constituents to share critical information instantly; and hands-on introductions to new technologies, such as those offered at the Annual Meeting's Technology Laboratory, open new worlds to educators. The Association also places special emphasis on providing support for the Chief Information Officers at member institutions—the professionals charged with envisioning tomorrow's technologies today.

No amount of high-tech advancement can, or should, replace the personal contact between doctor and patient, or teacher and student. Rather, by making the most of new technologies, academic medicine can maximize the time available for physicians to give compassionate care, for educators to mentor, and for researchers to conceive the next revolutionary cure. ◻





ROBERT VANECKO, M.D.

ASSOCIATE DEAN FOR GRADUATE AND CONTINUING
MEDICAL EDUCATION, NORTHWESTERN UNIVERSITY
MEDICAL SCHOOL

“We must make the link in the public’s mind between the education and research that takes place at our institutions, and the health of this country’s population,” says Robert Vanecko. As a teacher, thoracic surgeon, and head of 69 primary and subspecialty residency programs at Northwestern’s McGaw Medical Center, he is an outspoken advocate for quality in graduate medical education, and over two decades has worked through dozens of organizations to guide national policy making and legislation on GME financing and the physician workforce.

“The key is to give lawmakers and others credible information—to educate them—that the end product of their investment is the health of the American people. We are patient advocates.” In addition, he says, they must understand that “Our institutions comprise the pipeline that is producing the highly skilled replacements for an aging physician population.”

Dr. Vanecko has worked closely with chief surgical resident Nancy Schindler, who he says exemplifies the new breed of rounded physician who will take up the torch. “She is knowledgeable, technically capable, a good teacher, and shows tremendous compassion for her patients.” And as a woman who has advanced to the chief resident position, she is shattering gender stereotypes in the world of highly specialized surgery. “She is a good role model for individuals doing exactly what they want to do.”



NANCY SCHINDLER, M.D.

CHIEF SURGICAL RESIDENT, MCGAW MEDICAL
CENTER, NORTHWESTERN UNIVERSITY

At Northwestern, Nancy Schindler believes she has seen health care at its absolute best:

"This school offers the highest level of care to the entire socioeconomic community of Chicago, and leads research in many areas as well."

Pride in her institution notwithstanding, she has grown concerned about how this excellence can be sustained in a fiercely competitive managed care market. The gravest threats, she says, "involve teaching hospitals trying to compete financially with private institutions, which puts the education mission at risk."

Her fellow students are becoming aware of this, she believes, but the general public is not. "I don't think most people appreciate how much is involved in providing good training for doctors, or how important that training is. But obviously, health care tomorrow depends on how we educate professionals today."

For her part, Dr. Schindler plans to pursue an academic career. "By continuing to train young doctors, I hope to help preserve quality in health care, and even to make it better." And Robert Vanecko could not be a better role model, she says. "He has taught me the essential techniques, skills, and judgment of surgery, and he also manages to maintain an active clinical practice and be a leader in the hospital and community. Certainly I hope I'll be as successful in combining roles as he is."



Igniting Public Passion for Medical Schools and Teaching Hospitals

The contributions of our nation's medical schools and teaching hospitals reach deeply into the lives of all Americans. Our citizens trust their family physicians to be skilled and well-informed, they trust that the right medical treatments developed and tested through biomedical research will be available to them when needed, and they trust that if they fall seriously ill, a high-tech hospital will be able to care for them with cutting-edge equipment and techniques.

The Association's member institutions have been living up to those high expectations for generations, and continue to do so, even amid today's crushing competitive pressures and uncertain funding. Yet recent research undertaken by the Association shows that the public, although enthusiastically supportive of medical schools and teaching hospitals, is generally unaware of all that these institutions do to deliver and advance health care, or that they are currently under threat.

To address this knowledge gap, the Association has embarked on a national communications campaign, involving all of its members, that will demonstrate to the public the value of medical schools' and teaching hospitals' sometimes intangible products. Hand in hand with this effort goes the work of its Shared Responsibility Advocacy Committee, which is charged with winning national support for the creation of a shared responsibility fund that would provide explicit fiscal support for the infrastructure costs of medical schools and teaching hospitals, as well as for graduate medical education. And always underpinning these strategic efforts are the unflagging letters, testimony, and informational materials the AAMC develops and disseminates to help national policymakers better understand the grave implications of funding cuts to Medicare, the NIH, health professions education, and other arenas of health care.

The AAMC has vowed to be a steadfast advocate for medical schools and teaching hospitals, articulately expressing their collective views, policies, and core values. In the coming months, this voice will speak more loudly, and to a larger audience, than ever before. ◻

Office of Administrative Services

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.

The Office of Administrative Services delivers comprehensive support services to AAMC staff, enabling them to carry out their responsibilities most effectively to members and the public. Aware of the Association's own place within a health care industry intently focused on the financial bottom line, the Office is committed to shepherding carefully the Association's resources, guiding its investment portfolio, and looking out for the best interests of staff.

For example, the Office has initiated a **study to identify the costs of goods and services** the Association delivers, which number in the hundreds. The study's findings are expected to demonstrate the dollars-and-cents value of Association products. In addition, the Office has implemented a new **job classification and compensation system** based on the results of an extensive study by an outside consulting firm. The detailed analysis examined job responsibilities across categories, compensation structures, and how Association positions compare in duties and salaries to like organizations. Hallmarks of the new system include reformulated job families, minimum and maximum salary ranges for each, and the alignment of positions with those in the broader marketplace.

To ensure that the Association is up-to-date in its employment practices, the Office has begun work on a **human resources strategic plan** for 1997-1999, which will cover a host of issues including employee relations, compensation, benefits administration, training and development, and management practices. The Office has already instituted a **streamlined hiring process**, ensuring that new staff can be recruited more quickly and efficiently, and that the Association can attract the best-qualified applicants.

The Office has completed administration of the Association-wide **Diversity Initiative** for all staff members, and will conduct periodic diversity training seminars for new staff. One of the outcomes of the Initiative was the establishment of an **ombuds program**, which assures that all staff have access to an impartial observer for discussing and resolving workplace concerns. □

Office of Communications

The Office of Communications leads the Association's national efforts to advance public understanding and support of medical schools and teaching hospitals and their contributions to the nation's health. Working in partnership with constituents and staff, the Office strives to achieve the highest quality communications to inform and motivate our key publics.

Driving much of the Office of Communications' work this year was the development and launch of a **national communications plan**. Based upon extensive public opinion research conducted by the AAMC in 1996, the campaign aims to close the knowledge gap among the public and Congress about what medical schools and teaching hospitals do. "Tomorrow's Doctors, Tomorrow's Cures" is the focus-group-tested theme of the campaign, which will strive to build support for a healthy future for these institutions and their special missions.

The plan strongly emphasizes collaboration between the AAMC and member institutions to maximize the reach and impact of the campaign. To this end, Communications staff have prepared a members' resource kit replete with fact sheets, speech points, slides, and consumer handouts, and has rolled out a series of print ads in key publications such as *The Washington Post*.

Beyond this intense public education effort, **aggressive media relations** are critical to the Association's management of major issues such as PATH, the physician workforce, affirmative action, and patient privacy. Ongoing, proactive media contacts this year generated some 300 relevant articles and interviews in local, trade, and national outlets, including multiple *New York Times* and *Wall Street Journal* articles on PATH and the physician workforce, a major feature on the future of medical education in *Parade* magazine, and numerous broadcast interviews on subjects ranging from international medical school graduates to the effect of managed care on research.

Other communications outreach programs inaugurated this year include a comprehensive **information clearinghouse** for the AAMC-led Health Professionals for Diversity Coalition. This new service offers a centralized point for AAMC members, colleague organizations, and the public to collect the latest and most comprehensive information on affirmative action and diversity issues in higher education.

In this and other ways, the Office harnesses Internet and e-mail technology whenever it can help the Association share information quickly, effectively, and interactively. **AAMC STAT**, the Association's weekly electronic newsletter, marked its first anniversary this year, and now serves more than 7,000 subscribers. In addition, the STAT Web site is visited hundreds of times each week. The Office is also developing a **Web site specifically for journalists**, which will be updated weekly with news bites, summaries of AAMC policies and positions, and links to press releases and other information sources throughout the Association.

The AAMC's print offerings also continue to evolve and strengthen. For example, a new relationship established last year with publishers Lippincott-Raven has generated a more informative, graphically appealing **Academic Physician & Scientist**, the Association-sponsored bimonthly magazine reaching some 127,000 readers. This commitment to improve AAMC communication products and processes continuously is clearly illustrated in the Office's undertaking this year of a **nationwide audit of the Association's publications**. The findings will be applied over the next year as the Association works to enhance its communication vehicles.

Supporting the efforts of advancement professionals at member institutions through the **Group on Institutional Advancement** (GIA) remains a chief focus of the Office. This year in New Orleans the GIA hosted its first national professional development meeting, drawing 50 percent more members than previous regional meetings. GIA also continued its collaboration with the AAMC's Government Relations Representatives group with a joint September meeting and a combined Annual Meeting luncheon. The Group also compiled and published a well-received salary survey of all professional positions in institutional advancement. □

Office of Governmental Relations

The goal of the Office of Governmental Relations is to promote an informed, proactive constituency to meet the legislative challenges that face medical schools and teaching hospitals. To assist AAMC members in effectively making their case to the Congress and the administration, the Office monitors legislative activity, communicates background information and data to constituents, drafts testimony and other federal correspondence, and advises on advocacy strategies.

Balancing the federal budget was the number-one priority in Washington once again this year. As Congress and the administration considered specific legislative proposals to implement the budget agreement reached in May, the Office, working closely with the Division of Health Care Affairs, represented member medical schools and teaching hospitals in **addressing the funding issues** affecting them most deeply: reductions to the Medicare indirect medical education (IME) adjustment and the future status of the Medicare direct graduate medical education (DGME), IME, and disproportionate share (DSH) payments historically embedded in the managed care payment rate.

Staff closely monitored Congress during the summer as separate proposals to balance the budget moved through the House and the Senate. During this period of high-level negotiations among the House, Senate, and the White House, the AAMC worked closely with its member institutions and congressional and administration officials to advocate for the Senate version of the bill, which proposed a gradual reduction to the IME adjustment, and also recommended "carving out" the three mission-related payments included in the Medicare average adjusted per capita cost (AAPCC) rate over a four-year period, and paying them directly to teaching and DSH hospitals when they provide care to Medicare beneficiaries enrolled in managed care plans. The DGME and IME provisions from the Senate bill were ultimately included in the final budget agreement that was signed by President Clinton in August.

On the discretionary side of the budget, the Association **advocated for increases in medical research funding** through the National Institutes of Health and Veterans Health Administration, in health professions education funding through the Title VII and VIII Public Health Service programs, and in the appropriation for the Agency for Health Care Policy and Research.

The Office continues to play a **leadership role in a number of coalitions** to encourage congressional support for medical research, health professions training, veterans' health, and Medicare and Medicaid. The AAMC's advocacy partners this year included the Ad Hoc Group for Medical Research Funding, the Health Professions and Nursing Education Coalition, the Friends of VA Medical Care and Health Research, the National Association for Biomedical Research, and the Coalition for Health Funding.

As part of its ongoing commitment to professional development for its members, the AAMC, jointly with the Association of Academic Health Centers, hosted three meetings for the group of **Government Relations Representatives** in Washington. These meetings are co-sponsored by the American Association of Universities and the National Association of State Universities and Land-Grant Colleges, and supported by Office staff. The September 1997 meeting included members of the AAMC Group on Institutional Advancement, and was held in conjunction with the American Hospital Association. ◻

AAMC Testimony 1996–97

Testimony to the Physician Payment Review Commission. Presented by Jordan J. Cohen, M.D., President, AAMC, December 11, 1996.

"Reauthorization of the Higher Education Act." Presented by Paul S. Garrard, Director, Student Financial Services, AAMC, before the U.S. Department of Education, December 13, 1996.

Testimony to the National Committee on Vital Health Statistics, Subcommittee on Health Data Needs, Standards, and Security Privacy. Presented by David Korn, M.D., AAMC Senior Scholar-in-Residence, January 13, 1997.

Testimony to the National Committee on Vital Health Statistics, Subcommittee on Health Data Needs, Standards, and Security Privacy. Presented by David Witter, Jr., Director, Clinical-Administrative Data Service, AAMC, January 13, 1997.

"The President's FY 1998 Budget for Veterans Programs." Presented by Jordan J. Cohen, M.D., President, AAMC, before the Senate Committee on Veterans' Affairs, February 26, 1997.



"Teaching Hospitals and Medicare Disproportionate Share Hospital Payments." Presented by David D'Eramo, Ph.D., President/CEO,

St. Francis Hospital and Medical Center, and Chair, AAMC Council of Teaching Hospitals and Health Systems, before the House Committee on Ways and Means, Subcommittee on Health, March 11, 1997.

"Future Financing of Graduate Medical Education." Presented by Ralph W. Muller, President, University of Chicago Hospitals and Health System, and Chair-elect, AAMC Council of Teaching Hospitals and Health Systems, before the Senate Committee on Finance, March 12, 1997.

"FY 1998 Appropriations for the Department of Health and Human Services." Presented by Diana S. Beattie,



Ph.D., Professor and Chair, Department of Biochemistry, West Virginia University School of Medicine, and Chair-elect, AAMC Council of

Academic Societies, before the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, House Committee on Appropriations, April 15, 1997.

"FY 1998 Appropriations for the Department of Health and Human Services." Submitted for the Record to the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, Senate Committee on Appropriations, May 1, 1997.



"Consolidation of VA Medical Facilities." Presented by Jordan J. Cohen, M.D., President, AAMC, before the Subcommittees on Health and on

Oversight and Investigations, House Committee on Veterans Affairs, July 24, 1997.

Copies of AAMC testimony are available on the AAMC Web site.

Office of Information Resources

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.

From distance learning and telemedicine to the computerized patient record, the ever-evolving capabilities of new information technology continue to drive unprecedented change in teaching hospitals and medical schools. The AAMC Office of Information Resources champions such innovation by continually introducing new technological tools that benefit AAMC members and staff, while maximizing the potential of existing resources.

The Association's **presence on the World Wide Web** is playing an increasingly important role in educating and informing the public about issues affecting academic medicine. The site, now featuring a greater range of resources and new interactive technology, is visited more than 15,000 times per day—a growth of more than 1,400 percent from the previous year. To further harness the potential of online systems, the Office has launched **Pulse, the AAMC Intranet**, which aims constantly to improve staff efficiency through better access to databases, constituent information, and breaking news.

To enhance communications among members and enable them to share their expertise with one another, the Office has supported the creation of dozens of **electronic discussion lists**, or listserves, allowing members to hold timely, focused discussions on a wide range of topics, from medical education software to a residents' roundtable. The AAMC now operates more than 85 listserves.

Attitudes about change are as important as the technology that makes it possible, and the Association this year strengthened its commitment to creating a supportive atmosphere for cutting-edge information technology on medical school campuses with a **national conference for Chief Information Officers** at academic medical centers. The September 1997 meeting brought CIOs together to share expertise, discuss tactics for bringing the high-tech future to their campuses, trade the latest tips to take home to their own institutions, and discuss the potential for evolving into an official AAMC professional development group.

To highlight the growing use of information technology in medical education, and to showcase member innovations in "electronic medicine," the Office held its second full-scale **Technology Laboratory** at the 1997 Annual Meeting in Washington, including an enhanced Internet messaging system and 30 multimedia workstations. The Tech Lab encourages active participation by attendees through online demonstrations, hands-on training, and dozens of interactive presentations.

The Office also collects and maintains an enormous range of **data resources** relating to academic medicine, many of which are available nowhere else. Among other accomplishments this year, the Office completed a HRSA-supported study regarding the experiences of minority and non-minority medical students with the NRMP Match and GME training, developed a relational database for the Council of Deans—the first of its kind at the AAMC—and conducted a series of estimates of generalist production at member institutions.

To promote more efficient and effective access by staff to the vast deposits of information constantly being developed and collected by the Association, the Office has inaugurated a new, integrated **Reference Center**, transforming the former AAMC Library and Archives from a relatively simple "warehouse-style" repository into a dynamic, multimedia union of the AAMC's institutional past with the myriad printed and electronic resources of its vibrant present. ◻

Center for the Assessment and Management of Change in Academic Medicine

The AAMC's Center for the Assessment and Management of Change in Academic Medicine (CAMCAM) is a multidisciplinary team that fosters new approaches to achieve the Association's goals, helping members adapt to change through internal collaboration and independent research.

CAMCAM, now two years old, is moving ever closer to completing the infrastructure needed to address its long-term mission: the development of collaborative projects with the Association's divisions and with external organizations, and the creation of new vehicles for the timely exchange of information.


At present, 14 diverse academic medical centers have been recruited as members of the **Sentinel Network**, charged with providing timely information about changes affecting them on the "front lines." This network complements several other approaches adopted by the Association to assess the impact of the changing health care environment on medical schools and teaching hospitals. To monitor the impact of this environment on medical center missions, and to identify and disseminate the creative approaches that these centers are adopting to respond to challenges, the network employs forums for the interchange of ideas and strategies, case studies, and the piloting of new approaches to collecting information.

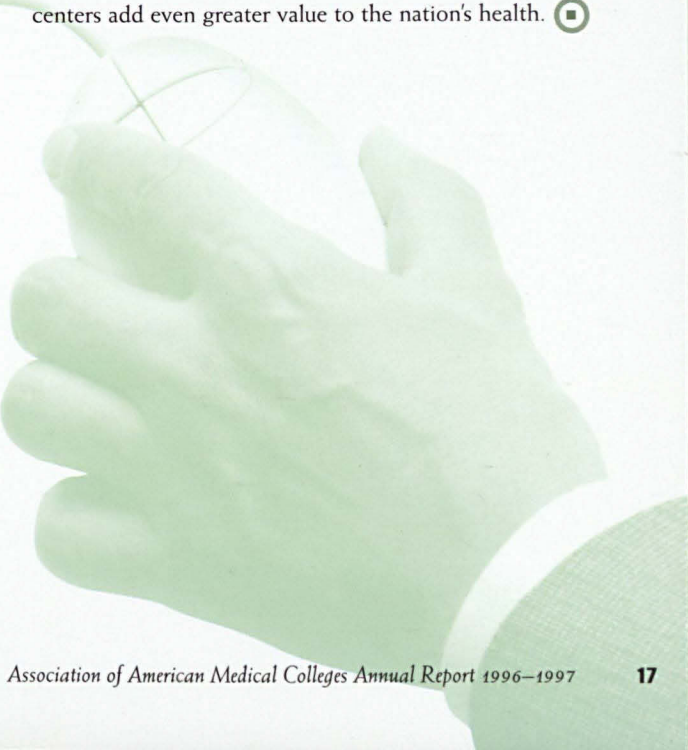
Collaborative activities among the Association's divisions that utilize the network include a project to monitor the impact of changes in the local market on the educational mission of medical schools, studies of the impact of managed care on clinical research at medical schools and the development of a clinical research issues agenda for the network's deans for Research, and the creation of a prototype of an enhanced financial report for medical schools to monitor important indicators of financial health.

CAMCAM staff are also working in conjunction with the Office of Information Resources and other divisions to expand **access to the Association's databases** in formats that permit trend analyses and "cross walks" between databases. Some of the analyses being undertaken include trends in the mix of patients at teaching hospitals, studies of patients at risk for under-service, the relationship between managed care penetration and research support at medical schools, and the impact of the marketplace on the career decisions of internal medicine residents.

The Center has piloted a new approach to the dissemination of information relating to such studies in progress: one-page **Fact Sheets** containing key data and conclusions, succinctly summarized in an easy-to-digest graphic format. AAMC members now receive a new Fact Sheet approximately every month.

The **Clinical-Administrative Data Service** (CADS), managed jointly by CAMCAM and the Division of Health Care Affairs, has accomplished an important technological breakthrough by creating an interactive capability for end users—quality officers, clinicians, and administrators. It is now possible for them to obtain a tailored set of data on a specific issue within minutes, a task that previously required two to three weeks to complete after the submission of a formal request to CADS staff. This interactive capability is unique among clinical databases and has been widely touted for its utility.

For the coming year, CAMCAM's principal research theme will be the **mix of clinical services and quality of care at academic medical centers**. Analysis will be performed at regional and local levels, and a variety of projects will document the ways that medical school faculty and teaching hospitals provide unique clinical services of value to their communities and regions. Staff will also look to identify opportunities for improvement in order to show how academic medical centers add even greater value to the nation's health. 



Division of Biomedical Research

The Division of Biomedical Research leads the efforts of medical schools and teaching hospitals to analyze and formulate recommendations on the funding, conduct, and oversight of research and training, as well as on institutional capacity to sustain and foster research and the education of future investigators.

Recognizing the emerging funding and workforce pressures on clinical research, the Division is spearheading the academic community's response, working closely with AAMC divisions and other organizations to **strengthen the role of clinical research in medical schools and teaching hospitals.**

In addition to identifying various training curricula, the Division is working to pinpoint career development objectives and funding models to address critical needs. Staff are also providing institutions with resources to help strengthen clinical trials management and improve clinical research services to patients, investigators, and the pharmaceutical industry.

The Division is the focal point for the Association's continued leadership in promoting the responsible conduct of research, guided by the **Committee on**

Research Integrity. The Committee has focused recently on academic-industry research relations and the role of scientific societies in promoting the highest ethical standards in research. Its work in the latter area has led to the publication of *Developing a Code of Ethics in Research: A Guide for Scientific Societies*. The AAMC also sponsored a conference this year on teaching the responsible conduct of research and a workshop on responding to allegations of research misconduct.

Another thorny issue facing the research community concerns how to balance the public's legitimate interest in keeping genetic information private with its equally compelling desire for continued progress in human genomics and molecular genetics. The Division has taken the lead in guiding the Association's advocacy efforts on various federal and state initiatives on **matters of genetic privacy**, primarily through the development of its guideline document, "Health Data Security, Patient Privacy, and the Use of Archival Patient Materials in Research."

The Division is also firmly engaged on research funding matters. In cooperation with the AAMC's Center for the Assessment and Management of Change in Academic Medicine (CAMCAM), staff are working to **measure the effect of changes in health care financing on the research environment.** Their recent joint study showed that medical schools

in geographic regions with high levels of managed care penetration have experienced slower growth since 1990 in the size and number of research awards received from the NIH. The findings were published in the July 16, 1997, *Journal of the American Medical Association*.

As key support for the **Council of Academic Societies** (CAS), the Division has been helping the Council through its effort to reevaluate its mission and set strategic goals. Thus far, the CAS has identified the issues of concern to its member societies, has used these priorities to develop meeting programs, has promoted more active participation by chair groups, and has established Internet-based tools to facilitate communication by CAS representatives and by the faculty at large.

The new AAMC **Group on Graduate Research, Education, and Training** (GREAT), also supported by the Division, now has about 250 appointed members representing more than 90 U.S. and 9 Canadian schools of medicine. The GREAT Steering Committee has proposed several task force projects, and is continuing to develop data-gathering projects on Ph.D. and postdoctoral education in medical school settings. The fourth annual GREAT Conference in October was devoted to assessing the future environment for biomedical research, educating for translational research, supporting and overseeing postdoctoral students, and recruiting and retaining quality Ph.D. candidates.

With NIH, the Division conducted another series of the Mini-Med School on Capitol Hill in the spring. This popular event again featured highly accomplished scientists from the NIH who addressed congressional staff about cutting-edge biomedical research. For the first time, the Mini-Med School program featured three field experience programs which allowed participants to view research up close. ◻

www.aamc.org/hltcare/academ/start.htm

www.aamc.org/research/dbr/start.htm#Integrity

www.aamc.org/research/dbr/start.htm#GREAT

www.aamc.org/about/progemp/camcam/factshts/no12.htm

Division of Community and Minority Programs

The Division of Community and Minority Programs addresses issues related to the minority medical education pipeline, including the pre-college academic preparation of students and the representation of minorities among residents and faculty. In addition, the Division is concerned with the role of academic medicine in public health, health services research, and health promotion and disease prevention. The Division also has responsibility for the journal of the AAMC, *Academic Medicine*.

The Division of Community and Minority Programs is engaged in assuring that academic medicine achieves racial/ethnic diversity among its teachers, learners, researchers, and administrators. The current, intense struggle by some policymakers to curtail affirmative action, and to legislate that programs operate in a race-neutral manner, is a direct threat to efforts to achieve diversity, and has spurred much of the Division's recent activity.

Proposition 209 and the Regents resolution SP-1 in California, and the *Hopwood* decision in the Fifth Circuit (Texas, Mississippi, and Louisiana), have made it much more difficult in those locales lawfully to pursue diversity. As striking, however, is the chilling effect that these measures have had throughout the nation. The Division has been compelled to devote substantial resources to make the case for the importance of race-conscious programs to achieve diversity. Its most tangible efforts in this regard have taken place through the AAMC-led **Health Professionals for Diversity**, a coalition of more than 50 medical, health, and education organizations that represent thousands of the nation's health care providers and educators. Its goal is to ensure that health professions schools continue to have the freedom to consider race, ethnicity, and gender among many important factors in selecting those students who will best meet the country's health care needs in the years to come.

A second focus of the Division is the hard work of building a pre-college educational infrastructure related to academic medicine. The greatest challenge to preparing the minority intellectual talent for the next century lies within the K-12 portion of the educational pipeline. The chief aim of the Association's **Project 3000 by 2000** is to strengthen this pipeline for minority students by nurturing partnerships between academic medicine institutions and local school systems. The Division's work in this arena now centers on the goal that within a few years, virtually every medical school—and the academic health science center of which it is a key part—will have a vibrant relationship with a local high school and its feeder middle schools, preparing the skilled talent for the health professions needed to staff the academic health science center in the challenging years to come.

The Division is also concerned with making sure that the Association's peer-reviewed journal, **Academic Medicine**, is prepared to serve its readers in the 21st century. With the breathtaking changes occurring in information technology, all paper-based publications must re-think their markets, missions, and customer needs. Technology allows the creation of journals that are ever-evolving works-in-progress, with the ability to "drill down" through tables, graphs, and references that provide much more information than is currently printed. But as is always the case with technological capability, what can be done offers little guidance for what *should* be done. As such, Division staff continue to investigate expedient means to bring the advantages of electronic media to the readers of *Academic Medicine*. □



Division of Health Care Affairs

As key support for the Council of Teaching Hospitals and Health Systems (COTH), 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' needs through educational and advocacy programs, data collection, ad hoc surveys, special reports, individualized presentations on a variety of issues, and constituency working groups

The ongoing transformation of the public and private health care delivery and financing system—and the impact of these changes on the missions of the academic medicine community—continue to dominate the activities of the Division of Health Care Affairs. In the wake of the Balanced Budget Act of 1997, attention is now shifting to the **extensive regulatory agenda** that will be pursued by the Health Care Financing Administration (HCFA) as it implements the most extensive changes in Medicare and Medicaid in at least 15 years. Division staff are actively working with HCFA to help shape these historic regulations.

Of equal prominence on the Division's agenda is the HHS Office of Inspector General's ongoing **Physicians at Teaching Hospitals (PATH)** initiative. The efforts of AAMC members and staff to educate members of Congress and the administration about the retrospective nature of the audits, and the significant flaws in the audit parameters, paid off in July with OIG making some major changes to the PATH initiative, including the termination of 16 audits. The AAMC continues to pursue vigorously a number of remaining concerns with HHS and Congress.

The PATH audits are only a small part of an aggressive series of initiatives by federal and state agencies that focus on all aspects of conduct, and potential fraud, within health care. To assure that the academic medical community is aware of these new initiatives, and is responding effectively, the division supports a **Compliance Officers' Forum**, which conducts educational programs, develops materials to support compliance activities, and works with OIG as it develops model compliance programs. This effort has also enabled staff to develop closer ties with in-house legal counsel and compliance officers at member institutions. The Division is also directing its energies—through conferences, teleconferences, and presentations at member institutions—toward helping institutions implement new HHS teaching physician regulations and new evaluation and management guidelines, as well as working with HCFA on refinements to the proposed resource-based component of the Medicare Fee Schedule system.

By helping members access and control crucial data, the Division helps them to adapt to, and lead, the changes occurring in health care delivery. In addition to its role in furthering the AAMC's **Clinical-Administrative Data Service (CADS)**, it continues to cultivate the **AAMC ACCESS** project, which uses the Internet to allow numerous Association members to weigh in electronically on a variety of timely topics.

The Division's special efforts in **support of membership activities and initiatives** over the past year have included a study of the economic impact of the AAMC membership, conducted in conjunction with Tripp Umbach & Associates; a review of the potential implications of, and opportunities to work with, physician practice management companies, developed in conjunction with Shattuck Hammond Partners; a monograph detailing how Medicare payments with an educational label are actually structured; and a resource document, developed by the Group on Resident Affairs, for teaching hospitals and medical schools on resizing graduate medical education programs. These efforts are coupled with the Division's ongoing publication of survey results on hospitals, health systems, and physician practices, and a variety of newsletters and summary reports.

In addition to staffing the **COTH**, which provides representation and services to major teaching hospitals in the U.S. and Canada, the Division supports the **Group on Faculty Practice (GFP)**, serving the interests of practice plan leadership, and the **Group on Resident Affairs (GRA)**, offering residency program administrators professional development opportunities and forums for exchanging information and ideas related to graduate medical education. The Division also provides staff support to the **Advisory Panel on Strategic Positioning for Health Care Reform**, which continues to provide critically important advice, counsel, recommendations, and programs to help the membership respond effectively to both legislative proposals and changes in local markets. ■

www.aamc.org/about/progempl/access/start.htm

www.cads.aamc.org/

www.aamc.org/hthicare/path/start.htm

www.aamc.org/about/coth/start.htm

www.aamc.org/about/gfp/start.htm

www.aamc.org/about/gra/start.htm

Division of Institutional Planning and Development

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

At the heart of the Division of Institutional Planning and Development's work is supplying comprehensive **professional development and analytic support** for a wide variety of constituent groups, including the Council of Deans, the Group on Business Affairs, the Group on Institutional Planning, the Women in Medicine program, the Advisory Panel on the Mission and Organization of Medical Schools (APMOMS), and the medical school officials with responsibility for managing faculty administration. In addition, its meetings unit, the Section for Professional Educational Programs, touches an even broader range of academic medicine professionals, providing logistical support for more than 50 meetings this past year alone.

With help from Division staff, **APMOMS** this year completed its initial phase with the publication of the reports of its six working groups in *Academic Medicine*. The Panel was reconstituted for a new round of deliberations about the impact of changes in the science of medicine, the modes of medical practice, and the public expectations of medicine on the mission and organization of medical schools.

Faculty affairs activities included an Annual Meeting Focus Session, "Faculty Roles and Rewards;" an Association-wide conference, "Legal Issues in Tenure and Compensation;" and a fourth symposium for the special interest group of administrators. This set of interest found new support with the inauguration of a Web site directly addressing their interests and concerns.

Advancing the interests of women in medicine,

a special focus of the Division, was pursued through the offering of jointly sponsored, interdisciplinary programs at the Annual Meeting, the conduct of the ninth Junior Women in Medicine and the fourth Senior Women in Medicine professional development seminars, the development of an informational Web site, and the distribution of a monograph: **Enhancing**

the Environment for Women in Academic Medicine:

Resources and Pathways, also available on the Web.

The year also marked the 10th year of continuous quarterly publication of *WIM Update*, a newsletter distributed to Women in Medicine Liaison Officers, women department heads, medical school deans, and others interested in the latest news and thinking in this arena.

Beyond developing member-related Web sites, such as CODLink for exclusive use by the Council of Deans, the Division works consistently to **advance the use of the Internet** as an effective instrument for delivering custom-tailored information to the membership "just in time." Among the specially designed products the staff have made available on a member-private basis are an online version of *Academic Medicine: Institutions, Programs and Issues*, which includes downloadable graphics and hypertext links to other relevant material; the **AAMC Data Book**, available online by subscription; the new *Basic and Clinical Departmental Data Reports* in a custom-comparison, report-generating version; summary *Faculty Salary Report* comparisons; the Institutional Goals Ranking Report custom report generator; and *Project-Line*, a joint effort of the **Group on Institutional Planning** and the **Group on Business Affairs**, comprising a compendium of project descriptions by members, enabling each to identify colleagues who may have experience relevant to projects of interest to them. ■

Division of Medical Education

The Division of Medical Education leads the AAMC's national efforts to improve the quality of medical education and training. With the notable exception of the Association's role in co-sponsoring the Liaison Committee on Medical Education, the Division, working closely with constituents, leads the activities related directly to the structure, content, and conduct of medical education programs across the continuum of undergraduate, graduate, and continuing medical education.

The Division of Medical Education is responsible for a wide range of programmatic activities designed either to impact directly the quality of educational programs conducted by the Association's member institutions, or to provide information that can be used by medical schools, professional organizations, and government agencies for planning and policy development related to medical education programs.

Chief among the Division's activities is the **Medical School Objectives Project**, the primary purpose of which is to foster within the medical education community a consensus on the objectives of the medical school experience—specifically, the attitudes, values, fund of knowledge, and clinical skills that all medical students should possess at the time of graduation. The first phase of the project was devoted to collecting expert opinion and experiential knowledge from individuals whose careers and current responsibilities provide them with special insights into medical education and practice. To that end, Division staff have conducted interviews with a variety of scholars and teachers of medicine, and held focus groups with students, residents, faculty, residency program directors, and deans to identify the relevant medical school objectives.

The work of the project has been guided by an advisory group of medical school deans, faculty, and associate deans. In addition, expert panels were convened to address two specific areas of the medical school curriculum—medical informatics and population-based medicine—and a treatise was commissioned on communications skills. Following opportunities for comment from deans, medical school faculty, and the medical education community, the final report of the first phase of the project will be completed and distributed in December.

Two related projects led by the Division are the **National Curriculum Database** and the **ambulatory care based medical student education project**. Through the database project, information collected from schools will be used to construct a national database that will allow the AAMC to monitor, at a national level, curriculum change and innovation, and

to identify and disseminate information on teaching methods and materials, sites of learning, contact hours devoted to specific topics, and student assessment techniques. The ambulatory care project was designed to enhance understanding of such educational experiences being conducted by medical schools, and to create a conceptual framework for the development of model experiences based on educational theory. The information collected reveals a significant change in medical student education programs nationwide; these and other project findings will be presented during the AAMC Annual Meeting.

Division staff also support the activities of the **Group on Educational Affairs** (GEA), whose mission is to promote excellence in the education of physicians throughout their professional lives. The Group was recently reorganized into four sections—undergraduate, graduate, continuing, and research in medical education—to better reflect the continuum of medical education. Medical school faculty and administrators have been given the opportunity to join as individual members of the GEA and to affiliate with up to two of the four sections.

Division staff organize a large variety of professional development activities on behalf of the GEA during the AAMC Annual Meeting, including plenary sessions, small group discussions, mini-workshops, Special Interest Group sessions, the **Research in Medical Education Conference**, and the **Innovations in Medical Education exhibits**. In addition, the Division helps to arrange four spring regional meetings. □

www.aamc.org/about/gea/start.htm

www.aamc.org/events/annual/prime/start.htm

www.aamc.org/meded/curric/start.htm

www.aamc.org/events/annual/1997/imetechlab/start.htm

Division of Medical School Standards and Assessment

The Division of Medical School Standards and Assessment upholds the founding principles for "the betterment of medical education and medical teaching" that were embodied in the AAMC's constitution in 1894. The Division is the AAMC Secretariat to the Liaison Committee on Medical Education (LCME), the national authority for accreditation of educational programs leading to the M.D. degree.

In accordance with the Division's key role as AAMC **Secretariat to the LCME**, staff worked closely with the American Medical Association this year to coordinate the successful renewal of the LCME's recognition by the U.S. Secretary of Education for another five-year period. The process included writing and shepherding through LCME approval a score of new procedures necessary to comply with Department of Education criteria for recognition of postsecondary accrediting agencies. In addition, the Division administered the quarterly meetings of the LCME and the conduct of 30 medical school accreditation surveys in the United States and Canada.

To sharpen the precision of accreditation surveys, Division staff have revised all of the accreditation guidebooks and databases, and have designed new hands-on workshops for surveyors that debuted during the AAMC Annual Meeting. The Division also has developed an **LCME Web site**, providing up-to-date information about accreditation standards and procedures, accredited medical schools, publications, and new policies and criteria under development.

The Division is also engaged in a study of the influence of accreditation on American medical education, the **Medical Education Standards and Assessment (MESA)** project. Four component studies are being published serially in *Academic Medicine*. The first, on the establishment of medical education objectives, appeared in July, and the second, on the meaning and application of accreditation standards, was published in September. The influence of the LCME to facilitate or thwart constructive educational change will be described in December, and the final study, on the relative importance of individual accreditation standards to the quality of medical education, will be completed early in 1998, and will entail a national survey of medical educators and administrators, students, graduates, residency program directors, and medical practitioners. Taken together, these studies will guide the LCME in streamlining and sharpening the focus of the accreditation process.

There is rising interest in the American model of medical education and accreditation in a number of foreign countries, and the Division forms the focal point of the AAMC's activities in **international medical education**. In the past year, staff spoke about quality indicators in medical education at a meeting of the Mexican Association of Faculties and Schools of Medicine, and were recognized for helping with the establishment of a medical school accreditation system for that country. Staff also consulted with medical educators in Chile, and participated in conferences about medical education and accreditation with the deans of Swiss medical schools in Bern, and with the rectors of Polish medical academies and Polish governmental officials in Warsaw. ◻

Division of Student Affairs and Education Services

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

The Division has taken a giant step forward in its efforts to help students prepare for their future in the uncertain health care environment they will inhabit after graduation: the **Medical Student Career Planning and Counseling Initiative** (MedCPI). The project is a cooperative effort with the American Medical Association (AMA) to develop strategies and tools for students to evaluate their career decisions through an organized and methodical approach to career planning. Products and services utilizing Web-based technology are in development that will assist student affairs personnel with the operation of a comprehensive, state-of-the-art database counseling program.

Concurrently, Division staff work tirelessly to enhance the delivery mechanisms and content of the Association's major service programs. This year, the **Electronic Residency Application Service** (ERAS) completed its first full operational year, with all but 16 programs in obstetrics and gynecology participating in the service for 1996-97. All U.S. Army programs also participated in 1996-97. This year, five new specialties will be added to ERAS: family medicine, transition year, radiology, emergency medicine, and orthopaedic surgery, resulting in more than 1,300 residency programs utilizing the service.

Staff have completed research on the differential predictive validity of the **Medical College Admission Test** (MCAT). Results will be available to help users of MCAT scores understand the extent to which MCAT predicts performance differentially for students grouped by race and sex. A new MCAT Users Guide is now available as well.

Applicant participation in **AMCAS-E**, the software program for applicants to U.S. medical schools, increased to approximately 60 percent of all applications for the 1998 school year. AMCAS-E permits applicants to submit application materials on diskette rather than paper. Expectations remain high for a totally electronic application process in the future.

The Division continues its work with USA Group, Household Bank, Student Loan Marketing Association and the Hemar Insurance Company of America to enhance the benefits and services provided by the **MEDLOANS** program. This comprehensive AAMC-sponsored loan program for medical students is the industry leader, and has introduced new program enhancements that include borrowers having electronic access to their MEDLOANS loan portfolios. The Division is also developing debt management materials and additional financial services for residents and program directors.

The Division's key service programs, which also include operation of the **National Resident Matching Program**, have evolved into essential tools for applicants, students, residents, and medical school administrators. And in addition to such concrete offerings, the Division also supports professional development activities of the **Group on Student Affairs** (GSA), and staffs the Association's **Organization of Student Representatives**. ■

1996—97 Governance and Membership

The AAMC'S Members Are:

- The nation's 125 accredited U.S. medical schools, each represented by its dean in the Council of Deans;
- 400 teaching hospitals with substantial research and educational activities, including 56 affiliated health systems and 75 Department of Veterans Affairs medical centers, represented by their CEOs on the Council of Teaching Hospitals and Health Systems;
- 85 academic and professional societies, each represented by two delegates to the Council of Academic Societies, representing approximately 92,000 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 103,000 residents;
- 16 Canadian medical schools as associate members;
- More than 650 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:

Government Relations Representatives (in collaboration with the Association of Academic Health Centers)

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

Women in Medicine

1996-97 Governance and Membership

Executive Council

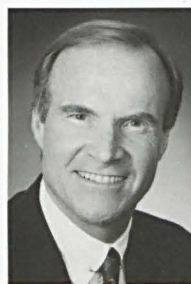
The Association is governed by a 30-member Executive Council whose participants are elected by the Council of Deans (COD), the Council of Teaching Hospitals and Health Systems (COTH), the Council of Academic Societies (CAS), the Organization of Resident Representatives (ORR), and the Organization of 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, 85 members of the CAS, and 12 members each from the OSR and ORR.

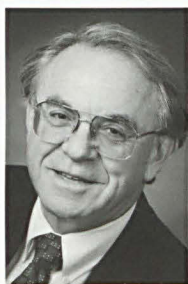
Each year, members and staff of the U.S. Congress and the Executive Branch agencies, as well as representatives of medical and health care organizations, meet with the AAMC Executive Council and the Administrative Boards to discuss leading health care issues. This year the AAMC's governance heard from **Bruce Vladeck, Ph.D.**, Administrator, Health Care Financing Administration; **Linda Emanuel, M.D., Ph.D.**, Vice President for Ethics Standards, American Medical Association; **Bill McInturff**, Partner, Public Opinion Strategies; the Honorable **Bill Archer (R-Tex.)**, United States House of Representatives; **Karen Ignagni**, President and CEO, American Association of Health Plans; the Honorable **Daniel Patrick Moynihan (D-N.Y.)**, United States Senate; and the Honorable **Arlen Specter (R-Penn.)**, United States Senate.



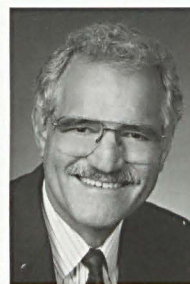
CHAIR
Mitchell T. Rabkin, M.D.*
CareGroup



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



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



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

The Council of Deans (COD) Administrative Board focused this year on leadership issues, expanding a 1996 project to study challenges deans face in effective medical school leadership and appointing a committee to make recommendations on leadership issues, both to support deans in their leadership roles and to suggest AAMC initiatives to identify and develop academic medicine's leaders for the next century.

At its Spring Meeting, the COD inaugurated the Robert H. Ebert Memorial Lectureship on Academic Medicine and the Public Interest, co-sponsored by the AAMC and the Milbank Foundation. Clinical research was a second area of focus for the COD Spring Meeting and the Administrative Board.

For the 1997 Annual Meeting, the COD adopted a format to maximize integration with other constituencies in the AAMC, conducting joint plenary sessions with the Council of Teaching Hospitals and Health Systems, Women in Medicine, the Council of Academic Societies, and the Group on Student Affairs.

The Council also continued its Deans Roundtable programs this year, designed to share information and facilitate communication among the deans.



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

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

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

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

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

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

Richard D. Krugman, M.D.*
*University of Colorado Health
Sciences Center School of Medicine*

Patricia L. Monteleone, M.D.
*Saint Louis University School of
Medicine*

Ralph Snyderman, M.D.
Duke University School 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

Council of Teaching Hospitals and Health Systems Administrative Board

The Council of Teaching Hospitals and Health Systems (COTH) is comprised of the organizations that deliver comprehensive health care services in an environment that supports clinical research and medical education. The 400-plus COTH member institutions train about three-quarters of the residents in the United States.

Over the past year, the Administrative Board has focused its attention on the delivery and financing of health, organizational restructuring and new partnerships, and the role of hospitals and medical schools in graduate medical education. Both the chair and chair-elect have testified as part of the congressional deliberations leading to changes in the Medicare program, and the Board has provided extensive advice and counsel regarding advocacy activities.

COTH is currently undertaking a substantial revision of its survey activity, as well as revamping its data reporting capabilities to permit the membership to obtain customized reports on a more timely basis. These efforts to upgrade the ability of the Council to obtain quantitative information is closely tied to the continuing development of both private and public Web sites for COTH.



CHAIR

David D'Eramo, Ph.D.*
St. Francis Hospital/Heath System

CHAIR-ELECT

Ralph W. Muller*
University of Chicago Hospitals

IMMEDIATE PAST CHAIR

Frank A. Butler*
University of Kentucky Medical Center

Theresa Bischoff
New York University Medical Center

Gerald D. Fitzgerald*
Oakwood Hospital Corporation

J. Richard Gaintner, M.D.
Shands Health System at the University of Florida Health Science Center

Irma E. Goertzen*
Magee-Women's Hospital

Timothy M. Goldfarb*
Oregon Health Sciences University Hospital

Kevin E. Lofton (Resigned)
University of Alabama Hospitals

Richard A. Pierson
University Hospital of Arkansas

Thomas M. Priselac
Cedars-Sinai Medical Center

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 Puget Sound Health Care System

AHA REPRESENTATIVE

James D. Bentley, Ph.D.
American Hospital Association

* 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 85 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

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

CHAIR-ELECT

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

IMMEDIATE PAST CHAIR

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

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

Dale Dauphinee, M.D.
The Medical Council of Canada

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

Donlin Long, M.D.
Johns Hopkins University School of Medicine

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

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

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

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

John R. Wright, M.D.
SUNY at Buffalo School of Medicine and Biomedical Sciences

PERMANENT OBSERVERS

Barbara Schneidman, M.D.
American Board of Medical Specialties

Rebecca Gschwend, M.A.
Council of Medical Specialty Societies

* Executive Council Member

1996—97 Governance and Membership

Organization of Resident Representatives Administrative Board

The Organization of Resident Representatives (ORR) comprises representatives from eligible CAS member specialty organizations, providing a channel for residents to express their views on health care and medical education within the Association's governance. The ORR this year hosted its first professional development conference, in conjunction with the Spring 1997 meeting of the CAS, which offered residents valuable guidance on developing their academic careers.

The ORR also created work groups to address issues such as the transition from resident to faculty. Additionally, members continue to work closely with the Group on Educational Affairs and the Group on Resident Affairs on common issues.



CHAIR

Cheryl Rucker Whitaker,
M.D.*
University of Chicago Hospital

CHAIR-ELECT

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

IMMEDIATE PAST CHAIR

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

Linda Barrett, M.D.
*University of New Mexico Health
Sciences Center*

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

Mark Garry, M.D.
Baylor College of Medicine

Curtis T. Hunter, M.D.
*University of North Carolina at
Chapel Hill School of Medicine*

Sandra Stock, M.D.
*University of South Florida
College of Medicine*

Gail Wehrli, M.D.
*Los Angeles County and USC
Medical Center*

*Executive Council Member

Organization of Student Representatives Administrative Board

With an emphasis on career counseling and the medical school experience, the Organization of Student Representatives (OSR) provides student input on almost every issue in academic medicine. Communication is the cornerstone of OSR's success, and the recent inauguration of its Web site has further emphasized this investment in information sharing.

Among the many strengths of OSR is its ongoing interaction with several medically related organizations, including the National Board of Medical Examiners and the National Resident Matching Program. Through its many committees and liaisons, the OSR continues to assure that all medical students are provided with timely, accurate information.



CHAIR

Devdutta Sangvai *
Medical College of Ohio

CHAIR-ELECT

Kemia Sarraf *
*University of Utah School
of Medicine*

IMMEDIATE PAST CHAIR

Tony Kim, M.D.
*New York Hospital Cornell
Medical Center*

Alireza Atri, M.D.
Brigham and Women's Hospital

Peter Chin
Dartmouth Medical School

Jesse Goodman
Mayo Medical School

William J. Ruth, M.D.
Maine Medical Center

Nosizwe A. Sellers
*Medical University of South
Carolina College of Medicine*

Barbara Summers
*University of Tennessee-Memphis
College of Medicine*

Jenny Sung, M.D.
*Washington University Medical
Center*

Michael Traynor
*Oregon Health Sciences
University School of Medicine*

Todd Vermeer
*University of Chicago Division of
Biological Sciences Pritzker
School of Medicine*

*Executive Council Member

Report of the Treasurer

With continuing growth in unrestricted net assets during Fiscal Year 1996-97, the Association is financially healthy, is able to sustain quality programs and services, and possesses the resources necessary to support our strategic commitments.

Highlights

- Fiscal Year 1996-97 operating expenses exceeded operating revenue by roughly \$3.4 million. However, nonoperating income, composed primarily of investment income, added approximately \$11.7 million to the Association's unrestricted resources. In addition, roughly \$6 million was realized through the recording of investments at their fair market value rather than cost. The increase in unrestricted net assets for 1996-97 was approximately \$14.3 million.
- The Association's unrestricted net assets reached \$58.1 million as of June 30, 1997.
- The stock market's surge to progressively higher values thrust the AAMC's investments to a record market value of roughly \$64.2 million. This is \$7.5 million above the value as of June 30, 1996.
- Total assets rose to \$124.8 million, or \$19.2 million over the prior year end's assets.

Operating Results

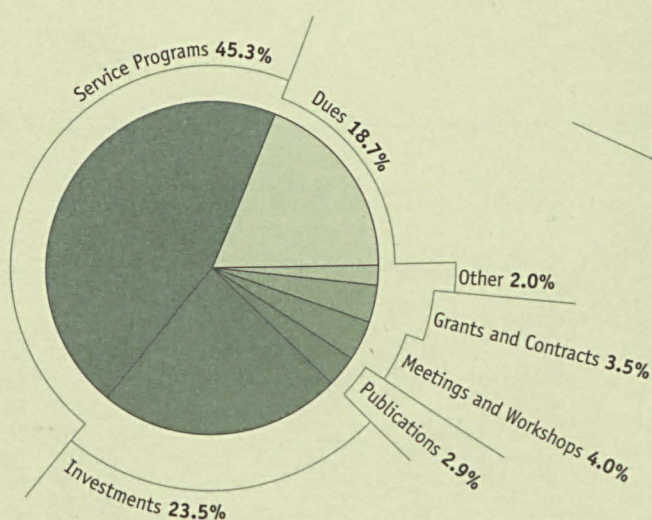
With a 7.2 percent decline in the Fiscal Year 1996-97 applicant pool, operating revenue rose to \$39.3 million, or just \$400,000 more than the prior year's income. Operating revenue was roughly \$500,000 below the budget.

Fiscal Year 1996-97 operating expenses increased roughly \$4.9 million, or 13 percent, to \$42.7 million. As in previous periods, this growth reflects staffing increases associated with our strategic commitments. Operating expenses were \$500,000 below the budget.

Excluding the cumulative effect of the change in accounting for investments, the Fiscal Year 1996-97 increase in net unrestricted assets was \$8.3 million. This is roughly equal to the \$8.1 million realized in the prior year. The accompanying statements were extracted for the Association's audited financial statements.

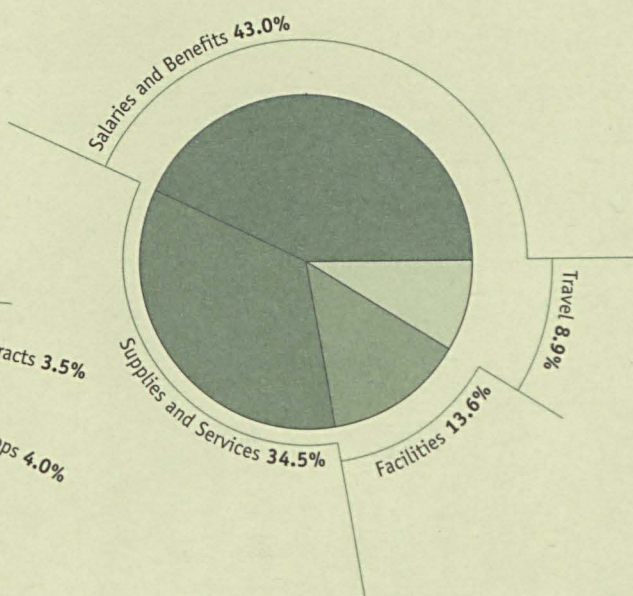
Revenue

for the fiscal year ended June 30, 1997



Expenses

for the fiscal year ended June 30, 1997



Report of the Treasurer

Consolidated Statement of Financial Position June 30, 1997

Assets

Cash and cash equivalents	\$4,190,424
U.S. government contracts receivable	493,929
Accounts receivable, net of allowance for doubtful accounts of \$371,850	1,376,417
Accrued rent	386,723
Investments, at market	64,232,782
Supplies, deposits, and prepaid expenses	928,388
Notes receivable	1,983,815
Deferred financing cost, net of accumulated amortization of \$186,480	2,118,989
Land, building, and equipment, net	48,216,985
Deferred financing cost, net of accumulated amortization of \$186,480	901,024
Total Assets	\$124,829,476

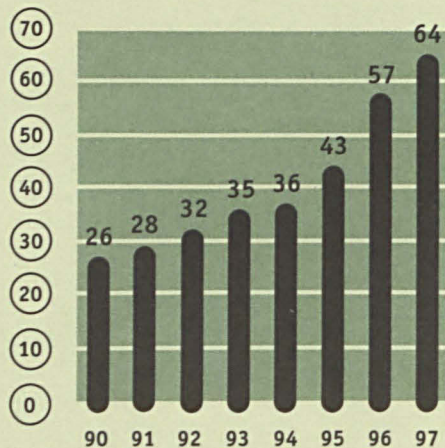
Liabilities and Net Assets

Accounts payable and accrued expenses	\$4,068,621
Amounts held for others	1,310,500
Deferred revenue	8,441,903
Deferred compensation	1,704,736
Accrued interest payable	1,834,871
Bonds payable, net	47,842,695
Total Liabilities	65,203,326
Unrestricted net assets	58,104,325
Temporarily restricted net assets	1,196,825
Permanently restricted net assets	325,000
Total net assets	59,626,150
Total Liabilities and Net Assets	\$124,829,476

Investments at Market

for the fiscal year ended June 30

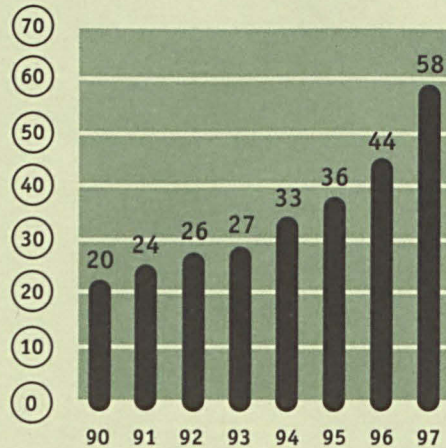
Millions



Unrestricted Net Assets

for the fiscal year ended June 30

Millions



Consolidated Statement of Activities Year ended June 30, 1997

Operating revenue and support:

Dues	\$9,602,598
Service programs	23,277,706
Publications	1,511,119
Meetings and workshops	2,061,768
Government grants and contracts	474,624
Other	1,015,833
Total revenue	\$37,943,648
Net assets released from restrictions	1,332,334
Total operating revenue and support	\$39,275,982

Operating expenses:

Programs:

Institutional planning and development	\$3,705,513
Health care affairs	2,842,890
Biomedical research	1,870,171
Medical education	2,556,039
Medical school standards and assessment	1,029,171
Student affairs and education services	12,224,386
Community and minority programs	2,210,043
Center for the assessment and management of change in academic medicine	1,953,960
Government relations	1,738,235
Communications	1,821,669
Publications	1,879,013
Special programs and meetings	4,004,313
Total program expenses	37,835,403
Administration and general support	4,864,447
Total operating expenses	\$42,699,850

Increase in unrestricted net assets from operations **\$(3,423,868)**

Nonoperating income:

Investment income - net	\$12,095,874
Building rental income - 2501 M Street	497,240
Building rental expense - 2501 M Street	(833,453)

Total nonoperating income **\$11,759,661**

Increase in unrestricted net assets before the
cumulative effect of a change in accounting principles \$8,335,793

Cumulative effect at June 30, 1996 of change in accounting for
investments (book value to market value) 5,994,399

Increase in unrestricted net assets **\$14,330,192**

Report of the Treasurer

Consolidated Statement of Changes in Net Assets Year ended June 30, 1997

Unrestricted net assets:	
Total operating revenue and support	\$37,943,648
Net assets released from restrictions	1,332,334
Total operating expenses	(42,699,850)
Total nonoperating income (net)	11,759,661
Increase in unrestricted net assets before the cumulative effect of changes in accounting for investments	8,335,793
Cumulative effect of change in accounting for investments	5,994,399
Increase in unrestricted net assets	14,330,192
Temporarily restricted net assets:	
Private grants	1,223,414
Investment income from permanently restricted net assets	139,119
Net assets released from restrictions	(1,332,334)
Increase (decrease) in temporarily restricted net assets	30,199
Increase in net assets	14,360,391
Net assets at beginning of year	45,265,759
Net assets at end of year	\$59,626,150

Sponsored Programs

Private Foundation Support

BAXTER ALLEGIANCE FOUNDATION

- Support for the annual AAMC Award for Distinguished Research in Biomedical Science (\$2,711).

THE COMMONWEALTH FUND

- A two-year award to provide support for improving information on the ability of academic health centers to achieve their missions (\$335,000).
- A one-year award in support of development of an inventory of opportunities to improve quality and reduce costs at academic medical centers (\$25,000).

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 (\$399,579).
- A two-year award for the continued support of technical assistance and direction for *Project 3000 by 2000* (\$647,353).

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).
- A one-year award to help develop guides for medical schools on integrating skills from public health and concepts from managed care into the curriculum (\$50,000).

KELLOGG FOUNDATION

- A three-year award to develop students from communities to enter health professions education for careers in community-based health services by introducing youth to health careers and fostering academic achievement (\$2,638,000).

UNITED HOSPITAL FUND

- A one-year award to evaluate the Robert Wood Johnson Foundation Minority Medical Education Program (\$14,644).

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 1993-97 Secretary's Award for Innovations in Health Promotion and Disease Prevention Programs (\$130,411).
- 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).
- 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).
- A one-year award to develop a minority health research agenda (\$49,806).
- A four-year award to convene the Health Services Research Institute for minority faculty (\$940,316).

Corporate Grants

WARNER LAMBERT FOUNDATION

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

1996-97 Committees

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, Worcester

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 College of Medicine

Baxter Award Selection Committee

Sponsored by the Baxter Allegiance Foundation. The committee chooses a recipient for the Baxter Award for Distinguished Research in the Biomedical Sciences.

CHAIR

Glenn D. Steele, Jr., M.D., Ph.D.
University of Chicago/Pritzker School of Medicine

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

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

Terrance G. Cooper, Ph.D.
The University of Tennessee, Memphis

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

Michael Karpf, M.D.
UCLA Medical Center

Outstanding Community Service Award Committee

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

CHAIR

Robert J. Sokol, M.D.
Wayne State University School of Medicine

A. Wallace Conerly, M.D.
University of Mississippi School of Medicine

Maurice A. Mufson, M.D.
Marshall University School of Medicine

Edward J. Renford
Grady Memorial Hospital

Christine St. André
University of Utah Hospital

AAMC Appointees to the Alpha Omega Alpha Robert J. Glaser Distinguished Teacher Award Committees

Selects up to four teaching awards.

BASIC SCIENCES

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

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

Antonio Scarpa, M.D., Ph.D.
Case Western Reserve University School of Medicine

CLINICAL SCIENCES

John W. Burnside, M.D.
University of Texas Southwestern Medical Center at Dallas Southwestern Medical School

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

Peter Kohler, M.D.
Oregon Health Sciences University 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

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

Troy L. Thompson II, M.D.
Jefferson Medical College of Thomas Jefferson University

John G. Clarkson, M.D.
University of Miami School of Medicine

David Jaffe
Harborview Medical Center

June E. Osborn, M.D.
Josiab Macy, Jr., Foundation

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

Nominating Committee

The committee is responsible for nominating the Chair-elect of the Assembly at the AAMC Annual Meeting.

CHAIR

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

William S. Abbett, Ph.D.
Michigan State University College of Human Medicine

Frank Butler
University Hospital, University of Kentucky Medical Center

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

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

Resolutions Committee

Receives and acts on resolutions for presentation to the Assembly.

CHAIR

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

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

Ralph W. Muller
University of Chicago Hospitals and Health System

Randolph L. Roig, M.D.
Mandeville, La.

Kemia Sarraf
University of Utah School of Medicine

VA/Medical Deans Liaison Committee

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

CHAIR

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

Investment Committee

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

CHAIR

John D. Forsyth
ISAD Health Services Corp.

Nelson Ford
Georgetown University School of Medicine

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

Mitchell T. Rabkin, M.D.
CareGroup, Inc.

Jordan J. Cohen, M.D.
AAMC

AAMC Advisory Panel on Biomedical Research

Advises the 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

Michael M. E. Johns, M.D.
Emory University School of Medicine

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

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

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

Bettie Sue Masters, Ph.D.,
D.Sc. (Hon.)
University of Texas Health Science Center at San Antonio

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

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

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

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

OBSERVERS

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

Valerie Setlow, Ph.D.
National Academy of Sciences

Kenneth I. Shine, M.D.
National Academy of Sciences

Women in Medicine Coordinating Committee

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

PonJola Coney, M.D.
Southern Illinois University School of Medicine

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

Judith Gold, MSII
University of Tennessee College of Medicine

Yvonne Lefebvre, Ph.D.
Faculty of Medicine, University of Ottawa

Marian C. Limacher, M.D.
Veterans Affairs Medical Center-Gainesville

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

1996-97 Committees

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, M.P.H.
George Washington University Hospital

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

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

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 Health Sciences Center

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., M.P.H.
Dartmouth Medical School

MCAT Validity Studies Advisory Group

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

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AAMC Executive Staff, standing from left: Herbert W. Nickens, M.D.; Paul F. Griner, M.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.; Joseph Keyes, Jr., J.D.; Richard M. Knapp, Ph.D.; David Korn, M.D.; and Thomas F. Moberg, Ph.D. *Not pictured:* Susan K. Neely.



DAVID KORN, M.D., SENIOR VICE PRESIDENT FOR BIOMEDICAL RESEARCH

David Korn, M.D., former dean of the Stanford University School of Medicine and vice president of Stanford University, was appointed to senior vice president for Biomedical Research on Sept 1. Dr. Korn, who since 1995 has served as Distinguished Scholar-in-Residence at the AAMC, succeeded David Blake, Ph.D.

Dr. Korn was chair of the Department of Pathology at Stanford from 1968 until 1984, the year he became dean. He has served as president of the American Association of Pathologists (now the American Society for Investigative Pathology), president of the Association of Pathology Chairmen, a member of the Board of Directors of the Federation of American Societies for Experimental Biology, and a member of the Board of Directors of the Association of Academic Health Centers.

He was a founder of the California Transplant Donor Network, one of the nation's largest organ procurement organizations. From 1984 to 1991, Dr. Korn served as chair of the National Cancer Advisory Board, to which he was appointed by President Reagan.

CREDITS

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